

St. Bernard's Medicine Policy

Updated October 2024

St. Bernard's school policy is adapted from LCC medicine policy. As indicated in the LCC policy schools need to make their own decisions for certain sections of the advice.

St. Bernard's School Policy consists of an adapted chapter 1 and the other chapters adopted in their entirety. It is therefore essential that this adapted chapter 1 is read in conjunction with the chapters 2- 7 from '*Medicine Safety and other related topics : A Guidance Document for Services Working with Children and Young People*'

The guidance is based on Medicine Safety (LCC) which makes reference to Managing Medicines in Schools and Early Years Settings (DoH, 2005). Medicine Safety (LCC) and the National Service Framework for Children, Young People and Maternity Services, Standard 10 (DoH, 2004), Including Me, Managing Complex Health Needs in School and Early Years Settings (DfES 2005).

It is designed to assist in the:

- Review of current policies and procedures which involve children and young people with medical needs in order to make sure that everyone, including parents and carers, are clear about their respective roles;
- Putting in place effective management systems to help support individual children and young people with medical needs;
 - Making sure that medicines are handled responsibly;
- Ensuring that all staff are clear about what to do in the event of a medical emergency.

Examples of a Health Care Plan and other forms for recording medication which can be adapted to suit the child, young person and the setting are available for download at:

<https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/education/medicine-safety/>

It is recognised that Health Care Plans and other documentation developed within particular settings, for example Primary Care Trusts, could be used in place of these. The guidance is concerned with children and young people from birth to 19 years of age who have identified health needs and, as a consequence, require additional support and/or care in order to:

- Maintain optimal health during the day or night;
- Access the range of opportunities available to them to the maximum extent.

This guidance has been written for the following settings:

- All schools;
- Children's Centres;
- Sure Start local programmes;
- Childminders;
- Playgroups;
- Nursery schools;
- Any setting eligible to receive Nursery Education Grant funding;

- Before and after school clubs;
- Holiday play schemes;
- Residential care homes;
- Youth and community services.

NB: Throughout the document the generic term "setting(s)" will be used to describe any of the provisions shown above for Children and Young People.

The lead adult with overall responsibility in such a setting will be referred to as the 'Lead Adult'. Where the term 'Parents' is used it should be taken as defined in Section 576 of the Education Act 1996, to include any person who is not a parent of a child but has parental responsibility for or care of a child.

1. Developing a Medicines Policy

For ease of reading throughout the document the generic term "setting(s)" will be used to describe any of the above provision for Children and Young People. The lead adult with overall responsibility in such a setting will be referred to as the 'Lead Adult'. Where the term 'Parents' is used it should be taken as defined in Section 576 of the Education Act 1996, to include any person who is not a parent of a child but has parental responsibility for or care of a child.

1.1 Introducing a Policy

A clear policy understood and accepted by staff, parents, children and young people provides a sound basis for ensuring that children and young people with medical needs receive proper care and support in a setting. The Lead Adult has the responsibility for devising the policy. However, settings acting on behalf of the employer should develop policies and procedures that draw on the employer's overall policy but are amended for their particular provision. Policies should, as far as possible, be developed in consultation with the Lead Adult where they are not the employer. All policies should be reviewed and updated on a regular basis. Policies should aim to enable regular attendance. Formal systems and procedures in respect of administering medicines, developed in partnership with parents and staff, should back up the policy. A policy needs to be clear to all staff, parents and children. It could be included in the prospectus, or in other information for parents. A policy should cover:

- Procedures for managing prescription medicines which need to be taken during the day;
- Procedures for managing prescription medicines on trips and outings;
- A clear statement on the roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines;
- A statement of parental responsibilities in respect of their child's medical needs
- The need for prior written agreement from parents for any medicines to be given to a Child or young person;
- The circumstances in which a child or young person may take any non-prescription medicines;
- The settings policy on assisting children and young people with long-term or complex medical needs;
- Children and young people carrying and taking their medicines themselves;
- Staff training in dealing with medical need;
- Record keeping;
- Safe storage of medicines;
- Access to the school's emergency procedures;

- Risk assessment and management procedures.

