St Leonard's CE(A) First School Policy for Medicines in School

Responsibility of: Safeguarding/ Early Years Governors
Developed in consultation with:
Teaching staff
The Governing Board

Adopted by the Governing Body:
March 2022

Date for review: March 2023

Date of last policy reviewed	Changes made
Feb 2017	Dates were changed.
April 2018	Dates were changed.
April 2019	Dates were changed.
May 2020	Actions from H and Safety Audit March 2020- Monitoring arrangements not identified in current school policy To date there have been no adverse incidents. How adverse incidents are managed is not identified in current policy. When next reviewing Medication policy refer to updated SCC Management Arrangements for Medication to ensure all success indicator requirements are being met. Include monitoring and adverse incident arrangements. See https://www.staffordshire.gov.uk/secure/Schools/Health-and-Safety/Health-and-Safety/Procedures/Health/Drugs-and-Medications/Drugs-and-Medications-in-Schools-and-Nurseries.aspx
March 2022	Inclusion of Government Guidance regarding infectious diseases.

St. Leonard's CE (A) First School

Medicines in School Policy

The following Success Indicators were used in the latest review of this school policy :

a) All settings who need to manage medicines have effective local procedures in place;
b) Employees who are required to administer medication have received suitable training;
c) Administration of medication is effectively recorded and individual healthcare plans are in place.
d) Managers monitor medication arrangements to ensure local procedures are working effectively.
e) No adverse incidents have occurred and when they do occur they are reported, suitably investigated and action taken to prevent reoccurrence.

St Leonard's First School strives to promote the good health of children attending our setting. We believe that regular school attendance is vital for every child. However, there will be occasions where children will become unwell and may require some time off from school to recover. Children who are clearly unwell should not be in school and the Headteacher can request that parents or carers keep the pupil at home if necessary. In general, when a child requires medication (or treatment), they should be kept at home until the course of treatment is complete. A child's cultural and religious requirements will always be taken into account. This information will be kept in a child's file and shared with relevant staff and will also form part of consent information about First Aid treatment in an emergency. St Leonard's will ensure that any child needing long term medication can access and enjoy the same opportunities at school as any other child.

Legal Duty

There is no legal duty for school staff to administer medicines or to supervise a child when taking medicine. Staff administer medicine in a purely voluntary capacity. It is also important for parents

to understand that it is not the school's responsibility to remind children to take their medicine and that, if a child refuses to take their medicine, staff will not force them to do so.
Where staff do administer or assist with the administration of medicines there is a legal duty to ensure that the activity is carried out safely. Ensuring compliance with the legal requirements and maintaining the rights of the individual is paramount. Procedures to manage all aspects of medication management must be documented, operate effectively and monitored. In small school like St Leonard's all teaching staff and office staff understand this policy and administer medicines where needed. A medical board in the staffroom ensures all information is accessible and can be communicated to staff from one place.

Refusing Medicines

If a child refuses to take medicine, staff must not force them to do so, but should note this in the records and follow agreed procedures. The procedures to follow in this situation may be set out in the procedures or local arrangements or in an individual child's healthcare plan. Parents will be informed of the refusal as soon as practicable and the refusal should be recorded on the Medication Administration Record sheet. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures will be followed.

Children with Infectious Diseases

Children with infectious diseases will not be allowed in school until deemed safe by their GP and/or the School Nurse and/or local health authorities. School staff possess basic knowledge and understanding of the County Council Policy on Infection Control.
Government and Public Health Guidance is used to guide leader's decision making. Every case is considered individually and confidentially.

Guidance on infection control in schools and other childcare settings

HSC Public Health Agency

March 2017

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment. Please contact the Public Health Agency **Health Protection Duty Room (Duty Room) on 0300 555 0119** or visit www.publichealth.hscni.net or www.gov.uk/government/organisations/Public-health-england if you would like any further advice or information, including the latest guidance. Children with rashes should be considered infectious and assessed by their doctor.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox*	Until all vesicles have crusted over	See: Vulnerable children and female staff – pregnancy
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per "Green Book")	Preventable by immunisation (MMR x 2 doses). See: Female staff – pregnancy
Hand, foot and mouth	None	Contact the Duty Room if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). See: Vulnerable children and female staff – pregnancy
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child. If more than one child has scarlet fever contact PHA Duty Room for further advice
Slapped cheek (fifth disease or parvovirus B19)	None once rash has developed	See: Vulnerable children and female staff – pregnancy
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact the Duty Room. SEE: Vulnerable Children and Female Staff – Pregnancy

Good hygiene practice

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

Coughing and sneezing easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

Personal protective equipment (PPE). Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

Cleaning of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, follow Control of Substances Hazardous to Health (COSHH) regulations and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

Cleaning of blood and body fluid spillages. All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

Laundry should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

Clinical waste. Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

Sharps, eg needles, should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

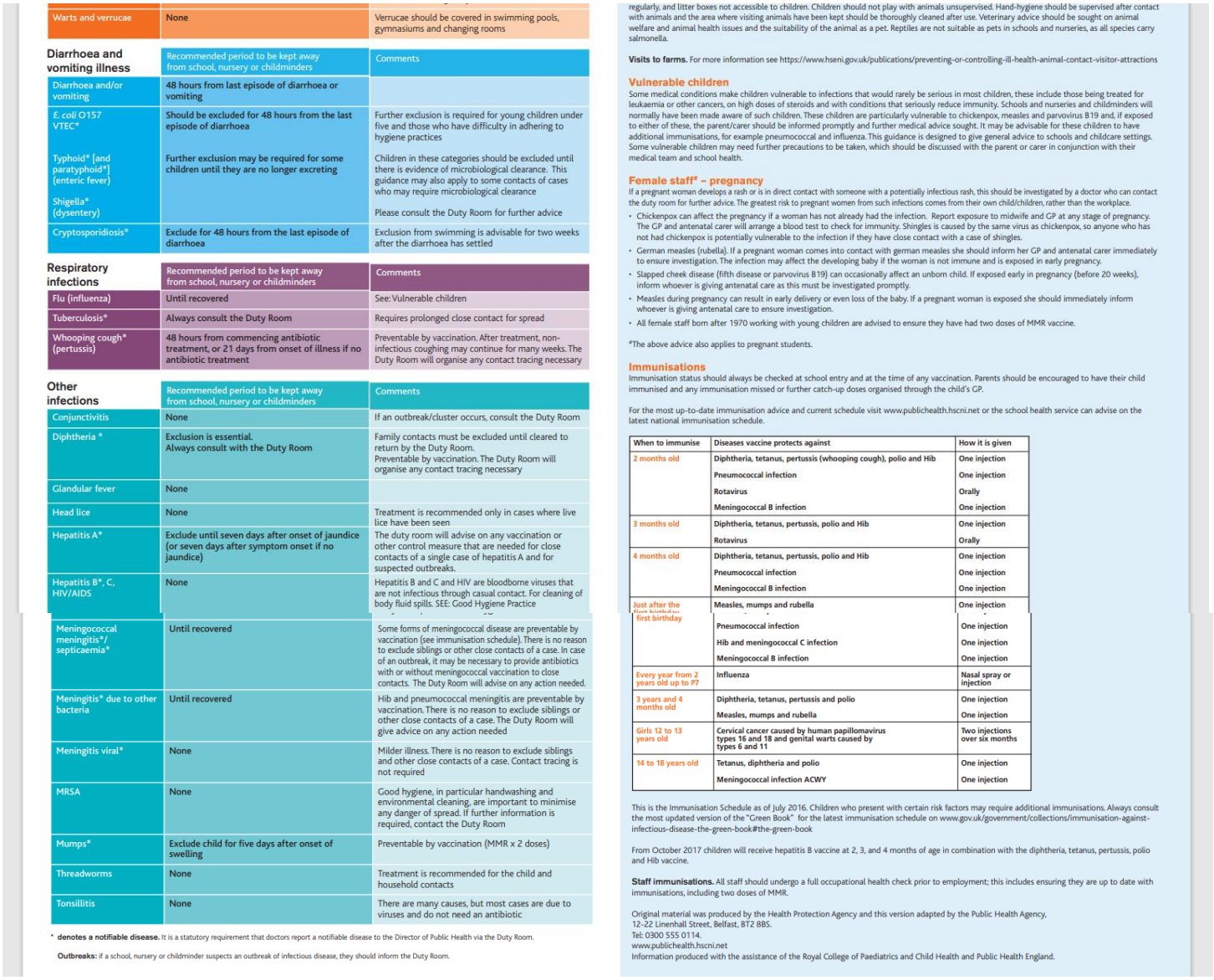
Sharps injuries and bites

If skin is broken as a result of a used needle injury or bite, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact the Duty Room for advice, if unsure.

Animals

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive for Northern Ireland (HSENI) guidelines for protecting the health and safety of children should be followed.

Animals in school (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact



Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
E. coli O157 VTEC*	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion is required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	Children in these categories should be excluded until there is evidence of microbiological clearance. This guidance may also apply to some contacts of cases who may require microbiological clearance
Shigella* (dysentery)		Please consult the Duty Room for further advice
Cryptosporidiosis*	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
Flu (influenza)	Until recovered	See: Vulnerable children
Tuberculosis*	Always consult the Duty Room	Requires prolonged close contact for spread
Whooping cough* (pertussis)	48 hours from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. The Duty Room will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult the Duty Room
Diphtheria *	Exclusion is essential. Always consult with the Duty Room	Family contacts must be excluded until cleared to return by the Duty Room. Preventable by vaccination. The Duty Room will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	The duty room will advise on any vaccination or other control measure that are needed for close contacts of a single case of hepatitis A and for suspected outbreaks.
