



# St Leonard's CE(A) First School Policy for Medicines in School

**Responsibility of: Safeguarding/  
Early Years Governors**  
**Developed in consultation with:**  
Teaching staff  
The Governing Board

Adopted by the Governing Body:  
March 2021

Signed: Mr Matthew Welton  
Date for review: March 2022

Date of last policy reviewed	Changes made
Feb 2017	Dates were changed.
April 2018	Dates were changed.
April 2019	Dates were changed.
May 2020	<p>Actions from H and Safety Audit March 2020- Monitoring arrangements not identified in current school policy</p> <p>To date there have been no adverse incidents. How adverse incidents are managed is not identified in current policy.</p> <p>When next reviewing Medication policy refer to updated SCC Management Arrangements for Medication to ensure all success indicator requirements are being met. Include monitoring and adverse incident arrangements. See <a href="https://www.staffordshire.gov.uk/secure/Schools/Health-and-Safety/Health-and-Safety/Procedures/Health/Drugs-and-Medications/Drugs-and-Medications-in-Schools-and-Nurseries.aspx">https://www.staffordshire.gov.uk/secure/Schools/Health-and-Safety/Health-and-Safety/Procedures/Health/Drugs-and-Medications/Drugs-and-Medications-in-Schools-and-Nurseries.aspx</a></p>

## St. Leonard's CE (A) First School



### Medicines in School Policy

The following Success Indicators were used in the latest review of this school policy :

- a) All settings who need to manage medicines have effective local procedures in place;
- b) Employees who are required to administer medication have received suitable training;
- c) Administration of medication is effectively recorded and individual healthcare plans are in place.
- d) Managers monitor medication arrangements to ensure local procedures are working effectively.
- e) No adverse incidents have occurred and when they do occur they are reported, suitably investigated and action taken to prevent reoccurrence.

St Leonard's First School strives to promote the good health of children attending our setting. We believe that regular school attendance is vital for every child. However, there will be occasions where children will become unwell and may require some time off from school to recover. Children who are clearly unwell should not be in school and the Headteacher can request that parents or carers keep the pupil at home if necessary. In general, when a child requires medication (or treatment), they should be kept at home until the course of treatment is complete. A child's cultural and religious requirements will always be taken into account. This information will be kept in a child's file and shared with relevant staff and will also form part of consent information about

First Aid treatment in an emergency. St Leonard's will ensure that any child needing long term medication can access and enjoy the same opportunities at school as any other child.

### **Legal Duty**

There is no legal duty for school staff to administer medicines or to supervise a child when taking medicine. Staff administer medicine in a purely voluntary capacity. It is also important for parents to understand that it is not the school's responsibility to remind children to take their medicine and that, if a child refuses to take their medicine, staff will not force them to do so.

Where staff do administer or assist with the administration of medicines there is a legal duty to ensure that the activity is carried out safely. Ensuring compliance with the legal requirements and maintaining the rights of the individual is paramount. Procedures to manage all aspects of medication management must be documented, operate effectively and monitored. In small school like St Leonard's all teaching staff and office staff understand this policy and administer medicines where needed. A medical board in the staffroom ensures all information is accessible and can be communicated to staff from one place.

### **Refusing Medicines**

If a child refuses to take medicine, staff must not force them to do so, but should note this in the records and follow agreed procedures. The procedures to follow in this situation may be set out in the procedures or local arrangements or in an individual child's healthcare plan. Parents will be informed of the refusal as soon as practicable and the refusal should be recorded on the Medication Administration Record sheet.

If a refusal to take medicines results in an emergency, the school or setting's emergency procedures will be followed.

### **Children with Infectious Diseases**

Children with infectious diseases will not be allowed in school until deemed safe by their GP and/or the School Nurse and/or local health authorities. School staff possess basic knowledge and understanding of the County Council Policy on Infection Control.

