



# Kingfisher Primary

## Managing Medicines Policy

|                     |                |
|---------------------|----------------|
| Responsibility      | SLT            |
| Date of last review | January 2022   |
| Date of next review | September 2025 |

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Policy for Managing Medicines

### **Aim**

This policy is designed to ensure that effective systems are in place to support individual children with medical needs as determined by the DFES 'Managing Medicines in Schools and Early Years Settings' March 2005 and the Medicines Standard of the National Service Framework. This policy will also support regular attendance at school.

The policy is to be clearly understood by staff, parents and children for ensuring that children with medical needs receive proper care and support in the school setting.

### **Procedures for managing prescriptions that need to be taken during the school day**

- Short-term prescription requirements should only be taken to school if it is detrimental to the child's health if it were not administered in school.
- **School will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist subscriber.**
- **Under no circumstances will the school accept any medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.**
- The container should include the prescriber's instructions for administration, in all cases it should include:
  - i. Name of child
  - ii. Name of medicine
  - iii. Dose
  - iv. Method of administration
  - v. Time/frequency of administration
  - vi. Any side effects
  - vii. Expiry date.
- **School will only accept medicines if it is brought in by a responsible adult and handed by that adult to Office Staff.**
- If medicines need to be taken three times a day they will not be administered in school as these can be administered before school, at the end of the school day and at night time. School will support the administration of medicine if it needs to be taken four times a day.
- 'A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor' (Managing Medicines in Schools and Early Years Settings, DFES March 2005).

### **Procedures for managing medicines on school trips**

- Staff must take into account in their risk assessments prior to a visit the medical needs of the children in their care.
- A nominated member of staff with the responsibility for the administration of medication should be clearly indicated in planning a trip.

### **Roles and responsibilities**

- The safety of the child is paramount and each person responsible for a child with medical needs is aware of what is expected of them.

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- The designated members of staff for the administration of medicines to a child (unless it is on a school visit then the responsibility will be indicated on any planning documentation) are:
- For KS2 children:
  - I. A trained first aider – witnessed by a second member of staff.
- For Foundation Stage and KS1 children:
  - I. A paediatric trained first aider – witnessed by a second member of staff.
  - II. A trained first aider – witnessed by a second member of staff.

Children should be taken for their medicine by either the class teacher or the class TA, who can verify their identity.

Members of staff administering medicines should check:

- ✓ the child's name – ask the child to say their own full name.
- ✓ the prescribed dose
- ✓ the expiry date
- ✓ the written instructions provided by the prescriber on the label or container.

If in doubt about any procedure, staff should not administer the medicine but check with the parents or a health professional before taking further action. However in the event of an emergency, and particularly for those pupils who have a care plan, the procedure outlined in the care plan will be followed.

**Each time a medicine is given to a child, the member of staff administering the medicine must complete and record it. The forms for this purpose are held in the appropriate folder in the school office (See Appendix 3). By completing these forms, we are demonstrating that we have exercised a duty of care.**

### **Parental responsibility**

- It is the parent/carers responsibility:
  - to provide the Principal with sufficient information about their child's medical needs if treatment or special care is needed;
  - to keep their children at home when they are acutely unwell.
  - to tell the school of any changes to the medication or support required by the child. Any change should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- The Principal should have parental agreement before passing on any information about their child's health to other members of staff.

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- Prior written and signed agreement needs to be obtained from parents/carers for any medicines to be given to a child in school. Forms to be obtained from the School Office and completed before any medicine can be administered (see Appendix 2).

### **Long-term or complex needs**

- Where long-term medical care is needed a health care plan pro-forma must be completed by school, parents/carers and other relevant health professionals. Pro-forma at the back of this policy- appendix 1).
- The health care plan pro-forma clarifies for staff, parents and the child the help that can be provided. This plan should be reviewed at least once per year (usually in September by Linzi Dunderdale), unless new information comes to light which would require the health care plan to be reviewed. It is parents/carers duty to pass on this information straight away.

### **Children taking prescribed medicines themselves**

- School is to encourage and support pupils, who are able, to take responsibility to manage their own medicines (e.g. Inhalers).
- There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil.

### **Safe storage of medicines**

- Medicines will be stored according to the product instructions.
- School will only store, supervise and administer medicine that has been prescribed for a particular child.
- All medicines will be kept in a location which the children don't have access to in the school office, including medication which needs to be kept in the fridge.
- All emergency medicines, such as asthma inhalers and adrenaline pens, diabetic equipment, should be readily available to children and should not be locked away.

### **Disposal of medicines**

- School will not dispose of medicines.
- Parents are responsible for the taking away and disposal of medicines. Only a responsible adult can collect medicine from the school office, it will not be given to a child.
- If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.
- Sharps boxes will be obtained from 'Community First' and collected by them for disposal.

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**Hygiene and Infection Control**

- All staff to be familiar with normal precautions for avoiding infection and will follow basic hygiene procedure.
- Staff have access to disposable gloves and sterile hand gel. They must take care when dealing with spillages of blood or other bodily fluids and disposing of dressings or equipment.

**School's emergency procedures**

- All children should be made aware that in an emergency situation they need to inform a member of staff.
- All staff to be aware of how to call emergency services.
- A member of staff to accompany a child if taken by ambulance and the parent has not arrived in school or cannot be contacted. A member of staff will stay with the child until a parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Where children have Individual health care plans these will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

**Record keeping**

- Health Care Plan Pro-forma (Appendix 1).
- Short-term administration of medication. Consent forms to be completed by the consenting parent/carer (Appendix 2).
- Long-term administration of medication. Consent forms to be completed by the consenting parent/carer (Appendix 2).
- It is the parent/carers responsibility to monitor when further supplies of medication are needed in the school setting. It is not school responsibility.
- School will keep records of all medicines given to pupils and the staff involved. (Appendix 3).

**Risk assessments and management procedures**

- It is the responsibility of school to ensure that the risks to the health of others are properly controlled.
- School will provide individual risk assessments for pupils with medical needs.
- School to be aware of the health and safety issues of dangerous substances and infection.

**This policy will be reviewed annually.**

**Reviewed January 2023**

**Next review due: January 2024**

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Kingfisher Primary (Appendix 1)

## Health Care Plan / Asthma Plan

|              |        |                 |
|--------------|--------|-----------------|
| Childs Name; | Class; | Date;           |
|              |        | Follow up date; |

### Medical Diagnosis or Condition

|                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name or medical diagnosis or condition.                                                                                                                                 |
|                                                                                                                                                                         |
| Description of medical diagnosis or condition.<br><small>(If it is Asthma what are the triggers? If it is seasonal Asthma please say when it usually flares up)</small> |
|                                                                                                                                                                         |
| Daily care requirements. <small>(E.g. when do they need their inhaler? How many puffs of their inhaler do they need?).</small>                                          |
|                                                                                                                                                                         |
| Describe in detail what an emergency looks like for your child.                                                                                                         |
|                                                                                                                                                                         |
| Explain in detail what steps we need to take in case of an emergency.                                                                                                   |
|                                                                                                                                                                         |

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**Family Contact Information**

|                        |                        |
|------------------------|------------------------|
| Name;                  | Name;                  |
| Relationship to child; | Relationship to child; |
| Address;               | Address;               |
| Telephone;             | Telephone;             |
| Telephone;             | Telephone;             |

**GP/Hospital Contact**

|                          |           |
|--------------------------|-----------|
| Name;                    | Position; |
| Clinic or Hospital Name; |           |
| Telephone;               |           |

Parent Name;

Signature;

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**Parental agreement for setting to administer medicine.**

|                                    |  |
|------------------------------------|--|
| Date for review to be initiated by |  |
| Name of child                      |  |
| Date of birth                      |  |
| Class                              |  |
| Medical condition or illness       |  |

**Medicine**

|                                                                    |  |
|--------------------------------------------------------------------|--|
| Name/type of medicine<br>(as described on the container)           |  |
| Expiry date                                                        |  |
| Dosage and method                                                  |  |
| Timing                                                             |  |
| Special precautions/other instructions                             |  |
| Are there any side effects that the<br>School needs to know about? |  |
| Procedure to take in an emergency                                  |  |

**Medicines must be in the original container as dispensed by the pharmacy.**

**Contact details**

|                       |  |
|-----------------------|--|
| Name                  |  |
| Daytime telephone     |  |
| Relationship to child |  |
| Address               |  |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_





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