



Managing Medicines Policy

Next review date May 2018



1. Introduction

1.1 The following guidance and model policy draw directly on advice contained within DCFS publication '*Managing Medicines in Schools and Early Years Settings*': DCFS/Department of Health 2005 Ref 1448-2005 DCL-EN

1.2 The DCFS publication provides updated guidance on managing medicines in schools and early years settings, and replaces the earlier DFEE/DoH guidance *Supporting Pupils with Medical Needs: a Good Practice Guide*, and circular 14/96 *Supporting Schools with Medical Needs in School*, which were published in 1996.

1.3 The document sets a clear framework within which Local Authorities, NHS Primary Care Trusts, schools, early years settings and families are able to work together. This ensures that children requiring medicines receive the support they need, and schools and staff work within approved guidelines.

1.4 The document should be regarded as an essential reference point when schools and settings are dealing with issues which may not be directly covered in their own policy.

Copies are available from DCFS publications distribution centre telephone: 0845 6022260 or DCFS Online Publications website – <http://publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCFS-1448-2005>

2. Children with Medical Needs

Children with medical needs have the same rights of admission to a school or setting as other children.

3. Access to Education and Associated Services

3.1 Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his abilities to carry out normal day-to-day activities.

3.2 Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips, clubs and activities. Schools should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.

3.3 Schools are also under a duty to plan strategically to increase access, over time, for disabled children, including those with medical needs.

3.4 Like schools, early years settings not constituted as schools, including childminders and other private, voluntary and statutory provision covered by Part 3 of the DDA should be making reasonable adjustments for disabled children, including those with medical needs.

3.5 The national Curriculum Inclusion Statement 2000 emphasises the importance of providing effective learning opportunities for all pupils, in terms of:

- Setting suitable learning challenges
- Responding to pupils' diverse needs
- Overcoming potential barriers to learning

4. Support for Children with Medical Needs

4.1 Parents have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition.

4.2 There is no legal duty that requires school or setting staff to administer medicines. Some schools are developing roles for support staff which build the administration of medicines into their core job description. Some support staff may have such a role in their contract of employment. Schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

4.3 Conditions of employment are individual to each non-maintained early years setting. The registered person has to arrange who should administer medicines within a setting, either on a voluntary basis or as part of a contract of employment.

4.4 Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals.

5. Home to School Transport

5.1 The Local Authority has a duty to ensure that pupils are safe during journeys. Most pupils with medical needs do not require supervision on school transport, but trained escorts should be provided if considered necessary. Guidance should be sought from the child's GP or paediatrician.

5.2 Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines, but where it is agreed that this should happen (i.e. in an emergency), they must receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

5.3 Where pupils have life-threatening conditions, specific health care plans should be carried on vehicles. Advice should be sought from the pupil's school, and input will be needed from parents and the responsible medical practitioner. The care plans should specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.

5.4 All drivers and escorts should have basic first aid training. Additionally trained escorts may be needed to support some pupils with complex medical needs.

5.5 Some pupils are at risk of severe allergic reactions. Risks can be minimised by not permitting eating on vehicles.

6. Developing Policies

6.1 Employers, including Local Authorities and school governing bodies, must have a health and safety policy by law. Schools and settings should review existing health and safety policies in order to ensure that they incorporate the management of medicines and the support of children with medical needs.

6.2 The registered person in early years settings, which can legally be a management group rather than an individual, is responsible for the health and safety of children in their care. The legal framework for registered early years settings is derived from both health and safety legislation and the National Standards for regulation of daycare.

6.3 Settings outside the LEA **must** take out Employers Liability Insurance to provide cover to staff acting within the scope of their employment. Employers should make sure that their insurance arrangements provide full cover in respect of these actions.

6.4 Head teachers and governors of schools may also want to ensure that policy and procedures are compatible and consistent with any registered day care (e.g. Out of School Club) operated by them or an external provider on the school premises.

6.5 Policies should aim to enable regular attendance. Formal systems and procedures in respect of administering medicines, developed in partnership with parents and staff should back up the policy.

6.6 A policy needs to be clear to all staff, parents and children. It could be included in the prospectus, or in other information for parents.

The following Model Policy is offered for incorporation, or as a basis for incorporating the management of medicines, into the Health and Safety policy of schools and settings in Sheffield.

Ackworth Howard CE J&I School

Managing Medicines

Ackworth Howard CE J&I School is committed to reducing the barriers to sharing in school life and learning for all its pupils. This policy sets out the steps which the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

N.B. Paragraph numbers refer to the DCFS publication '*Managing Medicines in Schools and Early Years Settings*':

1. Managing prescription medicines which need to be taken during the school day.

1.1 Parents should provide full information about their child's medical needs.

1.2 Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day.
Paragraph 37

1.2 The school/setting will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.
Paragraph 26

1.3 The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
Paragraph 25

1.4 Some medicines prescribed for children (e.g methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff may administer a controlled drug, in accordance with the prescriber's instructions. The school will keep controlled drugs in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour code.

1.5 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

Paragraph 51

1.6 The school/setting will refer to the DCFS guidance document when dealing with any other particular issues relating to managing medicines.