### **Administration of Medicines**

**Under no circumstances will any medication be administered without a signed Parental Consent Form (available from the school office) or Health Care Plan. Products containing Paracetamol, Aspirin or Ibuprofen will usually not be administered and should not be brought into school by children, unless prescribed by a doctor.**

Dose frequencies which enable the medication to be taken outside of school hours (three times daily) will not be administered by staff as these can be taken prior to school, after school hours and at bedtime.

Medicine will only be administered in school when it is essential to do so, ie when it would be detrimental to the child's health if the medicine is not administered during

school hours. When this is the case, the medicine will be given to the child at lunchtime. If anything further is required, parents can make arrangements, via contact with the school office, to come into school to administer the medicine themselves.

If school is requested to give medicine, only medicine prescribed by a medical practitioner and clearly labelled in the original packaging by a pharmacist with the details outlined below will be administered:

- Name/address/date of birth of child
  - Name of medicine
  - Dosage
  - Time/frequency of administration
  - Expiry date
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- It is recommended that two members of staff undertake the procedure for the administration of medication.
  - Under no circumstances must medicines prescribed be given to anybody except the person for whom it was prescribed.
  - Medicines should be administered directly from the dispensed container. However, medication can be placed in a small pot after removing it from the dispensed container as a way of hygienically handing it to the child if necessary.
  - Medication must never be secondary dispensed for someone else to administer to the child at a later time or date.
  - Medication must not be given to young persons covertly (e.g. hiding in food) without consultation with GP/Parents and the agreement documented.
  - Crushing or dissolving medication can destroy the medication properties reducing its effectiveness. Crushing or dissolving of medication is not permitted unless a child or young person's health or wellbeing would be detrimentally affected. GP and parental approval must be sought and documented in the care plan and on a risk assessment to crush or dissolve medication.
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#### **Over the Counter (OTC) Medicines (Homely Remedies)**

It is not our school policy to allow staff to administer "over the counter" remedies to treat minor symptoms for short periods. These can include alternative medicines such as herbal remedies, vitamins, and supplements.

Parents / carers should make arrangements for this type of medication to be administered at home wherever possible or with GP consent via a form that can be obtained from the school.

The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions without confirmation from the original prescriber.

#### **Health and Safety Issues**

Staff will avoid direct contact with medicines. Where this is unavoidable staff will contact the dispensing pharmacist for advice, e.g. when staff have to apply steroid creams **directly** to a child, non latex gloves must be used.

Infection control principles will be followed by staff administering medication and staff will be familiar with effective hand washing principles.

### **Short-Term Medical Needs**

There may be occasions when a child is almost fully recovered from illness and is ready to return to school but may need to complete a course of medication (eg antibiotics) for a day or two. Allowing children to be given medicine in school will, in these circumstances, clearly minimise the number of days absent. In order for prescribed medicine to be given in these circumstances, parents will need to complete a Parental Consent Form (available from the school office). No medicine should be administered without this.

### **Long-Term Medical Needs**

In the case of chronic illness or disability, children may need to take prescribed medicines on a regular basis in order to lead a normal life.

To ensure the needs of these children are met, a written individual healthcare plan (Care Plan) will be put in place which is produced following discussions with the parents, School Nurse and school staff where applicable. This Care plan documents the range of support required by a child and will be reviewed at least annually or with any change in circumstance. This care plan will be communicated to all school staff in contact with that child.

The Care Plan outlines:

- Name and date of birth of the child
- Family contact information (Parents should ensure that this is kept up to date in case of emergency)
- GP/Hospital/Clinic contacts
- Details of the child's medical condition
- Daily care requirements eg dietary needs, pre-activity precautions
- What constitutes an emergency and what emergency procedure should be followed
- Follow-up care
- Details of medications
- Details of prescribed dosage

Other than children needing Epipens, staff will not administer injections under any circumstances. Parents will be expected to attend to the child in school hours in such cases.

If needed, an individual assessment will be undertaken to establish the extent of the individual's ability to safely and effectively administer their own medication. This should take into consideration their age, condition and their overall care plan, where one exists, and procedures should be in place to outline how this must take place.

Any specific training required by staff on the administration of medication will be provided by or through the school nursing service. Staff will not administer such medicines until they have been trained to do so. The school will keep records of all staff trained to administer medicines and carry out other medical procedures. Training will be updated as appropriate.

### **Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. A Pharmacist will give advice as to whether a medication is a controlled drug or not. To keep up to date with the medications classified as a controlled drugs drug please view the Home Office information. <https://www.gov.uk/government/publications/controlled-drugs-list>

Some controlled drugs may be prescribed as medication for use by children e.g. methylphenidate.

### **Controlled Drugs Register**

School should keep a separate record of controlled drugs to include the receipt, administration and possible disposal of controlled drugs. These records must be kept in a bound book or register with numbered pages (This can be purchased from a pharmacist). The book will include the balance remaining for each product with a separate record page being maintained for each child. It is recommended that the balance of controlled drugs be checked at each administration and also on a regular basis e.g. monthly. The book should be locked away when not in use and stored as controlled stationary.

### **Administration of Controlled Drugs**

Any authorised member of staff may administer a controlled drug to the child for whom it has been prescribed and they should do so in accordance with the prescriber's instructions in the presence of another member of staff as witness.

The administration of controlled drugs is recorded using the Controlled Drugs Register which can be purchased from a pharmacist and on the Medication Administration Record sheet HSF 55.

Staff **MUST NOT** sign the record of administration unless they have been involved in the administration of the medication.

The recommended procedure for the administration of controlled drugs is as follows:

- Check the child's Confirmation Medication Details sheet HSF 30 for details of dosage required etc.
- Verify the quantity of medication as stated on the controlled drug register to ensure that the dose has not already been given.
- Ensure two members of staff are present; one member of staff must witness the other administer the medication to the young person.
- Both staff must sign the Medication Administration Record sheet and controlled drug register to confirm that the dose was given and the amount remaining.

If medication is refused or only partly taken both staff must witness the disposal of the remaining medication and record the details and sign to that effect.

If a dose of medication is refused or only partly taken then the parents/carer or GP should be contacted for advice on any adverse reactions and risk to the young person.

### **Return or Discontinued Controlled Drugs**

A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy).

### **Parental Responsibility**

It is the parent's responsibility to inform school of the medicines that their child needs to take and to provide details of any changes to the prescription. It is also the parent's responsibility to ensure that all medication supplied is in date as **no medication that has exceeded its expiry date will be given.**

In the case of a short-term medical need, the parent must personally deliver the medicine to/collect the medicine from the school office each day.

### **Safe Storage of Medicines**

All medication is to be stored in the original container issued by the Pharmacist and must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Stock should be rotated as it is received. Never mix the remains of an old prescription with a freshly supplied prescription.

Medicine cupboard/cabinets must of a suitable size to store all medication, and have a quality lock fitted where this is assessed as required.

The medication storage container must be secured to a wall and where portable storage device is used it must be secured to a wall when not in use.

The medicine cupboard should be reserved for medicines, dressings and reagents only and the following must be stored separately within the cupboard:

- External use only medicines
- Oral medicines
- Injectables, suppositories & pessaries
- Blood and urine testing reagents (either in a separate area or stored segregated in external medicines section)

The key to the medicine cupboard will be retained for the duration of the working day by an identified person. This will be delegated as necessary, and access should be restricted to authorised members of staff only.

Duplicate keys must be kept in a locked cupboard or drawer at all times, with access restricted to authorised members of staff only. It is recommended that a lost key action plan is in place.

## Medication requiring storage by refrigeration

### **Regular Administration of Significant Quantities**

Where significant quantities of medicines are administered on a regular basis, a lockable drug fridge is advised. The temperature of the fridge is to be monitored and recorded daily. In the event that medicines are stored outside the required range, usually between 2-8°C, the dispensing pharmacist should be contacted for advice. Food, milk, medical samples (e.g. blood or urine) or non pharmaceutical items must not be stored in this fridge. The refrigerator should be cleaned and defrosted regularly.