Whilst teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises (and this might in exceptional circumstances extend to administering medicine and/or taking action in an emergency), school staff should not, as a general rule, administer medication without first receiving appropriate information and/or training (eg Support Staff may have specific duties to provide medical assistance as part of their contract and will have received appropriate training); whilst Section 3(5) of the Children Act provides protection to teachers acting reasonably in emergency situations. First Aiders are not trained generally as part of their first aid training to administer medication.

It is each parent's responsibility to ensure that their child is fit to attend school and any medication required whilst the child is at school should ideally be administered by the parent. However we have procedures in place to enable the parent to give authority for a staff member to do this on their behalf while the child during the school day for children in Years 1 – 6. In our Early Years Foundation Stage only prescribed medicine will be accepted.

1.2 Prescribed Medicines

Parents are responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child or young person's medication are known. The information should be updated annually at an agreed time, or earlier, if medication is altered by the child's GP or Consultant.

All items of medication should be delivered directly to the setting by parents or escorts employed by the Authority. It is the parent's responsibility to inform the Lead Adult in writing when the medication or the dosage is changed or no longer required. It would be considered good practice if a transfer of medication book was available to be signed on arrival at the setting.

After the first receipt of medication at a setting additional medication of the same may continue to be accepted without further notice, but any changes to the prescribed medication or a change in medication, must be notified in writing to the Lead Adult or accepted Authorised Person. 'As required' medication, for example, inhalers, will only be accepted if the above procedures have been followed. A record must be maintained of all medication administered to a child or young person.

Each item of medication must be delivered to the Lead Adult or Authorised Person in a secure and labelled container as originally dispensed. It may be appropriate for the GP to prescribe a separate amount of medication for the settings use. This should be negotiated with the parent. Items of medication in unlabelled containers should be returned to the parent. The setting should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. Medicines should only be taken to a setting when essential; that is where it would be detrimental to a child or young person's health if the medicine were not administered during the settings 'day'. The setting should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the setting's hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending the setting and at bedtime.

The Medicines Standard of the National Service Framework (NSF) for Children¹ recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside the setting's hours.
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child or young person's medicine: one for home and one for use in the setting, avoiding the need for repackaging or re-labelling of medicines by parents. Medication should never be accepted if it has been repackaged or relabelled by parents.

1.3 Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations (see Legal Framework). Some may be prescribed as medication for use by children and young people. Once appropriate information and training has been received, any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child or young person who has been prescribed a controlled drug may legally have it in their possession. However it would be considered good practice to have the prescribed controlled drugs stored in safe custody. However, children and young people could access them for self-medication

If it is agreed that it is appropriate. The setting should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes. A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label). Misuse of a controlled drug, such as passing it to another child or young person for use, is an offence. There should be an agreed process for tracking the activities of controlled drugs and recognition that the misuse of controlled drugs is an offence.

1.4 Non-Prescription Medicines

Lancashire County Council (LCC) policy is that of not accepting non-prescription medication. LCC as an organisation has a policy not to accept non-prescribed medication. This policy is commended to all Maintained Schools in Lancashire. However it is the schools' responsibility to agree its policy regarding non-prescription medication. **St. Bernard's School medicine policy does allow for the use of non – prescribed medicines in certain conditions:**

- Allergy medication (which often GPs will not prescribe) such as Piriton.

- Calpol – where a child has an injury (eg fracture) and is in school with a care plan but may need pain relief.
- Eczema creams
- Circumstances when the child has an illness that does not mean that they need to be absent from school but may need an “over the counter” medicine to prevent temperatures/pain.

No non-prescription medication would be administered if it was not children’s medicine or had a child’s dosage on the dosage instructions.

