

**Health and Safety Handbook for Schools.**

**PG505 -**

**Section A -**

**Supporting Pupils with Medical  
Conditions in School V4.**

**Section 5: General School Safety.**

# **Health and Safety Handbook for Schools.**

## **Section: General School Safety.**

### **Guidance Note PG505.**

#### **IMPORTANT:**

This Policy Guidance document is large. To ensure ease of printing, storage, use and editing it is split into several documents rather than held as a single document of nearly 200 pages.

It is important that you ensure you have each of the sections listed on the next page as they will be sent to you as a zipped folder, and any updates will likely be sent out as a section.

Please consider carefully if you need to print this whole document or if it could be stored electronically in your setting.

Please note that this PG gives guidance on the administration of medication and does not consider medical procedures. These will be dealt with in a separate PG document.

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## **Glossary:**

CYP	CYP/Young Person- can refer to a person in education up to 25 years old.
HSW	Health, Safety and Wellbeing.
HSWT	Health, Safety and Wellbeing Team.
IHCP	Individual Health Care Plan- any plan relating to the health care needs of the CYP.
IPRA	Individual Pupil Risk Assessment.
LCC	Leeds City Council.
PLG	Parent or Legal Guardian.
SPMCG	Supporting CYPs with Medical Conditions Guidelines (DfE 2017).
School	Any setting where CYP are provided with an education.

## **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 CYP 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 CYP's welfare.
- 1.3 The School Premises Regulations 2012 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured CYPs. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation. There are other requirements contained in the regulations.
- 1.4 The Equality Act 2014 requires that the body responsible for a school must not discriminate against a disabled person. Any CYP with medical needs who is also disabled will be protected under this act.
- 1.5 Under the Equality Act 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 determines a person with the condition as may be considered as having a disability. Only a court of law can decide whether or not somebody has a condition causing them to be disabled under the Equality Act (a medical practitioner can not decide whether or not a person is disabled).
- 1.6 Under the Equality Act, 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 Any member of staff in a school who has a duty of care for the CYP in place of the PLG must treat and take care of the CYP as outlined in the "DfE Supporting Pupils at School with Medical Conditions" guidance and with due regard to the guiding principles of equality and equity as outlined in the Equality Act.

## **2.0 Introduction:**

- 2.1 Most CYPs may need to take medication at some time whilst they are at school. All schools should have a clear, written policy on managing medication in school and have effective management systems to support individual CYPs with medical needs.

- 2.2** The school must ensure that it has a school policy and procedures so that no person is placed at risk from the storage, administration and disposal of medication.

The governing body of a school has a legal duty to make arrangements to ensure that CYP 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** A school that has appropriate procedures will be better placed to enable CYP 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 may be compelled to be responsible for the administration of medication to CYP. For most teachers the task is 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 A school's policy should include the following points.**

- A statement that the School accepts responsibility for members of staff who volunteer to give, or supervise CYP (including sixth formers) taking, prescribed medicine during the school day.
- The circumstances in which CYPs may take non-prescription medicine such as painkillers (analgesics).
- The school's policy on assisting CYPs with long-term or complex medical needs.
- The need for prior written agreement from a PLG for any medication to be given to a CYP.
- The requirement for any member of staff giving medicine to check: the CYP's name; that there are written instructions provided by the PLG 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.
- When and where CYPs 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** It should clearly state that PLGs should provide the school with full information regarding their CYP's medical needs. It should encourage staff to report any deterioration in a CYP's health to the Headteacher who can then inform the PLG.
- 3.3** Schools should always establish a written record of the details of any CYP with special medical requirements at the earliest opportunity; if possible this should be done before the CYP starts or returns to school. This should be in the form of an Individual Health Care Plan (IHCP), examples of which can be found in this document. In cases where CYPs have short term and relatively straight forward medical needs it might be sufficient to record the information in an abbreviated form of the IHCP, e.g. on a consent form of the school's own design. Please note that any plan relating to the health care needs of a CYP is by default an IHCP.
- 3.4** Any instructions to the school should be in writing and should be clear, specific and include as much detail as necessary and proportionate to the health care needs of the CYP.
- 3.5** The PLG's agreement to the IHCP should be signed and they should be provided with a copy of the plan if requested.
- 3.6** Any changes to an IHCP must be agreed with the PLG and should be recorded in writing.
- 3.7** All school employees who look after CYPs should be aware of the school's policy and should be informed what the school's general procedures are in relation to any CYP with medical needs.

#### **4.0 Responsibilities:**

##### **4.1 Leeds City Council:**

Leeds City Council has a responsibility to ensure that each Community and VC school has a Health and Safety policy. The school should also have a medication policy which should include procedures for assisting and supporting CYPs with medical needs, including managing medication.

##### **4.2 Governing body:**

The school governing body should ensure that their school has developed its policy to assist CYPs with medical needs and that staff involved with administration of medication have had the appropriate training. This training should include administration of the emergency adrenaline auto-injectors and emergency inhalers. All training should be proportionate to the complexity of the administration.

##### **4.3 Headteacher:**

The Headteacher is responsible for implementing the school's policy and procedures and should ensure that all PLGs are aware of these. Where staff volunteer to assist, the Headteacher must 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 should ensure that an IHCP for each CYP with medical needs is drawn up in conjunction with the PLG and School Medical Officer or GP. Where there is concern that a CYP's needs may not be able to be met by a school, or the PLG's expectations appear unreasonable, the Headteacher should seek further advice from the school nurse, CYP's GP, LCC and other medical advisers.

Where a Headteacher wishes to share information with other staff within a school the best interests of the CYP takes precedence at all times. It may be necessary to share sensitive information with key staff about medical needs to ensure that the HSW of the CYP can be maintained.

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

#### **4.4 Parents and Legal Guardians (PLGs):**

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

The PLG (or CYP if they are mature enough) should provide the school with sufficient information about the CYP's medical condition. This should be undertaken in conjunction with the CYP's GP/paediatrician/other clinicians, as appropriate. Where a CYP is acutely unwell it is advised that the PLG keep him/her at home, regular work should be sent home by the school.

If CYPs 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 CYPs with medical needs require sufficient training, information and instruction from their Headteacher and the CYP's PLG. Training and advice can be obtained from the school nursing team and specialist nursing teams, e.g. diabetes nursing team, etc.

Where an alternative or ancillary member of staff is with a CYP with medical needs the Headteacher must ensure that they have received the proportionate level of training, information and instruction to the complexity of the administration of medication.

Staff who volunteer to assist with the administering of medication (or who have it in their job description) and have been authorised by the Headteacher to undertake this task will be covered under the school's employer's liability insurance.



#### **4.6 Teachers and other school staff:**

A teacher who has a CYP with medical needs in their class should understand their role in supporting that CYP and be conversant with the IHCP even if they will not be the key person administering medication.

All staff should be able to access emergency plans.

Other school staff such as lunchtime assistants or support staff who may, at certain times, be responsible for CYP with medical conditions should be provided with support and advice proportionate to the complexity of the medical need.

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

#### **4.7 School transport escorts:**

It should not be necessary, in normal circumstances, for escorts to be trained to administer regular medication. Emergency medications may be required and, if so, then training in the administration of that medication should be provided.

Where the school transport service transports CYP with medical needs to and from school and escorts supervise them, the escorts should be provided with suitable and sufficient information in respect of the medical conditions and medications of the CYP in their care.

This information should be provided via the school transport office in consultation with the school Headteacher and the CYP's PLG.

#### **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 IHCPs for CYPs with medical needs or may be able to supplement information provided by the CYP's PLG 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 PLGs will register their CYP 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 CYP's PLG or the CYP, if they are mature enough. In some cases PLGs 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 PLG or CYP may not wish the GP to provide a school with any information in respect of their CYP's condition. In these cases the GP will observe such confidentiality and must comply with the PLG's or CYP's wishes.

## **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 CYP's health if the medicine was not administered during the 'school day'. At some time during a CYP'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 CYP is away from school, it may be necessary to continue the treatment of antibiotics or lotion after the CYP returns to school to finish the specific course of medication.

Where this happens it is advised that the PLG requests that the prescription is such that the CYP 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. The school policy should encourage PLGs to request such a prescription.

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 CYP'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 PLGs. Any medication brought into school must be clearly marked with the name of the CYP and the recommended dosage. It must be kept secure, unless there are valid reasons for the CYP to keep that medication with them (e.g. asthma inhaler).

The school policy should encourage the PLGs and Headteacher to discuss any requirements.

Schools should never administer medications that have been removed from their original containers/packaging.

### **5.2 Long-term medical needs:**

Schools must have sufficient information about the medical condition of any CYP with long-term medical needs.

The PLG or guardian should supply such information either prior to a CYP attending school or as soon as the condition becomes known.

Schools should allow CYPs who are competent to do so to manage their own medication from an early age, although PLGs must give their consent and the CYP should be supervised when taking it. It is at the HT discretion as to what medication may be carried by a CYP in school.

The school policy should identify in what circumstances CYPs can carry their own medicine. Any teacher who may come into contact with such a CYP should

be provided with suitable and sufficient information regarding the CYP's condition and the medicine they are taking.

### 5.3 Non-prescription medicines:

Staff should never administer a non-prescribed medicine to a CYP unless there is a specific prior written permission from the PLGs. Such written consent will need to state the medicine and the dose to be taken. The PLG should supply the medicine in the original packaging. Where the headteacher agrees for staff to administer a non-prescribed medicine it must be in accordance with the policy. The policy must set out the circumstances under which staff may administer non-prescribed medicines. Example consent forms and IHCPs and recording systems are given as examples in this document.

Where non-prescription medicine has been given, a strict system must be in place to ensure that a record is made of who received the medicine, what dose was given, who gave the medicine and when. A written note should also be sent to the CYP's PLG on the same day the medicine is given. It should inform them that a specified non-prescription medicine has been given, at what time and at what dose. The CYP must be supervised whilst they take any non-prescription medicine.

If a CYP suffers regularly from frequent or acute pain the PLGs should be encouraged to refer the matter to the CYP's GP.

NO CYP under the age of 16 should be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

The UK Medicines Control Agency has recommended that CYP under 16 should not be given aspirin, because of its links with Reye's syndrome, the rare but potentially fatal disorder found almost exclusively in CYP and adolescents.

The use of aspirin by CYP under 12 has been banned in the United Kingdom since 1986, and the Committee on Safety of Medicines warned that it should also be avoided in CYP up to 15 if they were feverish.

### 5.4 Clinical Decisions:

School staff **must not** make clinical decisions about CYP care.

Any instructions given to schools in relation to a CYP's medical requirements should 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 CYP risk assessment can be determined.

If a CYP'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 which removes any requirement for a clinical judgement.

If any medical problems arise which are not covered by a CYP's IHCP, or any instances where the details on the IHCP are found to be unclear, the school should contact the CYP's PLG or guardian, or seek medical advice before taking any further action unless doing so would put the CYP at risk in which case emergency/first aid procedures should apply.

**SCHOOLS DO NOT MAKE CLINICAL DECISIONS.** School follow the instructions detailed in the IHCPs, consent forms or IPRA's.

## **5.5 Administering medicine:**

Members of staff are under no contractual obligation to administer medicine unless specifically set out in their contract of employment under their job description.

In all cases staff responsible for the administration of medication should be provided with suitable and sufficient training to enable them to carry out their 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. The school should 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 IHCP including-

- CYP's name;
- written instructions and consent provided by the PLG or doctor;
- prescribed dose 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 CYP is given any medication a record must be made, including the date, time, what was administered and, if necessary, details of any problems, which the person administering the medication should sign.

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

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

Medicine must never be administered to a CYP under the age of 16 without their PLG's written consent.

Controlled drugs should be administered by 2 persons both of whom must complete the administration of medication record.

## **6.0 Self Management:**

Schools should encourage young people to take control of their medication and illness from a young age. The ages that CYP are able to take control of their medicines varies enormously. It should however be considered that in some circumstances a young person might not be competent 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 CYPs are able to take medication themselves, then staff may only need to supervise. The school policy should include whether CYPs may carry and administer (where appropriate) their own medication, and the safety of other CYPs.

Where CYPs are prescribed controlled drugs staff need to be aware that these need to be kept in safe custody. CYPs 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 CYP refuses to take medicine and the information provided by the CYP's PLG and/or GP suggests that the CYP is at great risk if they do not take their medication, the PLGs should be contacted immediately. If a PLG cannot be contacted medical advice and/or emergency services should be called.

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

PLGs should be communicated with directly and not via a note sent home with the CYP. Records of the conversations should be kept and the school may wish to follow this up with a letter.

## **8.0 Adrenaline Auto Injectors (AAI) and Emergency Salbutamol Inhalers:**

There are two aspects of medical care that most school staff have been able to manage without undue concern about imposition or impracticality. CYP and adults who have a sudden and severe allergic reaction to a foodstuff; insect bite or other external irritant may become ill quite quickly. Adrenaline Auto Injectors are considered to be a risk free treatment. If staff are correctly trained to administer the AAI they are a one shot injection that may save a life and at the worst they are likely to have no or little ill effects.

Schools are expected to have some provision for the emergency treatment of anaphylaxis. First aid treatment can include the appropriate use of AAIs. Staff might be happy to volunteer to specifically administer AAIs.

