



# INDEPENDENT JEWISH DAY SCHOOL

an ACADEMY

## **MANAGING MEDICATION IN SCHOOL POLICY**

### **This policy covers:**

- Procedures for managing prescription medicines.
- Procedures for managing prescription medicines on trips and outings.
- Clear statement on the roles and responsibilities of staff managing medicines.
- Statement on parental responsibilities in respect of child's medical needs.
- Need for prior written agreement from parents for any medicines to be given to a child.
- The circumstance in which children may take any non-prescription medicines.
- The school policy on assisting children with complex medical needs.
- Policy on children carrying and taking their medicines themselves.
- Staff training in dealing with medical needs.
- Record keeping.
- Safe storage of medicines.
- Access to school's emergency procedures.
- Risk assessment and management procedures.

## **1.0 MEDICATION**

### **1.1**

Parents/carers should, wherever possible, administer or supervise the self-administration of medication to their children. This may be effected by the child going home during the lunch break or by the parent visiting the establishment. However, this might not be practical and in such a case parents may make a request for medication to be administered to the child at the school/establishment

No child under 16 should be given any medicines without their parent's/carers' written consent. Medicine should be brought to school and collected from school by a parent/carers, along with the necessary permission forms.

כי נר מצוה ותורה אור

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## **1.2 Prescribed Medication**

### **1.2.1**

It is helpful, where possible that medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. medicines that need to be taken 3 times a day can be managed at home. Parents should be encouraged to ask the prescriber about this.

### **1.2.2**

Such medicines should only be taken into schools where it would be detrimental to a child's health if it were not administered during the day.

### **1.2.3**

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

### **1.2.4**

The school will not accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

### **1.2.5**

A written record should be kept of the administration.

### **1.2.6**

Large volumes of medication should not be stored. Prescribed medication kept at the establishment should be under suitable locked storage and arrangements made for it to be readily accessible when required. Children should know where their medicines are stored and who holds the key.

### **1.2.7**

All emergency medicines (asthma inhalers, epi-pens etc.) should be readily available and not locked away.

### **1.2.8**

If the medication must be kept refrigerated proper arrangements should be implemented to ensure that it is both secure and available whenever required.

### **1.2.9**

Under no circumstances medicines should be kept in first-aid boxes

## **2.0 Long term medical needs**

### **2.1**

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. It is advised that schools draw up a health care plan for such pupils, involving the parents and the relevant health professionals.

In the first instance the school nurse should be the initial contact for any queries over specific medical conditions.

### **2.2**

Any specific training required by staff on the administration of medication ( e.g. adrenaline via an epipen, rectal valium etc.)will be provided by the local authority nurse.

### **2.3**

Staff should not administer such medicines until they have been trained to do so.

## **3.0 Controlled Drugs**

### **3.1**

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents.

#### **3.2.1**

Ideally controlled drugs are only brought in on a daily basis by parents , but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded.

### **3.3**

Controlled drugs should be stored in a locked non portable container, such as a safe, and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it.

### **3.4**

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

### **3.5**

The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

### **3.6**

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should **not** be thrown away.

## **4 Non Prescription Medication**

### **4.1**

It is strongly recommended that non-prescription medication is not administered by the school. This includes paracetamol and homeopathic medicines.

### **4.2**

Where it is necessary to administer non-prescription medication, staff should be made aware of whether the pupil has taken a previous dose, or whether the medication may react with other medication being taken.

### **4.3**

Specific written permission must be obtained from parents / carers and the administration documented.

### **4.4**

If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take the medication. A member of staff should notify the parents that their child has requested medication and supervise the pupil taking the medication if the parents have agreed to it being taken.

### **4.5**

Non prescription medication should kept at the school should be under suitable locked storage and arrangements made for it to be readily accessible when required. Children should know where their medicines are stored and who holds the key.

## **5 Record keeping**

### **5.1**

Parents / guardians need to provide details of medicines their child needs to take at school. See form attached. No medication will be administered at school without written consent from parent/guardian

### **5.2**

Although there is no legal requirement for schools to keep records of medicines given to pupils, it is good practice to do so.

### **5.3**

In some cases, such as the administration of rectal diazepam, it is good practice to have the dosage/ administration witnessed by a 2<sup>nd</sup> adult.

## **6 Self Management**

### **6.1**

It is important that as children get older they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in the child's health care plan in agreement with the parents, bearing in mind the safety of other pupils.

### **6.2**

Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

### **6.3**

Children should know where their medicines are stored and who holds the key.

## **7 Refusing medication**

### **7.1**

If a child refuses to take medication staff should not force them to do so, but note this in the records and inform parents of the refusal. If necessary the school should call the emergency services.

## **8 Offsite visits**

### **8.1**

We encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary individual risk assessments should be conducted.

### **8.2**

A member of staff who is trained to administer any specific medication (e.g. epipens) accompanies the pupil and that the appropriate medication is taken on the visit.

### **8.3**

Medicines should be kept in their original containers (an envelope is acceptable for a single dose- provided this is very clearly labelled)

### **8.4**

Medical needs are included on the Risk Assessment forms filled out for outings.

## **9 Sporting Activities**

### **9.1**

Most pupils with medical conditions can participate in PE and extra-curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their health care plan. If restrictions apply, individual risk assessments should be conducted.

### **9.2**

Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines. (e.g. asthma inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.

## **10.0 HYGIENE AND INFECTION CONTROL**

### **10.1**

All staff should follow the [HCC](#) and [Education](#) health and safety guidance on the prevention of contamination from blood borne viruses.

## **11.0 FURTHER ADVICE**

Advice on medical issues should be sought from the designated school nurse, the schools local Primary Care Trust (PCT), which includes guidance on communicable diseases, NHS Direct or from the SEN Advisors.

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**To be reviewed Dec 2017**

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