### **Small quantities**

In settings where low quantities are administered, medicines may be stored in a domestic fridge located in a staff only area. To avoid contamination medicines must be stored separately in a locked container labelled "medicines - authorised access only". The temperature of the fridge is to be monitored and in the event that medicines are stored outside the required range, usually between 2-8°C, staff should contact the dispensing pharmacist for advice.

### **Storage of Controlled Drugs**

In all settings, controlled drugs must be stored behind **double lock and key**. This must be a metal cupboard with an inner lockable cupboard or a metal lockable container within a cupboard. The cupboard must be secured to the wall.

Controlled drugs must be checked in by two members of staff, one of which must be authorised to carry out this duty. All records must be recorded in the controlled drugs register which can be purchased from the Pharmacist and on the Medication Administration Record sheet.

### **Unaccounted for Drugs**

If medications are unaccounted for this must be regarded as a serious situation and a potential disciplinary matter for staff. The Headteacher must decide on the action to be taken, dependant upon the circumstances. As a minimum a full internal investigation must be carried out by the head teacher and the Health, Safety and Wellbeing Service must be informed.

The Headteacher may determine that the situation is sufficiently serious to warrant informing the police. In any case where **controlled drugs are unaccounted for, the police should be informed** and a police investigation may take place.

In a school setting the Headteacher may wish to inform the Governing Board.

### **Safe Disposal of Medicines**

All medicines will be stored and administered from the original container or by a monitored dosage system (such as a blister pack) following the written instructions on the pharmacist's label. All medicines will be kept in a secure place, out of reach of children.

Any medicines requiring refrigeration will be kept in the fridge in the school office.

Where it is appropriate for children to carry their own medicine this will be detailed in their care plan.

**Medication should not be disposed of by via the sink, toilet or dust bin, this is both illegal and unsafe.**

School must not undertake to dispose of any medication, except in the case of spoiled doses. Any unused medication must be returned to the parent/carer. Any other arrangements must be formally recorded and agreed by all parties.

When a child leaves the setting the medicines should be returned to the child's parents or carers unless they have positively consented to their safe disposal or passed to another authoritative source e.g. Social Worker. In situations where medication may need to be returned to the pharmacy, a record should be made of the name, quantity of the medicine, reason and the date of disposal, which should be certified by two staff members. The pharmacist should be asked to sign for all the returned medication.

A complete record of medicines leaving the setting must be kept.

**In event of the death of a young person, all medicines must be retained for at least 7 days in case they are required by the Coroner's Office.**

### **Disposal of Sharps**

Where any staff on site (whether settings staff or community based colleagues e.g. nurses) use syringes and needles, it is their responsibility to ensure safe disposal of these items into a sharps box.

**Used needles and syringes are not to be re-sheathed. They are to be disposed of immediately into the sharps box.**

Where regular use of needles is required, consideration should be given to the use of retractable needles. Young persons self-administering insulin or any other medication with a syringe must be assisted by staff in the proper disposal of sharps. A sharps box will be provided, but kept safe by staff, and locked away if necessary.

Each setting should access local arrangements for the supply and disposal of sharps boxes using a registered contractor.

### **Transporting medication**

When medication is transported, it must be placed in a suitable lockable carrying case or box that is secure during transportation. Controlled drugs must be kept in a lockable container within a lockable container. The Medication Container must be kept out of public vision at all times.

During community outings, trips and educational visits, medication (with the exception of emergency medication) can be left in a vehicle if necessary. It must be in a container as detailed above and the vehicle must be locked.

### **Holidays, Outings and Educational Visits**

Where required, Staff will take charge of the medicines and return the remainder on return to the setting or to parents/carers as appropriate.

Where a young person is self-medicating this should continue whilst on holiday or educational visit, but consideration must be given to the locations, activities and the storage of the medicines to ensure that they are kept safe and secure for the young person.

### **Record Keeping**

Written records are kept each time a medicine is given in school. The administration records, along with copies of Care Plans and Parental Consent Forms, are kept in a central medical file which is kept in the school office.

#### Documentation

- The name (or initials) of the member of staff responsible for administering the dose of the medicines must be included on the medicines administration record.
- All written records relating to medication must be completed in ink (preferably black).
- All records of requests for and administration of medicine must be in writing.
- All records of administration of medication to a young person must be retained in line with document retention schedules.

