

BEN RHYDDING PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

RATIFIED BY THE GOVERNING BODY	
TO BE REVIEWED	

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1.0 The Law

1.1 Under the Health & Safety at Work etc. Act 1974 the employer is responsible for making sure that a school has a health and safety policy. This should include procedures for supporting children with medical needs including managing prescribed medication.

1.2 The Children's Act 1989 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare.

1.3 The Education (School Premises) Regulations 1999 require every school to have an appropriate space readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils¹. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation.

1.4 The Disability Discrimination Act (DDA) requires that the body responsible for a school must not discriminate against a disabled person. Any children with medical needs who are also disabled will be protected under this act.

1.5 Under the DDA a person is defined as having a disability "*if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities*". The Act includes a list of conditions which automatically mean a person with the condition is disabled under the DDA. Only a court of law can decide whether or not somebody has a condition causing them to be disabled under the DDA (a medical practitioner can not decide whether or not a person is disabled).

1.6 Under the DDA, a responsible body discriminates against a disabled person if for a reason which relates to the person's disability, it treats him less favourably than it treats or would treat others to whom that reason does not or would not apply; and it cannot show that the treatment in question is justified.

1.7 A teacher or other member of staff in a school or college who looks after pupils and students in place of the parent (in **loco parentis**), must treat and take care of the pupil as a "*careful parent*" would. If a request is made in relation to a pupil's medical needs then consideration should be given to whether or not the request is what would be expected of a reasonable parent in the same circumstances.

2.0 Introduction

2.1 Most pupils may need to take medication at some time whilst they are at school. This is Ben Rhydding Primary School's policy on managing medication in school and the effective management systems to support individual pupils with medical needs.

¹ At BRPS this is the chair outside the staffroom. Access to a washbasin and WC is in the access toilet. If a medical examination is necessary, the access toilet provides privacy.

2.2 This policy ensures that no person is placed at risk from the storage, administration and disposal of medication.

The governing body at Ben Rhydding Primary School has a legal duty to make arrangements to ensure that pupils with medical needs are able to attend school with as little disruption as possible. This might be through staff members who volunteer to administer medication or training support staff so that they are able to manage medication. This will involve the governing body possibly employing someone whose specific role is to administer medication. This applies to mainstream and special schools.

2.3 This policy ensures that Ben Rhydding Primary School has appropriate procedures to enable pupils attending school who require medication to continue their education with as little disruption as possible.

2.4 Unless so directed by the terms of their employment contract, no member of staff should feel compelled to be responsible for the administration of medication to pupils. For most teachers the task is purely voluntary, however support staff might have contracts or job descriptions that make the administration of medication part of their role.

3.0 School policy and procedures

Under health and safety legislation, schools are required to implement systems of work that will ensure the safety, not only of staff, but also of any other person affected by the school's activities. This includes the administering and storage of medication.

3.1 This policy includes the following;

- Ben Rhydding Primary School accepts responsibility for members of staff who volunteer to give, or supervise children taking, prescribed medicine during the school day;
- the schools position on assisting pupils with long-term or complex medical needs;
- the need for prior written agreement from a parent or carer for any prescription medication to be given to a pupil;
- the requirement for any member of staff giving medicine to check: the pupil's name; that there are written instructions provided by the parent or doctor; the prescribed dose and the expiry date of the medicine. If staff are in doubt they should not give the medication until these things have been checked and the full details known. See Managing Medicines Policy document.
- when and where pupils can carry and take their own medication;
- staff training for dealing with medical needs;
- record keeping;
- storage and access to medication;
- emergency procedures.

3.2 Parents should provide the school with full information regarding their child's medical needs. Staff are required to report any deterioration in a child's health to the Headteacher (or member of the SLT in their absence) who can then inform the parent.

3.3 Ben Rhydding Primary School will establish a written record of the details of any pupil with special medical requirements at the earliest opportunity; if possible this should be done before the pupil starts or returns to school. This will be in the form of a health care plan (see Appendix 1). In cases where pupils have short term and relatively straight forward medical needs it might be sufficient to record the information in an abbreviated form of the health care plan.

3.4 Any instructions to Ben Rhydding Primary School must be in writing and be clear, specific and include as much detail as necessary. They must be signed and dated by the parent/carer.

3.5 The parent or guardian's agreement to the health care plan must be signed and they will be provided with a copy of the plan if requested.