Hepatitis B*, C, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: Good Hygiene Practice
Meningococcal meningitis*/ septicaemia*	Until recovered	Some forms of meningococcal disease are preventable by vaccination (see immunisation schedule). There is no reason to exclude siblings or other close contacts of a case. In case of an outbreak, it may be necessary to provide antibiotics with or without meningococcal vaccination to close contacts. The Duty Room will advise on any action needed.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. The Duty Room will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact the Duty Room
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

* **denotes a notifiable disease.** It is a statutory requirement that doctors report a notifiable disease to the Director of Public Health via the Duty Room.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform the Duty Room.

regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Hand-hygiene should be supervised after contact with animals and the area where visiting animals have been kept should be thoroughly cleaned after use. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

Visits to farms. For more information see https://www.hseni.gov.uk/publications/preventing-or-controlling-ill-health-animal-contact-visitor-attractions

Vulnerable children

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox, measles and parvovirus B19 and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza. This guidance is designed to give general advice to schools and childcare settings. Some vulnerable children may need further precautions to be taken, which should be discussed with the parent or carer in conjunction with their medical team and school health.

Female staff* – pregnancy

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor who can contact the duty room for further advice. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of pregnancy. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (fifth disease or parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff born after 1970 working with young children are advised to ensure they have had two doses of MMR vaccine.

*The above advice also applies to pregnant students.

Immunisations

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice and current schedule visit www.publichealth.hscni.net or the school health service can advise on the latest national immunisation schedule.

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib	One injection
	Pneumococcal infection	One injection
	Rotavirus	Orally
	Meningococcal B infection	One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Rotavirus	Orally
4 months old	Diphtheria, tetanus, pertussis, polio and Hib	One injection
	Pneumococcal infection	One injection
	Meningococcal B infection	One injection
Just after the first birthday	Measles, mumps and rubella	One injection
	Pneumococcal infection	One injection
	Hib and meningococcal C infection	One injection
	Meningococcal B infection	One injection
Every year from 2 years old up to P7	Influenza	Nasal spray or injection
3 years and 4 months old	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, mumps and rubella	One injection
Girls 12 to 13 years old	Cervical cancer caused by human papillomavirus types 16 and 18 and genital warts caused by types 6 and 11	Two injections over six months
14 to 18 years old	Tetanus, diphtheria and polio	One injection
	Meningococcal infection ACWY	One injection

This is the Immunisation Schedule as of July 2016. Children who present with certain risk factors may require additional immunisations. Always consult the most updated version of the "Green Book" for the latest immunisation schedule on www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book

From October 2017 children will receive hepatitis B vaccine at 2, 3, and 4 months of age in combination with the diphtheria, tetanus, pertussis, polio and Hib vaccine.

