

MEDICINES POLICY & PROCEDURES

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Policy Purpose

The Junior & Senior School recognises that parents have the prime responsibility for their child's health and that it is their responsibility to provide the School with information about their child's medical condition. Parents should obtain details from their child's Paediatrician if needed. The school nurse may also be able to provide additional background information about specific conditions.

Since September 2002 schools in the UK & EU have been under a duty:

- not to treat less favourably disabled pupils or students, without justification, than pupils and students who are not disabled
- to make reasonable adjustments to ensure that disabled pupils and students are not put at a substantial disadvantage in comparison to those who are not disabled.

At The Junior School & Senior School we are committed to these principles.

Application

It is the aim of this policy to provide:

- procedures for managing prescription medicines which need to be taken during the school day
- procedures for managing prescription medicines on trips and outings
- a clear statement on the roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines
- a clear statement on parental responsibilities in respect of their child's medical needs
- the need for prior written agreement from parents for any medicines to be given to a child
- the school or setting policy on assisting children with long-term or complex medical needs
- policy on children carrying and taking their medicines themselves
- staff training in dealing with medical needs
- record keeping
- safe storage of medicines
- access to the school's emergency procedures
- risk assessment and management procedures

At School we recognise that there is no legal duty that requires School or staff to Administer medicines.

However, where staff are willing, they should follow the following guidelines: -

- Parents should provide full medical information about their child's medical needs, including details on medicines their child needs. MED 1,2 & 3 Form

- Medicines should only be bought 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'.
- The School will only accept medicines that have been prescribed by a doctor, dentist, 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

- 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.

- The School will also arrange for staff to complete and sign a record each time they give medicine to a child.

Helpful advice for parents about prescribed medicines

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

Sun screen creams

For the prevention of sunburn, it is recommended that parents provide their son/daughter with the sun screen cream with the appropriate high sun factor. This container can be kept by the student or given to the teacher for safe keeping depending on the age of the students. The container must be labelled clearly with the student's name; no other sun screen cream can be used.

The student can be supervised when applying the cream. If the student is unable to do so help can be given by member of staff. The application can only be made to the areas of the body not covered by a swim suit /trunks. It is best advised that a teacher applying sunscreen has an adult witness whilst the cream is being applied. It is suggested that sun cream is applied by the parent before the child attends school.

Educational Visits

It is good practice for our Schools to encourage children with medical needs to participate in safely managed visits. The Schools consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on 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. It might also include risk assessments for such children.

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 should always be aware of any medical needs, and relevant emergency procedures. A copy of any MED 1, 2 & 3 plus health care plans should be taken on visits in the event of the information being needed in an emergency. These must be up to date at the time of the departure of the trip.

Travel sickness medication may be administered in the same way as other medication— parents should fill in a form, medication should be in the original packaging, the adult administering should make a record and another adult should witness the administration.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the child's paediatrician.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual Sims Data base & health care plan.

All adults should be aware of issues of privacy and dignity for children with particular needs.

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 should consider whether risk assessments are necessary for some children, be

aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Short-Term Medical (Med 1, 2 & 3 Form)

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 or an early years setting where it would be detrimental to a child's health if it were not administered during the school day.

Long-Term Medical Needs (Med 1,2 &3 Form)

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 2001 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.

The School needs 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. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

This can include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency

- who to contact in an emergency
- the role the staff can play

This information will be shared with all academic staff at the start of each year and any new information will be circulated throughout the year. This is particularly important with severe, chronic illnesses and allergies.

Self-Management (MED 1,2 & 3 Form)

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.

If children can take their medicines themselves, staff may only need to supervise.

The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody. However, children could access them for self-medication if it is agreed that it is appropriate.

Refusing to Take Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Safety Management of Medicines

All medicines may be harmful to anyone for whom they are not appropriate. Where a School or setting agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled.

Storing Medicines

Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.

Staff should 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. This should be easy if 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 Nurse 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. Parents may issue written instructions to the School allow children to carry their own inhalers. Other non-emergency medicines should generally be 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.

If staff are taking medication then this should also be stored safely and not left in handbags, pockets or unlocked drawers. If staff's performance at work is likely to be affected by taking medication, then the nurse should be informed. Staff who have any chronic illness such as asthma, diabetes etc should also inform the school nurse so she knows how to respond in an emergency and she will inform the appropriate Headteacher.

Access to Medicines

Children need to have immediate access to their medicines when required. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This should be considered as part of the policy about children carrying their own medicines.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes should be obtained by parents on prescription from the child's paediatrician. Collection and disposal of the boxes should be arranged with a local pharmacist. The sharps disposal box must be kept locked away in the medical room.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should 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. Please refer to first aid Policy.

