



# St Maxentius CE Primary School

## Medicine Policy

Agreed on 27.11.19. by the LGB

There is no legal or contractual duty on school staff to administer medicine or to supervise a pupil taking it. This is a purely voluntary role and is recognised as such by the DCSF. While teachers have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines.

Staff should be particularly wary about agreeing to administer medicines where:

- the timing of its administration is crucial to the health of the child; or
- some technical or medical knowledge is required; or
- intimate contact with the pupil is necessary (this would include administration of rectal valium, assistance with catheters or use of equipment for children with tracheotomies).
- Staff who do volunteer to administer medicines should not agree to do so without first receiving appropriate information and training.

The Governors will fully support any members of staff who do not wish to administer medicines or who feel that they are being unfairly pressurised to do so.

The Governors recognise that it is desirable for children with long term recurring health problems, such as asthma, epilepsy and diabetes and eczema, to be accommodated within school in order that they can continue their education. For this to be done, however, proper and clearly understood arrangements for administration of medicines must be made. Parents should be encouraged to provide maximum support and assistance in helping the school accommodate the pupil. This would include measures such as self-administration (where necessary and only after approval from a GP) or parental supervision as outlined below.

Staff who do volunteer to administer medicines should not agree to do so without first receiving appropriate information. The local NHS Trust or Health Authority is in a position to advise schools on the source of the support required. In many areas this support will be provided through the School Health Service. In accordance with the *National Service Framework for Children, Young People and Maternity Services*, all schools and educational settings have access to training provided by health professionals on all medical conditions. Further details on this can be found in Section 10, *Standard 10 of Medicines Management for Children and Young People* (DH, 2004).

Staff should be particularly wary about agreeing to administer medicines to pupils where the timing of its administration is crucial to the health of the child; or where some technical or medical knowledge is required; or where intimate contact with the pupil is necessary (this would include administration of rectal valium, assistance with catheters or use of equipment for children with tracheostomies).

Any member of staff who is prepared to administer medicines should only do so under strictly controlled guidelines, fully confident that the administration will be safe. It is wise to limit this willingness to emergency situations only. Every reasonable precaution must be taken. Clear instructions about medicines requiring regular administration must be obtained and strictly followed. There should be two members of staff involved – one to administer, one to witness.

Any decision to agree to administer medicines has to be a matter of individual choice and judgement. Apart from the obvious distress to a member of staff who makes an error, all members of staff who agree to administer medicines take on a legal responsibility to do so correctly. There is consequently always the

risk that the staff member might be named in a legal claim for negligence. Generally, however, any member of staff acting in accordance with agreed procedures would be regarded as acting in the interests of the employer and, since the employer would also be the subject of the action, the member of staff would therefore be effectively indemnified against personal liability by the rules of 'vicarious liability'.

In cases of accident and emergency, teachers must, of course, always be prepared to help as they and other school staff in charge of pupils have their general legal duty of care to act as any reasonably prudent parent would. In such emergencies, however, teachers should do no more than is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.

Parents are responsible for their child's medication and children who are genuinely unwell should not attend school. Headteachers are, however, responsible for deciding whether the school can assist a pupil who needs medication during the school day.

Travel sickness tablets should be handed to a teacher at the beginning of the trip, with a school medicine form from a parent or carer. Children should be allowed to self administer travel sickness tablets as necessary.

Sun screen should be self applied by children. This activity can be supervised by an adult.

Many pupils with long-term medical conditions will not require medication during school hours. Those that do may be able to administer it themselves. If this is not the case then wherever possible, parents should be asked to make arrangements to come into school or for pupils to return home at lunchtime for medication.

Where this is not feasible, the following procedure is recommended:

- a) The smallest possible dose should be brought to the school, preferably by the parent, labelled with the name of the pupil in addition to clear written instructions for administration - including any possible side effects. Note – Department of Health guidelines state that it is not safe practice for staff managing medicines to follow relabelled/re-written instructions or to receive and use repackaged medicines other than as originally dispensed.
- b) Medicines should be stored safely until needed in line with the DfES advice set out below and any local authority guidelines.
- c) The medicine should be self-administered if possible, under the supervision of an adult. This may be the headteacher or someone acting with the headteachers' authority. A written record of the date and time of the administration is kept (early years settings must do so by law). Staff managing medicines ensure that the administration of the medicine is carried out and recorded in line with school/local authority policies.
- d) 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.

DCSF/DH guidance gives the following advice in relation to storage of medication.

The employer must ensure that health risks arising from medicines are properly controlled, in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

The head teacher is responsible for ensuring the safe storage of medicines.

Only prescribed medicines should be brought into school. Non prescription remedies such as Calpol, Paracetamol, cough or throat lozenges or any herbal remedies, should not be in school.

Where two or more medicines are required by a particular child, each should be kept in a separate container.

Schools should not store large volumes of medication. As far as is practicable, the smallest possible dose of medicine should be brought into school. Doses of liquid medicines should not, however, be transferred from the original bottle as this would result in the loss of some of the medicine on the sides of the bottle. Medication should be stored strictly in accordance with product instructions, taking particular account of the correct storage temperature.

Pupils should know where their own medication is stored and how to obtain it.

Medicines should be stored in their original containers, clearly labelled with the name of the pupil, the name and dose of the drug, the frequency of administration, any likely side effects, and the expiry date. Parents are responsible for ensuring that this information is provided.

Medicines should - subject to the exceptions below - be stored in a secure place such as a locked cupboard or a labelled airtight box in a refrigerator with restricted access.

Some medicines, such as asthma inhalers and Epipens, must be readily available to pupils and must not be locked away. Children who are capable of carrying their own inhalers should be allowed to do so, following consultation between parents and the headteacher. Parents should complete an inhaler information form, copies of which will be held in the class register and in the school office.

Schools should not continue to store surplus or out-of-date medicines. Parents should be asked to collect the containers for delivery back to the chemist, and should routinely collect medicines held by the school at the end of each day or at the end of term for pupils who take medicine routinely. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

Sharps boxes (obtained by parents on prescription) should always be used for the disposal of needles. Local pharmacists can give advice about storing medicines.

Members of staff may need to bring their own medication into school. This should be safely locked away. It does not need to be stored with pupils' medicines, but must not be kept in classrooms or in any area to which children have access. If possible all medicine should be locked away.

Staff should never volunteer to give non-prescribed medicines to children.

*N.B. Children under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor*