

ST BERNADETTE'S CATHOLIC PRIMARY SCHOOL



MANAGING MEDICATION POLICY

PREPARED BY: DENISE DUKE- DSL

DISCUSSED WITH: SENIOR MANGEMENT TEAM

AGREED WITH – ALL SCHOOL STAFF AND GOVERNORS

DATE: February 2023
Updated June 2023
Update January 2024

AIMS

To outline the policy and procedures for managing medicines in schools so it is understood by staff, parents and children and so that all children, including those with medical needs receive proper care and support in our school.

OBJECTIVES

- To encourage and support inclusive practice.
- To ensure regular attendance by all children.

IMPORTANT PROCEDURES

- Procedures for managing prescription medicines, which need to be taken during a school day.
- Procedures for managing prescription medicines on trips and outings.
- Statement of roles and responsibilities for staff managing and administering medicines.
- Statement of parental responsibilities in respect of their child's medical needs.
- The need for prior written agreement from parents and carers for any medicines to be given to a child.
- Circumstances in which a child may take non-prescription medicines.
- Policy on assisting children with long term or complex medical needs.
- Policy on children carrying and taking their medicine themselves.
- Staff training.
- Record keeping.
- Safe storage of medicines.

As an inclusive setting, we recognise that there may be times when medication needs to be administered to ensure a child's participation in our school. We will therefore administer medication and supervise children taking their own medication according to the procedures in this policy.

- We ask parents and carers to ask their doctor wherever possible to prescribe medication, which can be taken outside of the school day.
- We are prepared, however, to take responsibility for those occasions when a child needs to take medication during the school day in strict accordance with the procedures within this policy.
- We will usually only administer prescribed medication. We cannot administer any non -prescribed medications containing aspirin.

Children with Special Medical Needs

- Should we be asked to admit a child to the school with special medical needs we will, in partnership with the parents/carers discuss their individual needs and write a Personal Medical Care Plan. We will also involve other outside agencies and the family as required. The school will follow DofE guidance **Supporting Children with Medical Conditions at School. December 2015**

Procedures

On admission

All parents and carers should complete an admission form, giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care.

Emergency Medication

Specific specialised training is required for those staff prepared to act in emergencies. Staff who agree to administer the emergency medication must have training from an appropriate health care professional, which should be updated annually. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies e.g. EpiPen, emergency treatment for epilepsy, emergency treatment for diabetes.

Administration of Prescribed Medication

- Should a child need to receive medication during the school day, parents or carers will be asked to come into school and personally complete and sign a medication form and then hand the medication to the Office staff. (We will only administer medication if it is required more than four times a day or is time sensitive).
- On receipt of medication, staff will complete a Medicine Record Sheet (located in the school office or see appendix A)
- The medication should be in the original container, as dispensed, clearly labelled with the instructions for administration including:
 - The child's name
 - Name of medication
 - Strength of medication
 - How much to be given
 - When to be given
 - Date dispensed and/or expiry date. (If no date given, the medication should be replaced 6 months after date dispensed)
 - Length of treatment
 - Any other instructions

NB A label 'to be taken as directed' does not provide sufficient information.

- Liquid medication should be measured accurately using a medicine spoon or syringe. Medication should not be added to food or drinks unless there is a specific reason.
- A record of administration of each dose will be kept and signed on the Medicine Record Sheet.
- Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes the school should be notified in writing/ email by the parent/carer. A new supply of medication - correctly labelled with the new dose - should be obtained and a new consent form completed.
- Should the supply need to be replenished, this should be done in person by the parent or carer.

3. Application of Creams and Lotions

- Parents/Carers are responsible for sending in the cream, labelled for the individual child. We usually ask children to apply their own cream or parents will be asked to come into school to apply the cream.
- Steroid creams are usually applied twice daily only - we would usually expect these to be applied at home.
- Sun cream needs to be supplied by parents/carers. We ask parents and carers to apply sun block in the morning before coming to school. Children may bring in their own creams but parents and carers must ensure it is in date, and of at least SPF 25 or above. It should be labelled clearly and is the child's responsibility to apply the sun protection.

Alternative Medication

Alternative medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/Consultant.

4. Over the counter medicines (OTC)

All schools have received a letter from the Consortium of Local Medical Committees stating *'GPs would not normally prescribe simple OTC medications for any patient, including children. Therefore a doctor's prescription should not be required before administering such medicines to a child. MHRA licenses all medicines and classifies them as OTC when it considers it safe and appropriate that they may be used without a prescription. Thus it is appropriate for OTC medicines to be given by parents when they consider it necessary. This may be in a home or school environment.'*

- OTC medication will only be given as and when required and parents will be contacted before the medication is given by the trained staff or SMT, this may include simple analgesics, Calpol, hay fever tablets etc. However, we would encourage parents to come into school to administer these medicines wherever possible, as if a child has a permanent temperature requiring Calpol they should be at home recuperating.
- The medications should be in its original packaging.
- We will not administer any medication with aspirin in
- If a child refuses medication, staff will not force them to take it.
- The refusal will be noted and parents contacted by telephone.

- In the event of a child refusing emergency medication, parents and carers will, of course, be contacted immediately by telephone. The emergency services will be contacted immediately and a member of school staff will accompany the child to hospital to allow parents time to arrive.

5. Storage and Disposal of Medication

- All medication with the exception of emergency medication and medication requiring refrigeration will be kept in the locked medical cabinet in the classroom.
- Medication requiring refrigeration will be stored in the lockable storage box in the large fridge in the small hall. It will not be accessible to children.
- Emergency medication will be stored out of the reach of children and easily accessible to staff. All members of staff working in the school will need to be made aware of the location of the emergency medication.
- If the medication is a controlled drug. EG ADHD medication. This will be in a locked box in the Head's office.
- A half termly check of the medicine cupboard, between each classroom, will be made by the class teacher. Parents/carers will be asked to collect any medication which is no longer needed, is out of date or not clearly labelled.
- Any medication which is not collected by parents and carers and is no longer required will be disposed of safely at a community pharmacy. No medication should be disposed of into the sewerage system or refuse.
- Asthma inhalers should be labelled clearly with the child's name and kept in the class orange bag in the classroom. This must travel with the children at all times including PE lessons, break time, breakfast and after school clubs and off site visits. Parents are responsible for checking that the inhalers are in date. All boxes will be taken to the after school club at the end of the school day and will be returned to the individual classrooms for the start of the school day.
- School have an emergency inhaler, this can be used for children who have been identified as having Asthma by a medical practitioner when their inhaler is not working. Which is in the Small hall in the unlocked medication cabinet.
- EpiPens, also known as AAI, for children who have a risk of severe allergic reactions such as food, insect bites,(see appendix 2) may

be prescribed an EpiPen by their medical consultants. These should be freely available for the child and staff to reach in case of emergency. They should be taken out at break times and when going off site.

- School have an emergency EpiPen which is in the Small hall in the unlocked medication cabinet.
- *Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, **but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.** The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), you **MUST** call 999 without delay, even if they have already used their own AAI device, or a spare AAI. In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate (guidance on the use of Adrenaline auto-injectors in school published by the Dept. of Health 2017)*

Offsite Activities and Educational Visits

- The named leader of the activity must ensure that all children have their medication, including any emergency medication available. A named member of staff will carry the medication. This also includes asthma inhalers and other relief medication.
- Children who attend swimming sessions with asthma or epilepsy will be required to wear a coloured band to identify their requirements to swimming instructors in case of an emergency.

Insurance

The Local Authority insurance cover covers all staff.

Training needs are reviewed annually according to the needs of our children. This policy is part of our staff induction programme and is reviewed annually. Training needs are identified for individual staff through annual performance and appraisal meetings. Training for specific

conditions e.g. Asthma is provided for the whole staff at least every two years.

Most of our staff have received Staff have received a Medicines management staff briefing.

Signed: *Denise Duke*

To be reviewed: September 2025

Appendix A

St Bernadette's Catholic Primary School

MEDICAL FORM

NAME	
YEAR	
DATE	
MEDICATION	
DOSE	
KEPT IN SCHOOL	
REPLACEMENT REQUIRED	
PARENT/CARER PERMISSION	I give my permission for this medication to be given by school, as indicated above signed: _____

Appendix 2

Anaphylaxis

Anaphylaxis is a life-threatening allergic reaction that happens very quickly. It can be caused by food, medicine or insect stings. Call 999 if you think you or someone else is having an anaphylactic reaction.

Check if it is anaphylaxis

Symptoms of anaphylaxis happen very quickly.

They usually start within minutes of coming into contact with something you're allergic to, such as a food, medicine or insect sting.

Symptoms include:

- swelling of your throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in your throat or a hoarse voice
- wheezing, coughing or noisy breathing
- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue – if you have brown or black skin, this may be easier to see on the palms of your hands or soles of your feet

You may also have a rash that's swollen, raised or itchy.

Immediate action required: Call 999 if:

- your lips, mouth, throat or tongue suddenly become swollen
- you're breathing very fast or struggling to breathe (you may become very wheezy or feel like you're choking or gasping for air)
- your throat feels tight or you're struggling to swallow
- your skin, tongue or lips turn blue, grey or pale (if you have black or brown skin, this may be easier to see on the palms of your hands or soles of your feet)
- you suddenly become very confused, drowsy or dizzy
- someone faints and cannot be woken up
- a child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face)

You or the person who's unwell may also have a rash that's swollen, raised or itchy.

These can be signs of a serious allergic reaction and may need immediate treatment in hospital.

(NHS Health A-Z online reference taken 26 06 23)