3.6 Any changes to a health care plan must be agreed with the parent or guardian and should be recorded in writing.

3.7 All employees at Ben Rhydding Primary School who look after pupils will be made aware of the school's policy and will be informed what the school's general procedures are in relation to any pupil with medical requirements.

4.0 Responsibilities

4.1 The Local Authority

The Local Authority (City of Bradford Metropolitan District Council) has a responsibility to ensure that each school has a health and safety policy.

4.2 Governing body

The Governing Body at Ben Rhydding Primary school will ensure that school has developed its policy to assist pupils with medical needs and that staff involved with administration of medication have had the appropriate training. They must also arrange for staff to have epi-pen training where this is required.

4.3 Headteacher

The Headteacher is responsible for implementing the school's policy and procedures and should ensure that all parents are aware of these. Where staff volunteer to assist, the Headteacher will ensure that they receive suitable and sufficient information, instruction and training to be able to undertake this function in a safe and effective manner. This also applies to staff who volunteer to be reserves to cover for absence.

The Headteacher will ensure that a written health care plan for each child with medical needs is drawn up in conjunction with the parent and School Medical Officer or GP. Where there is concern that a child's needs may not be able to be met by a school, or the parent's expectations appear unreasonable, the Headteacher will seek further advice from the school nurse, child's GP, Education Leeds and other medical advisers.

Where a Headteacher wishes to share information with other staff within a school they must first seek permission from the child's parent or guardian or the child, if the child is mature enough. Parents' culture and religious views should be respected at all times.

The Headteacher is responsible for making sure that all staff ensure medicines are stored safely.

4.4 Parents

The prime responsibility for a child's health rests with the parent or guardian; they are responsible for making sure their child is well enough to attend school.

The parent/guardian, or pupil if they are mature enough, should provide the school with sufficient information about the pupil's medical condition. This should be undertaken in conjunction with the child's GP or paediatrician, as appropriate. Where a child is acutely unwell it is advised that the parent keep him/her at home, and parents should be advised about this on a regular basis by newsletters.

If pupils become unwell at school they should be collected as soon as possible. It is vital to have relevant home and emergency contact telephone numbers. These details must be regularly updated.

4.5 Staff administering medication

The administering of medicine in school is a voluntary role for individual members of staff except where this is stated in the job description. Those who undertake this role and/or provide support to pupils with medical needs require sufficient training, information and instruction from their Headteacher and the child's parent/guardian. Training and advice can be obtained from the local NHS Trust.

Where an alternative or ancillary member of staff is with a pupil with medical needs the Headteacher must ensure that they have received the requisite level of training, information and instruction.

Staff who volunteer to assist with the administering of medication and have been authorised by the Headteacher to undertake this task will be covered under the school's employer's liability insurance.

Further information on administering medication is provided in Section 5.5

4.6 Teachers and other school staff

A teacher who has a pupil with medical needs in his/her class will be informed of the nature of the child's condition and when and where that pupil requires additional attention.

In particular, staff will be made aware if any emergency is likely to occur and what measures they should take if one does. These measures should be in writing and be readily accessible.

Other school staff such as lunchtime assistants or support staff who may, at certain times, be responsible for children with medical conditions will be provided with sufficient support and advice as appropriate.

Information and advice will also be provided to the school's first aiders if the pupil's medical condition has implications for any first aid treatment which may be given.

4.7 School transport escorts

At Ben Rhydding Primary School pupils are not transported to and from school by escort however there is a local service bus that a small number of children use on a regular basis. There is a support worker who travels with the driver who acts as a general escort for safeguarding reasons.

4.8 The Health Service

The local health authority has a statutory duty to purchase services to meet local needs. These services are provided by the local National Health Service (NHS) Trust.

The main contact with schools is likely to be via the School Health Service, school nurse or doctor, who may be able to help a school draw up individual health care plans for pupils with medical needs or may be able to supplement information provided by the child's parent or GP. The school nurse or doctor will be able to advise on training for staff willing to administer medication or take responsibility for other aspects of support.

4.9 The General Practitioner (GP)

Most parents will register their child with a GP. The GP has a duty of confidentiality to their patients and should only exchange information with the school with the consent of the child's parent or guardian or the child, if the child is mature enough. In some cases parents may agree for a GP to liaise directly with a school, in others it will be via the School Health Service (schools should seek advice from the School Medical Officer).