Emergency Procedures

As part of general risk management processes the Schools have arrangements in place for dealing with emergency situations. This is part of the School's first aid policy and provision. Other Students should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. Guidance on calling an ambulance should be known to all students and staff.

All staff should also know who is responsible for carrying out emergency procedures in the event of need. The office staff are responsible for calling emergency services.

A member of staff should 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 avoid taking children to hospital in their own car; it is safer to call an Ambulance. Unless the injury is not considered life threatening and a parent's consent has been abstained.

Individual health care plans should 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.

Emergency Services

In the case of the Student/Adult needing to go to the hospital and an ambulance is needed Form 1 CES must be used. Call **22887171 (Ambulance Call Centre). Or if this is not available 112**

The patient will automatically be sent to the **Local Public Hospital**.

The First Aider in charge should make arrangements for the ambulance to have access to the accident site and be met at the entrance of the site.

Students will be escorted to hospital by a member of staff.

If the parents of the student make the decision that they want their child to go to a private hospital/ clinic it must be made clear that ALL charges are borne by the parents. If an adult casualty makes the same decision it must be made clear ALL charges will be their own responsibility.

Related Policies

- First Aid Policy
- Health and Safety Policy
- Safeguarding

DOCUMENT CONTROL

Date Implemented; June 2015

Date Reviewed: Sept 2016, Sept 17 & Sept 2018

Date Revised: September 2019

Ratified by Board:

Date of next Review: Sept 2020

Useful Documentation

Code of Practice for Schools – Disability Discrimination Act 1995: Part 4 (Disability Rights Commission, 2002). Ref: COPSH

www.drc-gb.org/thelaw/practice.asp

Order: Disability Rights Commission Tel: 08457 622 633.

Drugs: Guidance for Schools (DfES, 2004)

Ref: DfES/0092/2004

www.teachernet.gov.uk/drugs/

Guidance on First Aid for Schools: a good practice guide (DfES, 1998)

Ref: GFAS98. www.teachernet.gov.uk/firstaid

Health and Safety: Responsibilities and Powers (DfES, 2001)

Ref: DfES/0803/2001. www.teachernet.gov.uk/responsibilities/

Health and Safety of Pupils on Education Visits: a good practice guide (DfES, 1998)

Ref: HSPV. www.teachernet.gov.uk/visits/. Also three part supplement:

Part 1 – Standards for LEAs in Overseeing Educational Visits (DfES, 2002)

Ref: DfES/0564/2002;

Part 2 – Standards for Adventure (DfES, 2002) Ref: DfES/0565/2002;

Part 3 – Handbook for Group Leaders (DfES, 2002) Ref: DfES/0566/2002.

Home to school travel for pupils requiring special arrangements (DfES, 2004)

Ref: LEA/0261/2004

www.teachernet.gov.uk/wholeschool/sen/sentransport/

Improving Attendance and Behaviour: Guidance on Exclusion from Schools and Pupil Referral Units (DfES, 2004)

Ref: DfES/0354/2004

www.teachernet.gov.uk/exclusion

Insurance – A guide for schools (DfES, 2003)

Ref: DfES/0256/2003

www.teachernet.gov.uk/management/atoz/i/insurance/index.cfm?code=keyd

School Admissions Code of Practice (DfES, 2003)

Ref: DfES/0031/2003

www.dfes.gov.uk/sacode/

Special Educational Needs Code of Practice (DfES, 2001)

Ref: DfES/0581/2001

www.teachernet.gov.uk/teachinginengland/detail.cfm?id=390

Standards for School Premises (DfEE, 2000)

Ref: DFEE/0029/2000

www.teachernet.gov.uk/sbregulatoryinformation

Work Related Learning and the Law (DfES, 2004)

Ref: DfES/0475/2004

www.dfes.gov.uk/qualifications/document.cfm?siD=2

Department of Health (including joint publications)

Guidance on infection control in schools and nurseries (Department of Health/Department for Education and Employment/Public Health Laboratory Service, 1999)

Download only from: Wired for Health at www.wiredforhealth.gov.uk/doc.php?docid=7199

National Service Framework for Children and Young People and Maternity Services:

Medicines and Children and Young People. Website: www.dh.gov.uk/healthtopics (click on Children's Services).

Order:

DH Publications Tel: 08701 555 455

USEFUL CONTACTS

Ministry of Health Cyprus

Prodromou Street, Nicosia 1148

Tel : 22605300

Website: www.moh.gov.cy

Ministry of Education & Culture Cyprus

Kimonos & Thoukydidou Corner, Acropoli, Nicosia 1432

Tel : 22800600/700

Website: www.moec.gov.cy

Ministry of Labour & Welfare

Lordou Vyronos 7, Nicosia 1463

Tel: 22401600

Website: www.mlsi.gov.cy

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc/

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

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contact@theseniorschool.com
www.theseniorschool.com

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website: www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk