



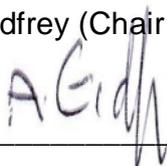
**Managing Medication Policy**

**Policy Version Control**

Version history see Annex A errata for details

Version No.	Policy Author	Date Updated	Review Date
1	G Mellefont	07.09.2017	September 2019

**Approval:** A Godfrey (Chair of Board)

 \_\_\_\_\_ (signed) **Date authorised:** 12.10.2017

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## **Rationale**

North View Academy recognises that for a substantial number of youngsters being able to take prescribed medication during the school day will enable them to remain in mainstream lessons and/or function better within the school and improve their ability to learn.

All young people who take prescribed medications during the school day should be able to do so in a safe and well managed setting.

## **Aims**

- to provide a safe and secure environment for students and staff;
- to provide a safe and reliable method of administering medications to pupils;
- to provide quality information to all members of the school community relating to the management of medications;
- to identify all protocols relating to the management of medications; and
- to ensure all practices conform to recent legislation and guidance.

## **Objectives**

- to communicate effectively with all members of the school community;
- to work in partnership with students and parents;
- to ensure every student taking medication regularly over the long term has a Care Plan;
- to ensure the Principal agrees to every student taking prescribed medications;
- to maximise the students learning opportunities;
- to forge effective links and work in partnership with all appropriate outside agencies;
- to identify clear storage and administration protocols;
- to clarify school procedures relating to handling incidents of misuse;
- to identify key roles and responsibilities within the school;
- to produce appropriate documentation and procedures to monitor medications brought into school;

## **GUIDELINES AND ADDITIONAL INFORMATION FOR STAFF**

### **1 Location & Dissemination of the Medications Policy**

A reference copy of the policy will be kept, reviewed and updated by the member of Governors who has responsibility for Health and Safety.

### **2 The Context of the policy and links with other policies and practice**

This policy aims to identify the school's position on all aspects of managing medications both within school and on visits. The policy will document procedures for staff, students and parents to follow when setting up a Care Plan, administering and storing medications. This policy will link to aspects of other policies and practices within the school such as: Health and Safety, Sick Children, Behaviour, Attendance, Healthy Schools & Child Protection.

#### **Health & Safety for all Staff**

This policy and guidelines aim to identify all the correct procedures for managing medications in school to ensure the H & S of all staff is maintained and staff do not put themselves in potentially dangerous or vulnerable positions. The Governors have a duty to protect staff in these matters and all staff have a duty to cooperate with the school and follow the safe procedures laid down in this policy.

### **3 Further Guidance**

This policy draws upon information and guidance from the following legislation and guidance:

- The Misuse of Drugs Regulations 1985
- The Misuse of Drugs Regulations 2001 (came into force Feb 2002)
- Managing Medicines in Schools and Early Years Settings. DfES Ref: 1448-2005DCL-EN
- Special Educational Needs & Disability Act 2001
- Management of Health & Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations 2002
- The Education (School Premises) Regulations 1999
- Supporting pupils at school with medical conditions DFE update Aug 2017
- DfE web site

### **4 Staff Responsibilities**

All staff have a duty of care to all students. Where teachers observe any problems with students behaviour or physical appearance they should pass this on to first aid staff immediately.

Gill Lynch will coordinate the care and support for students. She works in partnership with parents and other agencies both within and external to the school. This person will be responsible for meeting with parents and drawing up Care Plans.

The Principal/head will be responsible for signing and agreeing to the delivery of a Care Plan.

All staff will ensure all the correct procedures have been followed before accepting any medication from a parent or responsible adult. They will also ensure the safe and secure storage, and administration of medication.

The Governing Body will ratify the policy on Managing Medications on a yearly basis.

### **Non-prescribed Medication**

North View Academy will not give out to students any non-prescribed medication such as painkillers even if their parents say this is ok. This would be in effect prescribing medication and no one is qualified in school to do so. Students will need to go home to be treated if necessary or parent attends school to administer.

The only exception to this rule is when students are out of school on a visit, away from medical assistance, and only in an emergency (Section 3(5) of the Children Act 1989). Here specific members of staff can administer non-prescription medication to students if their parents have signed and consented to this on the SV Form. It is also advisable in an emergency and if possible to contact parents by phone to explain the nature of the emergency and to check again if it is okay to give their child non-prescribed medication in this situation.

### **Prescription Medication**

The school is under no obligation to administer prescribed medication to students. If we choose to do this it will be because there is a clear benefit to the student in question. Prescribed medications can be administered within school following the guidance and protocols identified in this policy.

Some prescription medicine e.g. antibiotics and now Ritalin can now be taken outside of school hours. Parents need to arrange an administration schedule to suit this with their GP.

### **Storage of Medication**

The school has a recommended metal medication cabinet to store all student medication in. All student medications must be kept in this cabinet and the cabinet must be kept locked at all times, other than when medication is being administered. Keys to the cabinet must be kept safe. One key to the staff member( G Lynch) who administers the medication and one key to the Principal

Care Plans and Individual Medication Records will be stored in a plain folder within a locked cupboard. Students should have their details clearly written on the individual folder. This will help any member of staff, who does not usually give out medication but has been placed into that role due to illness, ensure the correct student gets the correct medication.

## Medication taken for a short while (1 week to 10 days)

1. If students are only required to take medication for a short term such, as an antibiotic for an ear infection, the full Care Plan does not need to be completed. The staff in charge of medications will need to meet with parents to complete the main details and the parent will need to sign the Care Plan. The Principal will then sign the plan to agree to the school delivering it.

## Medication taken LONG TERM

2. Parents will need to come in to see G.Lynch with their child and fully complete a Care Plan. This will include:
  - name, DOB, form and religion (can influence medical treatment);
  - medical condition & specific needs arising from this condition;
  - any symptoms to watch out for;
  - name of medication prescribed;
  - medication regime including times when it should be taken;
  - contact details 1 - main/first contact person - parent or carer;
  - contact details 1 - second contact person - parent, carer or relative;
  - emergency contact - if contact 1 & 2 work and may be difficult to get hold of;
  - details of what would be an emergency for this student;
  - details of actions to be taken in the event of an emergency occurring;
  - information on agencies and other professionals involved;
  - care plan details - who needs to know - need to list who should know about this case otherwise it remains confidential and cannot be discussed openly with anyone (Data Protection Act medical records). Staff who may need to know could include: Directors, SENCO, Pastoral staff, Form tutor, teachers, school nurse etc.
  - any daily requirements - to be taken with food, a drink etc. If the child does not take their medication or refuses to take it - what happens? Is the child sent home to take it - agree the course of action with the parent.
    - any specific arrangements for PE or break and lunchtime?
    - follow up care — any follow up when the administration of the medication is finished;
    - date to review the care plan;
    - parental signature — the parent will need to date and sign the Care Plan. If the child is going to carry and administer their own medication in school such as an inhaler, leave the statement following Exceptional Circumstances, if not please cross it out; and
    - when the Care Plan is complete the Principal will need to discuss it with the Pastoral staff and if they are happy to administer the medication they will sign the Care Plan to endorse it.
3. When a Care Plan has been fully completed the parent will be informed by Pastoral staff that we will administer the medication and the parent or another responsible adult can bring the medication in and hand it to reception. Pastoral staff will pass the Care Plan to reception and they will then set up individual file for the new case, prepare a Individual Medication Record and put this and the Care Plan in it.

## Accepting, Recording (Storing Medication)

After the Pastoral staff has informed reception and they have set up a file for the new case a parent or other responsible adult can bring the medication into school. Reception staff will check to ensure the following key points are adhered to. Medication:

- **MUST** be brought into school by a responsible adult;
- **MUST NOT** be brought in by students, (Best Practice);

- **MUST** be in the official box with the chemist's label showing the pharmacy name and contact number on it;
- **MUST** clearly show the student's name;
- **MUST** clearly state the dosage, (when required is not allowed and it is illegal for a chemist to write this on a prescription for a child);
- **MUST** show the expiry date.

If the label has been changed i.e. dosage on front has been changed from one tablet to two in pen the school will not accept the medication. It is illegal for a chemist to do this — he must print a new label if there is a mistake and we cannot accept the parent's word — this information **MUST** come from the chemist. In exceptional circumstances when the pharmacy is unable to print the label due to an equipment failure the pharmacist is permitted to hand write the entire label this is a very rare occurrence and should be corroborated by a telephone call to the pharmacy to validate the labelled instructions.

The school will not accept any medication that does not meet all the criteria set out above.

Once the staff member in charge of medications is happy to accept the medication they will then complete an Individual Medication Record. On this record they will enter:

- pupil's name and date of birth;
- parents name and telephone contact;
- address;
- medication received - Date medication received;
  - name of person who brought it in
  - name of medication
  - amount supplied/brought in
  - form supplied (tablet or liquid)
  - expiry date
  - dosage regime
- any side effects - list the main side effects of the medication if there are any.

The member of staff in charge of the medications will then place the Individual Medication Record in the file and the student's medication will be locked in the Medication Cabinet, held securely in the first aid/laundry area ( Pupil have no access to this).

## **See Appendix 2 for Individual Medication Record**

### **Administering Medication**

Each time the child takes their medication G. Lynch will note on their Individual record.

Medication Record:

- the date;
- name of medication;
- amount given;
- amount left;
- time;
- name of person who administered the medication; and
- any issues/comments.
- child's signature

The member of staff administering the medication will take due care and regard for the individual student's privacy and will administer their medication out of sight of other students if requested so their rights to privacy are not compromised. (Data Protection — medical records)

**If a mistake is made during an entry on the Individual Medication Record do not cross it out or use Tippex.**

\* asterisk the line with the mistake on it and if possible

\* asterisk the line underneath then write - line above should read

If the correction cannot be entered on the next line write it on the bottom of the page. It is very important that the Individual Medication Record is kept in this way to avoid accusations of tampering which could lead to accusations of theft, which could lead onto unlawful possession.

### **EXAMPLE - Register of Medication Administered**

<b>Date</b>	<b>Medication</b>	<b>Amount Given</b>	<b>Amount Left</b>	<b>Time</b>	<b>Administered By</b>	<b>Comments / Side Effects</b>
2/5/1999	Ritalin	1 20mg tablet	27 20mg tablets	1.00	B Smith	Can become drowsy
1/5/1999	Ritalin	1 20mg tablet	27 20mg tablets	1.02	B Smith	As above
* Line above – date should read 3/5/1999						
4/5/99	Ritalin	1 20mg tablet	27 20mg tablets	12.58	B Smith	As above

### **Students not taking their medication alert**

**. If a student refuses to take their medication parents should be contacted and asked to come in to school to administer the medication or to take them home to administer it.**

### **Medication & End of Term Arrangements**

At the end of each term the Medication Cabinet should be emptied. Parents will be contacted and asked to come in and collect any unused/unwanted medication or this will be sent home with a responsible adult. When medication is handed back to the parents it needs to be entered on the Individual Medication Record exactly what has been handed back.

Emptying the Medication Cabinet at the end of each term will help deter burglaries and keep the contents current.

### **Destroying unused medication**

**All** unused or out of date medication will be returned home for disposal with a responsible adult.

School staff will not dispose of any medicines.

### **Confidentiality**

Students have the same rights as adults when it comes to confidentiality and their medical records. In order that other members of staff such as: the receptionist, the nurse, staff, SENCO, teachers etc, know about a student's medical records permission must be given. Once it has been agreed who can have knowledge of a case it is a breach of confidentiality and illegal to discuss the case with anyone else. The only exception to this is in an emergency where disclosure would be necessary to safeguard the student's welfare.

When administering medication a student has the right to and should expect privacy. As adults we would object to other people knowing what medications we were taking and would want any discussions carried out in private. Students should be treated with the same care and respect that they would get from their doctor. The confidentiality of medical records comes under the same legislation.

### **Inset for all staff**

All staff will receive inset on this policy and the implications for them. In addition key staff will receive additional inset to help them carry out their duties.

### **Communication with parents/carers**

The school will discuss and review a student's medication regime yearly or when a change of dosage is required through the setting up and review of a Care Plan. If there are any issues relating to the delivery of a Care Plan Pastoral staff will contact home and speak to the parents or carers about the issues. In necessary parents will be invited school.

