

---

**1. MISSION STATEMENT**

---

- 1.1 To enable all children to gain the skills, knowledge and understanding necessary for them to be able to develop their Jewish and secular studies, as well as nurturing their personal, social and emotional growth towards preparation for adult life.
- 1.2 To encourage all members of the school community to be sensitive to the welfare and wellbeing of others and to empower them to make a positive contribution to the school and wider community.

---

**2. INTRODUCTION**

---

- 2.1 Children with medical needs have the same rights of admission to our school as other children. Most children will at some time have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long-term basis to keep them well. Other children may require medicines in particular circumstances, such as children with severe allergies.

---

**3. AIMS OF THIS POLICY**

---

- 3.1
  - to explain our procedures for managing prescription medicines which may need to be taken during the school day
  - to explain our procedures for managing prescription medicines on school trips
  - to outline the roles and responsibilities for the administration of prescription medicines

---

**4. LEGAL RESPONSIBILITIES**

---

- 4.1 There is no legal duty that requires any member of school staff to administer medicines.

---

**5. PRESCRIBED MEDICINES**

---

- 5.1 Medicines should only be taken to 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. Staff at Beis Yaakov Primary School will only administer medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines will only be accepted in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. It is helpful if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. For example, medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime. If a parent wishes to adapt the timing of medicine administration, written confirmation of this must accompany the medication.
- 5.2 Exceptions:
  1. Prescribed medicine will not be given: Where the timing of the dose is vital and where mistakes could lead to serious consequences.
  2. Where medical or technical expertise is required.
  3. Where intimate contact would be necessary.

## 6. CHILDREN WITH ASTHMA

---

- 6.1 Children who have inhalers should have them available where necessary. Inhalers should be kept in a safe but accessible place. This could either be in the drawer of the teacher's desk, or in a child's own tray. Depending on the needs of the individual, inhalers should be taken to all physical activities. Inhalers must be labeled and include guidelines on administration.
- 6.2 **It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged**

## 7. STORAGE OF MEDICINES

---

- 7.1 All medicines should be delivered to the school office by the parent or carer. In no circumstances should medicines be left in a child's possession. Teachers and teaching assistants should not take receipt of any medicines. All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in the school office or staffroom fridge and should not be kept in classrooms, with the exception of inhalers. All medicines must be stored in the supplied container and be clearly labelled with the name of the child; the name and dose of the medicine and the frequency of administration.
- 7.2 All emergency medicines should be readily available to children and staff and kept in an agreed place in the front office. Children may carry their own inhalers, when appropriate.

## 8. DISPOSAL OF MEDICINES

---

- 8.1 Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period.

## 9. TRIPS AND OUTINGS

---

- 9.1 Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children. The school visit co-ordinator will be responsible for tabulating medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication. Roles and responsibilities of parents/carers as outlined below will apply.

## 10. ROLES AND RESPONSIBILITIES

---

- 10.1 **Parent/Carer\***
- Should give sufficient information about their child's medical needs if treatment or special care is required.
  - Must complete and sign the parental agreement form at the beginning of the school year.
  - Must keep staff informed of changes to prescribed medicines.
  - Keep medicines in date – particularly emergency medication, such as adrenaline pens.
- 10.2 **Head teacher**
- To ensure that the school's policy on the administration of medicines is implemented.

- There are members of staff within the school willing to volunteer to administer medication to specific pupils if required.
- Ensure that staff receives support and appropriate training where necessary.
- To share information, as appropriate, about a child's medical needs.
- Ensure that parents are aware of the schools policy on the administration of medicines.
- Ensure that medicines are stored correctly.

### 10.3 Staff

- On receipt of medicines, the child's name; prescribed dose; expiry date and written instructions provided by the prescriber should be checked.
- **Ensure that the parent/career completes a consent form for the administration of medicines following the prescriber's instruction. See separate form**
- Ensure that a second member of staff is present when medicines are administered.
- Complete the 'administration of medicines' record sheet each time medication is given.
- Ensure that medicines are returned to parents for safe disposal.

## 11. REFUSAL OF MEDICINES

---

- 11.1 If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents/carers immediately or as soon as is reasonably possible.

## 12. NON-PRESCRIPTION MEDICINES

---

- 12.1 We are unable to administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. We are unable to give children aspirin or medicines containing ibuprofen unless prescribed by a doctor.

## 13. RECORD KEEPING

---

- 13.1 Medicines should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. Staff should check that written details include:
- name of the child
  - name of the medicine
  - dose
  - method of administration
  - time and frequency of administration
  - any side effects
  - expiry date
- 13.2 A parental agreement form (see appendix) must be completed and signed by the parent, before medicines can be administered. At the time of administering medicines, the member of staff must complete the medicines record sheet. No medication should be given unless it has been checked by a second adult.

## 14. CHILDREN WITH LONG TERM MEDICAL NEEDS

---

- 14.1 It is important that the school has sufficient information about the medical condition of any child with long term medical needs. A health care plan will be written for children with long term medical needs, involving the parents and relevant health professionals.

**15. CONFIDENTIALITY**

- 15.1 The head and staff take issues of confidentiality into account and acknowledge that there will be an occasion where it is necessary for staff to be told of a child's medical condition.  
The head should agree with the child/parent who else should have access to records and other information about a child.

**16. STAFF TRAINING**

- 16.1 Training opportunities are identified for staff with responsibilities for administering medicines.

**17. RELATED POLICIES**

- 17.1 For more information see the Health and Safety policy, Child Protection policy, Intimate Care policy, and School's First Aid procedures.

**18. MONITORING**

- 18.1 This policy should be reviewed annually in accordance with national guidance.
- 18.2 \*Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.

**Ratified by the Governing Body**

Signed: \_\_\_\_\_



Chair of Governors

Date: 23<sup>rd</sup> October 2018

This policy will be reviewed on or before the following date: October 2019