If staff are not prepared to administer AAIs this needs to be made clear to PLGs of individuals involved. These issues need to be covered within the medication policy. AAIs need to be covered within the medication policy.

AAIs need to be stored in a dry area with a constant temperatures as they are fragile and can become ineffective if they are knocked or become too cold. Where possible a minimum of two AAIs should be kept on site in the event that one fails or that the first dose is not effective. The use by date of each pen should also be monitored to ensure they are within the effective date for use.

There are example IHCPs for the 3 common types of AAIs and for anaphylaxis without an AAI in the appendices of this document.

The DfE guidance on the use of an Emergency AAI in schools is in the appendices of this document.

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 PLG informs the school if their CYP requires an inhaler. Older CYPs are able to self administer their own medication and PLGs should be part of this process.

Inhalers for younger CYPs 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 CYP is situated and where the inhalers are stored must also be considered. PLGs 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 CYP to be used by another and must only allow each inhaler to be used by the CYP it is prescribed for.

There are example IHCPs for younger CYP and older CYP in the appendices of this document.

There is the DfE guidance document for the school use of an Emergency inhaler in the appendices of this document.

Both AAIs and inhalers required for critical emergency use should be kept as close to the location of the CYP as possible. If the CYP moves to different locations in the school these devices should be moved with the individual, e.g. PE activities on a school field, after school clubs, assemblies, so that rapid access can be achieved in an emergency.

## 9.0 IHCPs & IPRA:

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

Input into the IHCP should be sought from everyone with whom the CYP 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.

The plan should be provided to all staff that will have contact with the CYP including, for example, lunchtime supervisory assistants. As the medical information contained within the plan is confidential, the level of information provided to various staff should 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 PLG or CYP does not want their medical condition to be generally known.

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

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

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

If the IHCP does not account for all the foreseeable risks of harm to the CYP or those administering the care to the CYP then there should be an IPRA in place.

Please note that it is a legal requirement to have an IPRA in place under the Management of Health and Safety at Work Regulations 1999.

## **10 School trips and sporting activities:**

### **10.1 School trips:**

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

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

- additional appropriately trained staff;
- 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 CYP with medical needs, all persons supervising the trip should be made aware of the CYP's medical needs and any emergency procedures that may be needed.

The location to be visited should be made aware that persons with medical needs are included in the party. Where it is unlikely that any difficulties will occur there is no need to inform the place to be visited.

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

### **10.2 Sporting activities:**

Most CYPs 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 CYP 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 CYPs involved in P.E. and sporting activities must be aware of the relevant medical conditions and emergency procedures for any CYP with a medical condition who is participating in the lesson or activity either actively or as an observer. For extra-curriculum activity or after hours P.E. lessons, where a CYP with a medical need is participating, the level of supervision should be assessed, and it may need to be increased.

## **11.0 Storage & disposal of medicines:**

### **11.1 Storage of medicines:**

All controlled drugs must be kept in an approved (meets 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:

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

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 CYP.
- Medicines should be stored strictly in accordance with product instructions.
- CYPs 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 CYPs 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.

Some medicines can have serious ill health effects on those giving the medicine, produce harmful vapours, some can be corrosive or produce dermatitis; some can sensitise those giving the medicine, some people may

already be sensitive to the medication – particularly those who suffer from eczema or asthma.

Staff who administer medicine which has been assessed as being a sensitiser should be asked if they have respiratory or skin problems. If they have, the Headteacher should seek an alternative administrator. Administrators should be provided with suitable personal protection such as disposable gloves, face mask, etc. Should an administrator become sensitised to a particular medication they should cease to administer it and again the Headteacher should seek an alternative administrator. Such reactions, however, are rare.

### **11.2 Disposal of medicines:**

A school should not routinely or voluntarily dispose of any prescribed medicine or the container from which it came. The PLG of the CYP for whom the medicine was provided should collect all empty containers, surplus medicines and out-of-date medicines. They should also collect medicines held at the end of each term. If PLGs do not collect all medicines after repeated reminders, 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 below items, advice should be sought from the Leeds City 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.

### **11.3. Disposal of sharps:**

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by PLGs on prescription from the CYP's GP or paediatrician. Collection and disposal of the boxes should be arranged with Leeds City Council's Environmental Waste Disposal Unit.

### **12.0 Further Information:**

**12.1** Please contact the Health, Safety and Wellbeing Team in the first instance who will then signpost you to further advice.