CLOCKHOUSE PRIMARY SCHOOL

Managing Medicines Policy

Mission Statement

Our School – A family and a home for everyone

Working and Learning together to be the best that we can be

Our Vision

We are not just a school, we are home!
We lay the foundations for each individual's future and for dreams to be fulfilled - whatever they may be.
No two bricks are the same but are accepted for their uniqueness and are placed in their own special way to meet their needs.
The cement bonds us together as a family to keep us strong, stable and safe.
We are all safe and happy under one roof, we are protected from the elements and prepared to weather every storm.
The key to success unlocks the door to future achievements unseen before.
The windows show us the reflections of our future self as ready, respectful and responsible adults.
Collaboratively, together our home is decorated with challenge and the rooms are furnished with fun.
All around, a variety of trees grow naturally from the seed of success, with nurture and care anything is possible.
So we are not just a school, we are a home that provides a champion for all as well as timeless experiences and skills for a brighter future.
And that is why we are called Clockhouse.
Ring the bell, we're always here!

School Aims

- To enable all children, members of the school community and the wider community to contribute to school life.
- To promote high standards and provide opportunities for all to achieve their full potential.
- To encourage a sense of self–worth and confidence empowering children to fulfil a contributing role in society.
- To create a diverse and challenging learning environment in which children are cared for and feel safe.
- To provide leadership and management which focuses on raising standards and promoting the personal development and well-being of all members of the school community.

Purpose of the policy:

At Clockhouse Primary School children with special medical needs have the same right of admission to school as other children and cannot be excluded from the school on medical grounds alone.

Clockhouse Primary School endeavours to ensure that all its students achieve success in their academic work, in their relationships and in their day to day experiences at school. Some of our children have medical needs which means that additional measures are required to ensure that they have full access to the curriculum.

The prime responsibility for a child's health lies with the parent/carer who is responsible for their medication and should supply the school with any relevant information.

All staff working with the child understands the nature of their difficulties so that the impact of their medical difficulties upon their life as school is minimised as far as possible. While there is no legal

or contractual duty on staff to administer medicines or supervise children taking their medicines, nevertheless, we support our children as far as is possible.

Teachers and support staff act in loco parentis and may need to take swift action in an emergency, both within the school and off site, for example during school trips.

It is the class teachers responsibility along with the Learning Support Manager to ensure that all relevant information is up to date so that in the event of absence the covering teacher is aware of any medical conditions.

Aims when Managing Medicines
At Clockhouse we aim to:

- Provide a safe and secure environment for all students;
- Assist parents in providing medical care for their children;
- Educate staff in respect of special medical needs;
- Adopt and implement any national or LEA policies in relation to medication in schools;
- Arrange training for staff who volunteer to support individual students with special medical needs;
- Liaise as necessary with medical services, parent/carers, in support of the child;
- Keep controlled drugs in a locked non-portable container;
- Accurately record all medications taken within the school.

Training for Staff
Many members of staff at the school have First Aid Qualifications. First Aid boxes are placed at various locations around the school and are regularly checked to ensure supplies are adequate. The school is fully committed to the training of staff who support and children with medical conditions including those who require medicines during the school day. It is the Learning Support Manager's responsibility in conjunction with the Headteacher to ensure that sufficient staff are trained and that cover arrangements are in place should staff be absent of leave.

Medicines Policy
Prescribed Medicines:
Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

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.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about this. The school actively encourage parent that medicines to be taken three times a day are taken in the morning, after school hours and at bedtime.

Controlled Drugs:
The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children. The school take the following into account when administering controlled drugs:

- Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and record that it has been administered;
- A child who has been prescribed a controlled drug e.g. an inhaler, may legally have it in their possession. The school looks after other controlled drugs, where it is agreed that it will be administered to the child for whom it has been prescribed.

- The school keep controlled drugs in a locked non-portable container to which only named staff should have access. A record should is kept for audit and safety purposes.
- A controlled drug, as with all medicines, is returned to the parent when no longer required to arrange for safe disposal.
- Misuse of a controlled drug, such as passing it to another child for use, is an offence.

Non-prescribed Medicines:
Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's Doctor. We accept over the counter drugs that are sent in by parents. A child under 16 should never be given aspirin unless prescribed by a doctor.

Short-term Medical Needs
Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day. Parent/Carers must fill in a Parental permission form in order for such medicines to be administered by school staff.

Long-term Medical Needs
It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2014 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that must be considered. Schools need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. Written health care plans, where required, are written for such children, with the Learning Support Manager, involving the parents and relevant health professionals. These plans are reviewed annually or earlier if necessary.

Administering Medicines
Any member of staff giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

All details are to then be logged including the time the medication was given.

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. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

School must keep written records each time medicines are given.

Self-management
It is good practice to support and encourage children, who are able to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person.

There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody.

Refusing Medicines
If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and follow agreed procedures which is set out in an individual child's health care plan. Parents will be informed of the refusal on the same day.

Record Keeping
Parents are asked to tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

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

Parent Consent Forms are used to confirm, with the parents, that a member of staff will administer medicine to their child.

The school keeps written records of all medicines administered to children, which is available to parents should they require it. Although there is no similar legal requirement for schools to keep records of medicines given to students, we will record all medicines administered to children.

Educational Visits
All children with medical needs are expected to participate in safely managed visits. The school considers the reasonable adjustments they might need to be made to enable children with medical needs to participate fully and safely in visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. Where necessary, Risk Assessments are completed for children with medical needs. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions are always aware of any medical needs, and relevant

emergency procedures. Copies of any health care plans are taken on visits in the event of the information being needed in an emergency.

Sporting Activities
Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities consider whether risk assessments are necessary for some children, are aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Safety Management
All medicines may be harmful to anyone for whom they are not appropriate. Where a school agrees to administer any medicines the employer must ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Storing Medicines
Large volumes of medicines are not stored within the school. The school only stores, supervises and administers medicine that has been prescribed for an individual child. Medicines are stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions.

Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds the key. The Headteacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Other non-emergency medicine is kept in a secure place not accessible to children.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

Access To Medicines
Children need to have immediate access to their medicines when required.

Disposal of Medicines
Staff are not to dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

Hygiene and Infection Control
All staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.
Staff and parents are constantly advised of school policy relating to sickness or diarrhoea – no return to school until 48 hours after last bout of sickness or diarrhoea.

Emergency Procedures
All office staff know how to call the emergency services. Guidance on calling an ambulance is provided. All staff know who is responsible for carrying out emergency procedures in the event of

need. A member of staff will always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance.

Individual health care plans include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

Unacceptable Practice
Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints Procedure
Whilst every effort will be made by the school to ensure that there are no need for complaints to be made in some cases this can be unavoidable. Should there be seen to be the need for a complaint to be made concerning the support provided to children with medical conditions the schools already established Complaints Procedure, which can be obtained by the school office, will be followed.

Monitoring and Review
At Clockhouse Primary School we are aware of the need to review and monitor the school Managing Medicines Policy regularly so that we can take account of revised Local Authority procedures and Government legislation. The Governing Body is responsible for overseeing, reviewing and organising the revision of the Managing Medicines Policy.

Date Reviewed: **Autumn 2026**

Review Date: **As required**

Signed: ……..Chair of Governors Date: …….…….

Signed: ……..Headteacher Date: …….…….