In some instances a parent or child may not wish the GP to provide a school with any information in respect of their child's condition. In these cases the GP will observe such confidentiality and must comply with the parent's or child's wishes. At BRPS we will ensure all staff who are responsible for administering first aid are aware of this situation because it may have implications for staff e.g. if a child had Hepatitis or similar condition.

5.0 Provision of medication

5.1 Short term needs:- prescribed medicines

Medicines should only be taken to school when essential; where it would be detrimental to a pupil's health if the medicine was not administered during the 'school day'. At some time during a pupil's school life they may need to take medication – e.g. to finish a course of antibiotics or apply a lotion and to minimise the amount of time a pupil is away from school, it may be necessary to continue the treatment of antibiotics or lotion after the pupil returns to school to finish the course of medication. Where this happens parents are encouraged to request that the prescription is such that the pupil does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose.

Medicines must be provided in an original container (as dispensed by the pharmacist) and include the prescriber's instructions for administration. Prescribers should be encouraged to provide two prescriptions for a child's medication, where appropriate and practicable: one for home and one for use in the school, avoiding the need for the repacking or re labelling of medicines by parents. Any medication brought into school must be clearly marked with the name of the pupil and the recommended dosage. It must be handed to staff in the

school office (by a parent/carer) at the start of the day and collected at the end of the school day by the parent/carer. It must be kept secure, unless there are valid reasons for the pupil to keep that medication with them (e.g. asthma inhaler). There may be occasions when a bottle of medicine has to be taken to school. The school policy should encourage the parents and Headteacher to discuss such requirements.

BEN RHYDDING PRIMARY SCHOOL WILL NEVER ACCEPT MEDICINES THAT HAVE BEEN REMOVED FROM THEIR ORIGINAL CONTAINER NOR MAKE CHANGES TO DOSAGE ON PARENTAL INSTRUCTION.

5.2 Long-term medical needs.

In order to manage a child's illness we must have sufficient information about the medical condition of any pupil with long-term medical needs. The parent or guardian must supply such information either prior to a pupil attending school or as soon as the condition becomes known.

At BRPS we will allow pupils who can be trusted to manage their own medication from an early age, although parents must give their consent and the pupil should be supervised and recorded when taking it. This will include inhalers, which must be with the child at all times if they are out of class. Any teacher who may come into contact with such a pupil should be provided with suitable and sufficient information regarding the pupil's condition and the medicine they are taking.

5.3 Non-prescription medicines.

BRPS will only allow medications onto the premises that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

5.4 Clinical Decisions.

In the absence of clear guidance from a medical professional, no member of school staff will make a clinical decision with regard to the needs of a pupil unless in extreme circumstances.

Any instructions given to schools in relation to a pupil's medical requirements must be specific and clear enough to avoid the need of requiring school staff to make any judgements about what medication to administer. If necessary the school should arrange a multi-agency meeting with appropriate health care professionals where clear instructions can be obtained and a pupil risk assessment can be determined.

If a child's medical needs are such that the dosage, or method of administration of any medication might vary depending on other factors, schools should be provided with explanative charts, diagrams or other printed guidance wherever possible.

If any medical problems arise which are not covered by a pupil's Health Care Plan, or any instances where the details on the Health Care Plan are found to be unclear, BRPS will contact the pupil's parent or guardian, or seek medical advice before taking any further action unless doing so would put the child at risk.

5.5 Administering medicine².

Members of staff have no contractual obligation to give medicine, supervise a pupil taking medicine or assist in any treatment of a pupil requiring medicine unless specifically set out in their contract of employment under their job description.

Staff may volunteer to give medicine and assist with treatment. In this case they should be provided with suitable and sufficient training to enable them to carry out their voluntary duties safely and responsibly and should include training on the administering of i.e. eye and nose drops. Such training can be arranged in conjunction with the local Health Trust. BRPS will maintain a written record of which member of staff has volunteered to administer which medication and what training each member of staff has received.

Any member of staff giving medicine should check

- the pupil's name; (on the bottle with the child present)
- that there are written instructions provided by the doctor or medical practitioner;
- the prescribed dose, time/frequency it needs to be given and the expiry date of the medicine.

If there is any doubt about these details, or they are not provided, then medication should not be given until the full details are known. Medication should not be administered until full information is provided.

Each time a pupil is given medication a record will be made, including the date, time, what was administered and, if necessary, details of any problems, which the person administering the medication should sign. At BRPS staff administer medication with an adult witness who will also sign and date the records.

Where invasive or intimate treatments are required then the person carrying out such a treatment will be of the same gender as the pupil receiving the treatment (wherever possible). One additional adult should be present whilst the treatment is carried out unless intimate care procedures indicate otherwise. Those persons who volunteer to provide intimate or invasive treatments must be suitably trained. Training and advice can be obtained from the local NHS Trust. Where invasive or intimate treatments are required but no member of staff volunteers to provide it, the Headteacher and parents must respect the staff's wishes not to do so and not put any pressure on them to assist in such treatment.

It will then be necessary to refer to the local Health Trust for advice on how to continue providing treatment.

Under no circumstances will any person employed by BRPS administer medication if they have not received requisite training or authorisation from their Headteacher. If a pupil is at severe risk because their medication cannot be given, the Headteacher must ensure that there are suitable emergency arrangements in place.

Medicines will not be given to any pupil under the age of 16 without their parent's written consent.

² For more information see the Managing Medicines policy on the school website at <http://www.benrhydding.ngfl.ac.uk/wp-content/uploads/2014/10/Managing-Medicines-Policy-Jan-161.pdf>

6.0 Self Management

BRPS encourages young people to take control of their medication and illness from a young age. The ages that children are able to take control of their medicines varies enormously. It should however be considered that in some circumstances a young person might not ever mature enough to take medical responsibility for themselves at school. As young people grow, develop and mature they should be encouraged to participate in decisions about their medications and to take responsibility.

If pupils are able to take medication themselves, then staff may only need to supervise. This will be recorded on the medicines administration record.

Where pupils are prescribed controlled drugs³ staff need to be aware that these need to be kept in safe custody. Pupils should be able to access these for self-medication if it is agreed that it is appropriate.

7.0 Refusal to take medicine

No person can be forced to take medicine should they refuse.

If a pupil refuses to take medicine and the information provided by the pupil's parent and/or GP suggests that the pupil is at great risk if they do not take their medication, the parents should be contacted immediately. If a parent cannot be contacted medical advice and/or call the emergency services should be called.

Where the information provided indicates that the pupil will not be at great risk if they do not take their medication, but the parent has informed the school that their child should receive their medication, the parent should be contacted as soon as possible.

Parents/ primary carer/ guardian should be communicated with directly and not via a note sent home with the pupil. Records of the conversations should be kept and the school may wish to follow this up with a letter.

8 Epi Pens and asthma inhalers

There are two aspects of medical care that some school staff have been able to manage without undue concern about imposition or impracticality. Children and adults who have a sudden and severe allergic reaction to a foodstuff; insect bite or other external irritant may become ill quite quickly. Epi pens are considered to be a risk free treatment. If staff are correctly trained to administer the Epi pen they are a one shot injection that cannot do any harm and at the worst they have no effect.

BRPS has some provision for the emergency treatment of anaphylaxis. First aid treatment includes the appropriate use of epi pens. Some staff are trained to administer epi pens. If staff are not prepared to administer epi pens this needs to be made clear to parents of

³ It is highly unlikely that a child in primary school would take controlled drugs. Administering controlled drugs requires special consideration so particular care needs to be taken in any such instances.

individuals involved. It will then be necessary to refer to the local Health Trust for advice on how to continue providing treatment⁴.

Epi pens need to be stored in a dry area with a constant temperatures they are fragile and can become ineffective if they are knocked or become too cold. They should be stored in the box they are supplied in to avoid light affecting the medication. **A minimum of two epi pens should be kept on site in the event that one fails.** Parents are responsible for ensuring school has two, in-date epi-pens at all times. The use by date of each pen should also be monitored to ensure they are within the effective date for use.

As asthma affects between 10% and 17% of the general school population and has a variety of degrees of severity. It is important that the parent / guardian informs the school if their child requires and inhaler. Older pupils are able to self administer their own medication and parents / guardians should be part of this process.

Inhalers for younger pupils who are unable to administer their own medication should be kept in a safe place and labelled in the same manner as any other medication. In the case of an asthma attack the inhaler would need to be administered urgently so the school must have an emergency procedure so that all staff are aware of the location of all inhalers. The storage of inhalers need to be well managed and the distance between where the pupil is situated and where the inhalers are stored must also be considered. Parents / guardians should request an extra inhaler from their family doctor so that this can be left at the school premises. Schools must not allow inhalers for one pupil to be used by another and must only allow each inhaler to be used by the pupil it is prescribed for.

9 Health care plan

To ensure that each child with medical needs receives the appropriate support in school, and that all persons who may come into contact with the pupil have access to sufficient information, the Headteacher will ensure that a written health care plan is drawn up. This will be done in conjunction with the parent and School Medical Officer or GP etc. It will give details of the pupil's condition, daily care requirements, emergency action to take and when to take it, who is responsible in an emergency (including reserve(s)) and any follow up care that may be needed.

Input into the health care plan will be sought from everyone with whom the pupil is likely to have contact – e.g. class teacher, form tutor, year head, care assistant, school staff who have agreed to administer medication, school health service, escorts/schools transport service.

This plan will be provided to all staff that will have contact with the pupil including, for example, lunchtime supervisory assistants. As the medical information contained within the plan is confidential, the level of information provided to various staff will be carefully planned so that, for example, a Lunchtime Assistant knows what to do in an emergency but is not party to the specific reason for doing it if the parent, guardian, or pupil does not want their medical condition to be generally known.

⁴ Under no circumstances will any person employed by the school administer medication if they have not received requisite training or authorisation from their Headteacher. If a pupil is at severe risk because their medication cannot be given, the Headteacher must ensure that there are suitable emergency arrangements in place.

The plan should also identify what particular training needs will be required for anyone volunteering to administer medicine.

The plan reflects not only the physical needs of the pupil but the emotional needs as well. However, the Headteacher must not make value judgements about any medication prescribed, even though the child may appear to be unable to cope with taking his/her medicine. In those instances the Headteacher will need to discuss his/her concerns with the pupil's parent and/or health care professionals.

The plan will always identify what action should be taken in the event of the unexpected, e.g. an injury. If a pupil who accesses medication in school requires hospital or clinical treatment as a result of some incident always take the care plan, and the medication with them to hospital, or ensure that the parent takes them. Note this in the records.

10 School trips and sporting activities

10.1 School trips.

Pupils with medical needs should be encouraged to participate in school trips as long as the safety of the pupil, other pupils and/or staff is not placed at significant risk.

It may be necessary for school to take additional measures for outside visits. This may include:

- additional staff supervision;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets.

When planning trips and visits which will include a pupil or pupils with medical needs, all persons supervising the trip will be made aware of the pupils' medical needs and any emergency procedures that may be needed (unless the parent/guardian does not give their prior consent to do this).

The location to be visited should be made aware that persons with medical needs are included in the party, if this is practicable and if the parents have consented (e.g. on a visit to a museum an appropriate member of the museum staff be made aware of any potential difficulties that may arise – such as a member of the party being epileptic). Where it is unlikely that any difficulties will occur there is no need to inform the place to be visited.

If a pupil's medical condition will be aggravated by the place being visited school staff should discuss the situation with the parent/carer. In the event that the child's condition will be seriously compromised they should not be permitted to go.

If there is any doubt regarding a school trip the school will discuss the trip with the parent and also, if necessary, seek medical advice.

10.2 Sporting activities.

Most pupils with medical needs should be able to participate in sporting activities either as part of the curriculum or as an extra-curriculum activity. However, some children will need

to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards.

Any members of staff supervising pupils involved in P.E. and sporting activities will be made aware of the relevant medical conditions and emergency procedures for any pupil with a medical condition who is participating in the lesson or activity either actively or as an observer. For extra-curriculum activity or after hour P.E. lessons, where a pupil with a medical need is participating, the level of supervision will be assessed, and it may need to be increased.

11.0 Storage & disposal of medicines

11.1 Storage of medicines

Medicines may cause harm to anyone for whom they were not prescribed. They may also be harmful for the person for whom they were prescribed if that person takes an incorrect dose. Some medicines are poisons, others can become poisons when they react with other substances.

The Control of Substances Hazardous to Health (COSHH) Regulations require that no person is placed at risk from the use of any hazardous substances. A medicine is a hazardous substance, to those administering the medication and those who may inadvertently be exposed to it. Where a medicine may be thought to be non toxic or non poisonous, it should still be classed as being toxic to avoid any confusion.

Managers are required to assess the risks presented by a hazardous substance to any person who may come into contact with it. Then, having assessed the risk, they should determine the method or methods by which that risk may be removed, reduced or controlled.

If there is no means of eliminating or substituting the hazardous substance controls to reduce any risk of harm to the lowest level that is possible should be implemented. Such controls will include:

All controlled drugs must be kept in an approved (meet with the requirements of the misuse of drugs regulations) lockable receptacle. This must be locked at all times except when being accessed for the storage of medication or the administration to the named recipient.

Lockable receptacles must be:

- Of robust construction
- Made of steel
- Securely bolted to the floor or wall
- Kept in a room or building that is alarm protected.

Ideally it should be locked by a key and a combination lock together. This will allow a master key to be fastened to the inside of the receptacle and only the head teacher to have the combination code to unlock in an emergency. The integrity of using only a combination lock can not be guaranteed.

Keys, should be kept to a minimum and only held by individuals who have legitimate authority to access the medicine cabinet. These should never be given to an unauthorised person, left on hooks, in desks or out on display.

- Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual pupil.
- Medicines should be stored strictly in accordance with product instructions
- Pupils should know where their own medicines are stored and who holds the key.
- All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to pupils and should not be locked away.
- Few medicines need to be refrigerated. These can be kept in a refrigerator with food but they must be in an air tight container and clearly labelled. There should be restricted access to a refrigerator holding medication. When the staff room is not occupied – depending on the risk assessment undertaken by the Headteacher – the room or the fridge should be locked so that access is denied to everyone except those authorised by the Headteacher.
- Medicine should be stored in original containers which are labelled with:
 - the name of the person for whom the medicine is prescribed;
 - the name and constituents (if known) of the medicine;
 - the prescribed dose;
 - the time the prescribed dose is to be taken;
 - who to contact in an emergency;
 - the expiry date of the medicine;
 - the name of the person or organisation responsible for prescribing the medicine;
 - any likely side effects for the person taking the medicine (e.g. harmful or toxic if swallowed, harmful by inhalation, harmful if in contact with the skin or eyes).

It may not always be possible to get all the above information from the original container. If this is so, the pharmacy supplying the medicine or the pharmacy department of the local NHS Trust may be of assistance.

11.2 Disposal of medicines.

Under no circumstances should BRPS dispose of any prescribed medicine or the container from which it came. The parent of the pupil for whom the medicine was provided should collect all empty containers, surplus medicines and out-of-date medicines. They should also collect medicines⁵ 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. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.

On the very rare occasion that the school has to dispose of any of the above, advice should be sought from the Council's Environmental Health Waste Disposal Service before disposal of any items. Pharmaceuticals that are cytostatic or cytotoxic (are defined as any medicinal product that has one or more of the following hazardous properties: Toxic (H6), Carcinogenic (H7), Mutagenic (H11) or Toxic for Reproduction (H10)) are classed as "hazardous Wastes" under Hazardous Waste Regulations 2005 as such disposal must be in accordance with the requisite Regulations.

⁵ This applies to antibiotics etc, not inhalers or epi-pens which will be used throughout the school year.

11.3. Disposal of sharps.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the pupil's GP or paediatrician. Collection and disposal of the boxes should be arranged with the council's Environmental Waste Disposal Unit.

12 Further Information

12.1 More information regarding medication in schools.

In particular basic information regarding common conditions such as asthma, epilepsy, diabetes and anaphylaxis – is available in the DfES and Department of Health publication “**Managing medicines in schools and early year settings**” Reference 1448-2005DCL-EN March 2005 –DfES.

The publication includes forms that can be used as part of the school's policy on administering medication.

Drugs: Guidance for schools (DfES, 2004) Ref: DfES/0092/2004
[http:// www.teachernet.gov.uk/drugs/](http://www.teachernet.gov.uk/drugs/)

Code of Practice for Schools- Disability Discrimination Act 1995:Part 4 (Disability Rights Commission, 2002). Ref: COPSH. <http://www.drc-b.org/thelaw/practice.asp>
Disability Rights commission Tel:08457 622 633

Special Educational Needs Code of Practice (DfES, 2001)
Ref: DfES/0581/2001
www.teachernet.gov.uk/teachinginengland/detail.cfm?id=390

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 45

Council for Disabled Children publication “The Dignity of Risk”

13 Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864
Website: www.allergyfoundation.com

Asthma UK (formerly the National Asthma Campaign)

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

Epilepsy Action

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

Website: www.epilepsy.org.uk

National Society for Epilepsy

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

Website: www.epilepsynse.org.uk