Staff immunisations. All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations, including two doses of MMR.

Original material was produced by the Health Protection Agency and this version adapted by the Public Health Agency,
12-22 Linenhall Street, Belfast, BT2 8BS.
Tel: 0300 555 0114.
www.publichealth.hscni.net
Information produced with the assistance of the Royal College of Paediatrics and Child Health and Public Health England.

Administration of Medicines

Under no circumstances will any medication be administered without a signed Parental Consent Form (available from the school office) or Health Care Plan.

Products containing Paracetamol, Aspirin or Ibuprofen will usually not be administered and should not be brought into school by children, unless prescribed by a doctor.

Dose frequencies which enable the medication to be taken outside of school hours (three times daily) will not be administered by staff as these can be taken prior to school, after school hours and at bedtime.

Medicine will only be administered in school when it is essential to do so, ie when it would be detrimental to the child's health if the medicine is not administered during school hours. When this is the case, the medicine will be given to the child at lunchtime. If anything further is required, parents can make arrangements, via contact with the school office, to come into school to administer the medicine themselves.

If school is requested to give medicine, only medicine prescribed by a medical practitioner and clearly labelled in the original packaging by a pharmacist with the details outlined below will be administered:

- Name/address/date of birth of child
- Name of medicine
- Dosage
- Time/frequency of administration

- Expiry date

- It is recommended that two members of staff undertake the procedure for the administration of medication.
- Under no circumstances must medicines prescribed be given to anybody except the person for whom it was prescribed.
- Medicines should be administered directly from the dispensed container. However, medication can be placed in a small pot after removing it from the dispensed container as a way of hygienically handing it to the child if necessary.
- Medication must never be secondary dispensed for someone else to administer to the child at a later time or date.
- Medication must not be given to young persons covertly (e.g. hiding in food) without consultation with GP/Parents and the agreement documented.
- Crushing or dissolving medication can destroy the medication properties reducing its effectiveness. Crushing or dissolving of medication is not permitted unless a child or young person's health or wellbeing would be detrimentally affected. GP and parental approval must be sought and documented in the care plan and on a risk assessment to crush or dissolve medication.

Over the Counter (OTC) Medicines (Homely Remedies)

It is not our school policy to allow staff to administer "over the counter" remedies to treat minor symptoms for short periods. These can include alternative medicines such as herbal remedies, vitamins, and supplements.

Parents / carers should make arrangements for this type of medication to be administered at home wherever possible or with GP consent via a form that can be obtained from the school.

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 without confirmation from the original prescriber.

Health and Safety Issues

Staff will avoid direct contact with medicines. Where this is unavoidable staff will contact the dispensing pharmacist for advice, e.g. when staff have to apply steroid creams **directly** to a child, non latex gloves must be used.

Infection control principles will be followed by staff administering medication and staff will be familiar with effective hand washing principles.

Short-Term Medical Needs

There may be occasions when a child is almost fully recovered from illness and is ready to return to school but may need to complete a course of medication (eg antibiotics) for a day or two. Allowing children to be given medicine in school will, in these circumstances, clearly minimise the number of days absent. In order for prescribed medicine to be given in these circumstances, parents will need to complete a Parental Consent Form (available from the school office). No medicine should be administered without this.

Long-Term Medical Needs

In the case of chronic illness or disability, children may need to take prescribed medicines on a regular basis in order to lead a normal life.

To ensure the needs of these children are met, a written individual healthcare plan (Care Plan) will be put in place which is produced following discussions with the parents, School Nurse and school staff where applicable. This Care plan documents the range of support required by a child and will be reviewed at least annually or with any change in circumstance. This care plan will be communicated to all school staff in contact with that child.

The Care Plan outlines:

- Name and date of birth of the child
- Family contact information (Parents should ensure that this is kept up to date in case of emergency)
- GP/Hospital/Clinic contacts
- Details of the child's medical condition
- Daily care requirements eg dietary needs, pre-activity precautions
- What constitutes an emergency and what emergency procedure should be followed
- Follow-up care
- Details of medications
- Details of prescribed dosage

Other than children needing Epipens, staff will not administer injections under any circumstances. Parents will be expected to attend to the child in school hours in such cases.

If needed, an individual assessment will be undertaken to establish the extent of the individual's ability to safely and effectively administer their own medication. This should take into consideration their age, condition and their overall care plan, where one exists, and procedures should be in place to outline how this must take place.

Any specific training required by staff on the administration of medication will be provided by or through the school nursing service. Staff will not administer such medicines until they have been trained to do so. The school will keep records of all staff trained to administer medicines and carry out other medical procedures. Training will be updated as appropriate.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. A Pharmacist will give advice as to whether a medication is a controlled drug or not. To keep up to date with the medications classified as a controlled drugs drug please view the Home Office information. https://www.gov.uk/government/publications/controlled-drugs-list

Some controlled drugs may be prescribed as medication for use by children e.g. methylphenidate.

Controlled Drugs Register

School should keep a separate record of controlled drugs to include the receipt, administration and possible disposal of controlled drugs. These records must be kept in a bound book or register with numbered pages (This can be purchased from a pharmacist).

The book will include the balance remaining for each product with a separate record page being maintained for each child. It is recommended that the balance of controlled drugs be checked at each administration and also on a regular basis e.g. monthly. The book should be locked away when not in use and stored as controlled stationary.

Administration of Controlled Drugs

Any authorised member of staff may administer a controlled drug to the child for whom it has been prescribed and they should do so in accordance with the prescriber's instructions in the presence of another member of staff as witness.

The administration of controlled drugs is recorded using the Controlled Drugs Register which can be purchased from a pharmacist and on the Medication Administration Record sheet HSF 55.

Staff MUST NOT sign the record of administration unless they have been involved in the administration of the medication.

The recommended procedure for the administration of controlled drugs is as follows:

- Check the child's Confirmation Medication Details sheet HSF 30 for details of dosage required etc.
- Verify the quantity of medication as stated on the controlled drug register to ensure that the dose has not already been given.
- Ensure two members of staff are present; one member of staff must witness the other administer the medication to the young person.
- Both staff must sign the Medication Administration Record sheet and controlled drug register to confirm that the dose was given and the amount remaining.

If medication is refused or only partly taken both staff must witness the disposal of the remaining medication and record the details and sign to that effect.

If a dose of medication is refused or only partly taken then the parents/carer or GP should be contacted for advice on any adverse reactions and risk to the young person.

Return or Discontinued Controlled Drugs

A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy).

Parental Responsibility

It is the parent's responsibility to inform school of the medicines that their child needs to take and to provide details of any changes to the prescription. It is also the parent's responsibility to ensure that all medication supplied is in date as **no medication that has exceeded its expiry date will be given.**

In the case of a short-term medical need, the parent must personally deliver the medicine to/collect the medicine from the school office each day.

Safe Storage of Medicines

All medication is to be stored in the original container issued by the Pharmacist and must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Stock should be rotated as it is received. Never mix the remains of an old prescription with a freshly supplied prescription.

Medicine cupboard/cabinets must of a suitable size to store all medication, and have a quality lock fitted where this is assessed as required.

The medication storage container must be secured to a wall and where portable storage device is used it must be secured to a wall when not in use.

The medicine cupboard should be reserved for medicines, dressings and reagents only and the following must be stored separately within the cupboard:

- External use only medicines
- Oral medicines
- Injectables, suppositories & pessaries
- Blood and urine testing reagents (either in a separate area or stored segregated in external medicines section)

The key to the medicine cupboard will be retained for the duration of the working day by an identified person. This will be delegated as necessary, and access should be restricted to authorised members of staff only.

Duplicate keys must be kept in a locked cupboard or drawer at all times, with access restricted to authorised members of staff only. It is recommended that a lost key action plan is in place.

Medication requiring storage by refrigeration

Regular Administration of Significant Quantities

Where significant quantities of medicines are administered on a regular basis, a lockable drug fridge is advised. The temperature of the fridge is to be monitored and recorded daily. In the event that medicines are stored outside the required range, usually between 2-8°C, the dispensing pharmacist should be contacted for advice. Food, milk, medical samples (e.g. blood or urine) or non pharmaceutical items must not be stored in this fridge. The refrigerator should be cleaned and defrosted regularly.

Small quantities

In settings where low quantities are administered, medicines may be stored in a domestic fridge located in a staff only area. To avoid contamination medicines must be stored separately in a locked container labelled "medicines - authorised access only".

The temperature of the fridge is to be monitored and in the event that medicines are stored outside the required range, usually between 2-8°C, staff should contact the dispensing pharmacist for advice.

Storage of Controlled Drugs

In all settings, controlled drugs must be stored behind **double lock and key**. This must be a metal cupboard with an inner lockable cupboard or a metal lockable container within a cupboard. The cupboard must be secured to the wall.
Controlled drugs must be checked in by two members of staff, one of which must be authorised to carry out this duty. All records must be recorded in the controlled drugs register which can be purchased from the Pharmacist and on the Medication Administration Record sheet.

Unaccounted for Drugs

If medications are unaccounted for this must be regarded as a serious situation and a potential disciplinary matter for staff. The Headteacher must decide on the action to be taken, dependant upon the circumstances. As a minimum a full internal investigation must be carried out by the head teacher and the Health, Safety and Wellbeing Service must be informed.
The Headteacher may determine that the situation is sufficiently serious to warrant informing the police. In any case where **controlled drugs are unaccounted for, the police should be informed** and a police investigation may take place.
In a school setting the Headteacher may wish to inform the Governing Board.

Safe Disposal of Medicines

All medicines will be stored and administered from the original container or by a monitored dosage system (such as a blister pack) following the written instructions on the pharmacist's label. All medicines will be kept in a secure place, out of reach of children.
Any medicines requiring refrigeration will be kept in the fridge in the school office.
Where it is appropriate for children to carry their own medicine this will be detailed in their care plan.

Medication should not be disposed of by via the sink, toilet or dust bin, this is both illegal and unsafe.

School must not undertake to dispose of any medication, except in the case of spoiled doses. Any unused medication must be returned to the parent/carer. Any other arrangements must be formally recorded and agreed by all parties.

When a child leaves the setting the medicines should be returned to the child's parents or carers unless they have positively consented to their safe disposal or passed to another authoritative source e.g. Social Worker. In situations where medication may need to be returned to the pharmacy, a record should be made of the name, quantity of the medicine, reason and the date of disposal, which should be certified by two staff members. The pharmacist should be asked to sign for all the returned medication.

A complete record of medicines leaving the setting must be kept.

In event of the death of a young person, all medicines must be retained for at least 7 days in case they are required by the Coroner's Office.

Disposal of Sharps

Where any staff on site (whether settings staff or community based colleagues e.g. nurses) use syringes and needles, it is their responsibility to ensure safe disposal of these items into a sharps box.

Used needles and syringes are not to be re-sheathed. They are to be disposed of immediately into the sharps box.
Where regular use of needles is required, consideration should be given to the use of retractable needles. Young persons self-administering insulin or any other medication with a syringe must be assisted by staff in the proper disposal of sharps. A sharps box will be provided, but kept safe by staff, and locked away if necessary.

Each setting should access local arrangements for the supply and disposal of sharps boxes using a registered contractor.

Transporting medication
When medication is transported, it must be placed in a suitable lockable carrying case or box that is secure during transportation. Controlled drugs must be kept in a lockable container within a lockable container. The Medication Container must be kept out of public vision at all times.
During community outings, trips and educational visits, medication (with the exception of emergency medication) can be left in a vehicle if necessary. It must be in a container as detailed above and the vehicle must be locked.

Holidays, Outings and Educational Visits
Where required, Staff will take charge of the medicines and return the remainder on return to the setting or to parents/carers as appropriate.
Where a young person is self-medicating this should continue whilst on holiday or educational visit, but consideration must be given to the locations, activities and the storage of the medicines to ensure that they are kept safe and secure for the young person.

Record Keeping

Written records are kept each time a medicine is given in school. The administration records, along with copies of Care Plans and Parental Consent Forms, are kept in a central medical file which is kept in the school office.

Documentation

- The name (or initials) of the member of staff responsible for administering the dose of the medicines must be included on the medicines administration record.
- All written records relating to medication must be completed in ink (preferably black).
- All records of requests for and administration of medicine must be in writing.
- All records of administration of medication to a young person must be retained in line with document retention schedules.

Staff Insurance Cover

If these guidelines are followed, including the requisite to obtain parental consent, staff will be protected by the County Council's insurance policy against claims of negligence should a child suffer injury as a result of the giving of medicine.

Medicines for a staff members own use
Staff may need to bring medicine into school /setting for their own use. All staff have a responsibility to ensure that these medicines are kept securely and that young people will not have access to them, e.g. locked desk drawer or staff room.

Adequate safeguards must be taken by staff, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or young person.

Management of Errors/Incidents in Administration of Medicines

In the event that medication has been administered incorrectly or the procedures have not been correctly followed, then the following procedure is to be implemented: -

- Ensure the safety of the young person. Normal first aid procedures must be followed which will include checking pulse and respiration.
- Telephone for an ambulance if the child's condition is a cause for concern.
- Notify the Manager/Person in Charge.
- Contact the young person's Parents/Carers as soon as practicable.
- Contact the young person's GP/Pharmacist for advice if necessary. (Out of hours contact NHS Direct).
- Document any immediate adverse reactions and record the incident in the young persons file/Care Plan using the Medication Incident Report Form (Appendix)
- The Headteacher must complete the Medication Incident Report Form HSF 36 and, if injury results, the County Council Accident Investigation Report HSF40.
- The Headteacher must commence an immediate investigation about the incident, inform the the Health, Safety and Wellbeing Service and, where applicable inform any relevant regulatory body. Statements should be taken from both staff and young persons if they are self medicating.
- The medication administration record sheet should reflect the error.
- Young person's parent/carer/guardian should be informed formally in writing.

It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors to his/her Headteacher. Headteachers should encourage staff to report any errors or incidents in an open and honest way in order to prevent any potential harm or detriment to the young person. They must handle such reporting of errors in a sensitive manner with a comprehensive assessment of the circumstances.
A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action is taken.
Any investigation must observe the conventions as set out in the County Council's Disciplinary Policy.

Monitoring and Review of Medication Arrangements

Systems for administering medicines are reviewed annually to ensure they are up to date, reflect current best practice and are working effectively. The form in Appendix 2 is used to reflect on the procedures and adapt the policy for the next year.
Changes are then incorporated into staff instruction and training arrangements and effectively communicated to staff and other relevant parties.

Confidentiality

The head teacher and staff of St Leonard's will always treat medical information confidentially.

Supporting Documents

- Medication Guidance for Adults (formerly Social Care and Health)
- Medication and Supporting Medical Needs Guidance for Children and Young People
- Supporting pupils at school with medical conditions 2014.

Incidents of adverse reactions or errors in the administration of medication – Record Form

Name of child	
Date of Birth of child	
Date of the incident	
Time of the incident	
Persons reporting incident	
Reasons for the incident Pharmacy Error, Wrong Medication Administered, Overdose, Missed Medication, etc) -	
Details of any ill health or injuries sustained (if this is the case an accident/incident report form must be completed and forwarded to the Health, Safety and Wellbeing Service),	
Witness Statement Taken from relevant Parties – Detail whom and attach a copy.	
Details of persons informed (Parents/Carers,	

Pharmacist, GP, NHS Direct, Governing bodies CQC/OFSTED),	
Corrective and Remedial action taken./ Treatment given. Hospital Admission Yes/No	
Outcome of investigation by senior manager.	
Signature	
Date	

Annual Review of Medicines policy and procedures

Date	
Review undertaken by	
Best Practice/ What is working well?	
Number of incidents of error or adverse reactions	
Key Learning from incidents – changes to procedure/ policy	
Who do these changes need to be communicated to?	
How will this be done and by when?	