If parents have any concerns they can contact the school and speak to G Lynch at any time.

### **Managing Incidents of Medication Misuse**

Should any incidents of misuse occur the school would first investigate the incident, identify what happened, who was involved and what medications were involved. Pastoral or a member of Directors would then speak to both parents and the student/s concerned. Then the school will follow the agreed procedures documented in the school's Drugs Policy.

If there are child protection concerns surrounding this misuse then the Education Welfare Service will be informed and a referral made to Social Services. In an incident requires the police to be informed they will automatically inform social services.

### **Working with Outside Agencies**

Links with other agencies; police, EWS, social services and outside support agencies will depend on the circumstances and whether or not the parent has given us permission to work and discuss their child with these agencies.

The exception to this will be where the law has been broken and the protocols identified in the Drugs Policy will need to be followed or where there is a Child Protection concern. In both these circumstances the Director of Main School needs to be informed immediately.

### **Medications and the Law**

The Home Office through the Misuse of Drugs Regulations 1985, amended on 2001 defined drugs within 5 schedules linked to their medicinal use and risk of being abused. With Schedule 1 containing drugs with no current know medicinal use and you must holds a Home Office licence to possess these drugs legally. Schedule 2, 3, 4 & 5 drugs are licensed to be used in medications but Schedule 2 and some Schedule 3 drugs must be kept in a correct medical cabinet and all schedule 2 drugs recorded in a drug register when used in Primary care (when under the control of Doctors, Dentists, Pharmacists). Schedule 4 drugs part 1 - it is illegal to possess them without a prescription, part 2 it is legal as long as they are within a medication. Schedule 5 drugs are where the risk is considered to be negligible and are treated the same as schedule 4 part 2 drugs.

Schedule 1 drugs	LSD, Coca Leaf & Mescaline
Schedule 2 drugs	Mostly Opiates, also in Schedule 2 -- Methylphenidate (Ritalin)
Schedule 3 drugs	Barbiturates, Tamazepam
Schedule 4 part 1 drugs	33 Benzodiazepines — Diazepam
Schedule 4 part 2 drugs	Anabolic Steroids
Schedule 5 drugs (Class B drug)	Migravele OTC, Nicocodine, Kaoline & Morphine mix, Co-codamol

## **Non Scheduled Medications**

Prescription Only Medicines - the majority of drugs listed in Schedule 2 - 5 are prescription only, however, there are a large number of Prescription Only medicines that are not scheduled as Controlled Drugs.

Over the Counter Medications - can only be purchased over the counter in a e.g. pharmacy - Nurofen Plus.

General Sales List - can be purchased from unlicensed retail - e.g. Paracetamol.

Many prescription medications contain controlled drugs and as a consequence it is illegal to possess them without an authorised prescription in your name e.g. Co-codamol contains codeine which is obtained from Morphine a Class B drug. Possessing or passing to someone else (supplying) a controlled drug can carry the following sentences.

Possession - this means being caught with an illegal drug for your own use. Punishments can include up to seven years prison and/or a fine.

Possession with intent to supply - if you had any intention of dealing (this can include giving and sharing drugs) you may be charged with this more serious offence. Punishments can include up to 14 years in prison and or a fine.

The Misuse of Drugs act divides drugs into the following three classes and gives guidelines and penalties for each:

### **Class A**

Cocaine, crack, ecstasy, heroin, LSD, magic mushrooms, speed (amphetamines) if prepared for injection and in some instances cannabis oil.

–possession seven years in prison and/or a fine

–supply life imprisonment and/or a fine

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### **Class B**

Speed (amphetamines)

–possession five years in prison and/or a fine

–supply fourteen years in prison and/or a fine

### **Class C**

Cannabis, rohypnol, supply of anabolic steroids & tranquillisers/possession of tamazepam.

–possession two years in prison and/or a fine

–supply five years in prison and/or a fine

## Annex A

<b>Version No.</b>	<b>Change History</b>	<b>Guidance reference (if any)</b>	<b>Date</b>
1	Created		27.09.2017