1.5 Long-Term Medical Needs - The parent is responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child and young person's condition and medication are known. It is recommended that each setting has a standard set of forms for this purpose, examples of which can be downloaded at:

http://www.lancashire.gov.uk/education/pdf/pid1142/form_templates.doc

The information should be updated annually at an agreed time or earlier if medication is altered by the GP or Consultant. It is important to have sufficient information about the medical condition of any child or young person with long-term medical needs. If a child or young person's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child or young person's educational needs, rather than a medical diagnosis, which must be considered². The setting would need to know about any particular needs before a child or young person is admitted, or when they first develop a medical need. For children and young people who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children and young people, involving the parents and relevant health professionals. This can include: details of a child or young person's condition, special requirement eg dietary needs, pre-activity precautions and any side effects of the medicines, what constitutes an emergency, what action to take in an emergency, what not to do in the event of an emergency, who to contact in an emergency, the role the staff can play. Form 2 provides an example of a health care plan which settings may wish to use or adapt. This can be downloaded at:

<https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/education/medicine-safety/>

1.6 Administering Medicines

No child or young person under 16 should be given medicines without their parent's

written consent. Any member of staff giving medicines to a child or young person should check:

- The child or young person's name on the medicine container;
- Prescribed dose;
- Expiry date;
- Written instructions provided by the prescriber on the label or container³ and within the medication packaging. If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child or young person, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional that may be attached to the setting.

All settings should complete and sign a record each time they give medicine to a child or young person. Forms 5 and 6 provide examples which settings may wish to use or adapt for this purpose. These can be downloaded at:

<https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/education/medicine-safety/>

Good records help demonstrate that staff have exercised a duty of care.

1.7 Self-Management

It is good practice to support and encourage children and young people, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their medicines.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person of any age to self manage. Health professionals need to assess, with parents and children and young people, the appropriate time to make this transition.

If a child or young person can take their medicines themselves, staff may only need to supervise. The policy should say whether a child or young person may carry and administer (where appropriate) their own medicines, bearing in mind the safety of other children and young people and medical advice from the prescriber, in respect of the individual child or young person. Form 7 provides examples which settings may wish to use or adapt for this purpose and can be downloaded at:

<https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/education/medicine-safety/>

Where children and young people have been prescribed controlled drugs, staff need to be aware that these should be kept in safe custody. However, children and young people could access them for self-medication if it is agreed that it is appropriate.

1.8 Refusing Medicines

If a child or young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the setting's emergency procedures should be followed as written down in the child or young person's care plan.

1.9 Epi-pens

All children who have been diagnosed with severe allergies and prescribed an epi pen in school require a care plan detailing the allergy and the procedures to follow. This will be shared with all relevant members of staff. Epi pens along with a copy of the care plan, will be stored in a label box in the first aid area next to the defibrillator.

Key members of staff will be trained in identifying anaphylaxis and administering epi pens.

St Bernards RC Primary school holds two emergency epi pens, stored in a secure box alongside the defibrillator. Emergency epi pens can only be administered to children with a care plan in place if their epi pens do not work with parent consent.

In emergencies staff will always contact the 999 emergency services and follow their instructions.

1.10 Record Keeping

Parents should tell the setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required.

However, staff should make sure that this information is the same as that provided by the prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child or young person;
- Name of medicine;
- Dose;
- Method of administration;
- Time/frequency of administration;
- Expiry date;
- Date of dispensing.

Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container. Form 3 provides examples which settings may wish to use or adapt for this purpose and can be downloaded at:

<https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/education/medicine-safety/>

Form 4 provides examples which settings may wish to choose or adapt to confirm, with the parents, that a member of staff will administer medicine to their child. This form can be downloaded at:

<https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/education/medicine-safety/>

All early years settings must keep written records of all medicines administered to children, and make sure that parents sign the record book to acknowledge the entry. Although there is no similar legal requirement for the setting to keep records of medicines given to children and young people, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. Some settings keep a logbook for this. Forms 5 and 6 provide examples which settings may use for this purpose or adapt for medicine record sheets. These forms can be downloaded at:

<https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/education/medicine-safety/>