### **Staff Insurance Cover**

If these guidelines are followed, including the requisite to obtain parental consent, staff will be protected by the County Council's insurance policy against claims of negligence should a child suffer injury as a result of the giving of medicine.

### **Medicines for a staff members own use**

Staff may need to bring medicine into school /setting for their own use. All staff have a responsibility to ensure that these medicines are kept securely and that young people will not have access to them, e.g. locked desk drawer or staff room.

Adequate safeguards must be taken by staff, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or young person.

### **Management of Errors/Incidents in Administration of Medicines**

In the event that medication has been administered incorrectly or the procedures have not been correctly followed, then the following procedure is to be implemented: -

- Ensure the safety of the young person. Normal first aid procedures must be followed which will include checking pulse and respiration.
- Telephone for an ambulance if the child's condition is a cause for concern.
- Notify the Manager/Person in Charge.

- Contact the young person's Parents/Carers as soon as practicable.
- Contact the young person's GP/Pharmacist for advice if necessary. (Out of hours contact NHS Direct).
- Document any immediate adverse reactions and record the incident in the young persons file/Care Plan using the Medication Incident Report Form (Appendix)
- The Headteacher must complete the Medication Incident Report Form HSF 36 and, if injury results, the County Council Accident Investigation Report HSF40.
- The Headteacher must commence an immediate investigation about the incident, inform the the Health, Safety and Wellbeing Service and, where applicable inform any relevant regulatory body. Statements should be taken from both staff and young persons if they are self medicating.
- The medication administration record sheet should reflect the error.
- Young person's parent/carer/guardian should be informed formally in writing.

It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors to his/her Headteacher. Headteachers should encourage staff to report any errors or incidents in an open and honest way in order to prevent any potential harm or detriment to the young person. They must handle such reporting of errors in a sensitive manner with a comprehensive assessment of the circumstances.

A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action is taken. Any investigation must observe the conventions as set out in the County Council's Disciplinary Policy.

### **Monitoring and Review of Medication Arrangements**

Systems for administering medicines are reviewed annually to ensure they are up to date, reflect current best practice and are working effectively. The form in Appendix 2 is used to reflect on the procedures and adapt the policy for the next year.

Changes are then incorporated into staff instruction and training arrangements and effectively communicated to staff and other relevant parties.

### **Confidentiality**

The head teacher and staff of St Leonard's will always treat medical information confidentially.

### **Supporting Documents**

- Medication Guidance for Adults (formerly Social Care and Health)
- Medication and Supporting Medical Needs Guidance for Children and Young People
- Supporting pupils at school with medical conditions 2014.

***Reviewed: March 2015***

***Reviewed: Feb 2017***

***Reviewed: April 2018***

***Reviewed: April 2019***

***Reviewed: March 2021***



## Incidents of adverse reactions or errors in the administration of medication - Record Form

Name of child	
Date of Birth of child	
Date of the incident	
Time of the incident	
Persons reporting incident	
Reasons for the incident Pharmacy Error, Wrong Medication Administered, Overdose, Missed Medication, etc) -	
Details of any ill health or injuries sustained (if this is the case an accident/incident report form must be completed and forwarded to the Health, Safety and Wellbeing Service),	
Witness Statement Taken from relevant Parties - Detail whom and attach a copy.	

<p>Details of persons informed (Parents/Carers, Pharmacist, GP, NHS Direct, Governing bodies CQC/OFSTED),</p>	
<p>Corrective and Remedial action taken./ Treatment given. Hospital Admission Yes/No</p>	
<p>Outcome of investigation by senior manager.</p>	
<p>Signature</p>	
<p>Date</p>	



## Annual Review of Medicines policy and procedures

Date	
Review undertaken by	
Best Practice/ What is working well?	
Number of incidents of error or adverse reactions	
Key Learning from incidents - changes to procedure/ policy	
Who do these changes need to be communicated to?	
How will this be done and by when?	