



**BALLYORAN PRIMARY SCHOOL**

# **Medication Policy**

**REVIEWED FEBRUARY 2024**

## **IT IS IMPORTANT TO NOTE**

**There may be occasions where school staff may be asked to administer medication, but they cannot be directed to do so.**

**The administration of medication to children remains the responsibility of the parent or those with parental responsibility.**

**Medication should only be taken to school when absolutely essential and with the agreement of the Principal.**

**Parents should be encouraged to request, where possible, that medication be prescribed in dose frequencies which enable it to be taken outside school hours, e.g. medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.**

**Schools should be alerted to the particular risks for young persons in taking Aspirin and Ibuprofen and should not routinely administer these unless under clear medical guidance.**

**Parents should keep their children at home if acutely unwell or infectious.**

**This Policy was drawn up using the '*Supporting Pupils with Medication Needs*' Guidance document.**

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## **SECTION 1: INTRODUCTION**

1.1 The vision of the school states that *'we aim to provide a ... caring ... environment'*. This Policy, which is part of the wider school Pastoral Care Policy, will help fulfil this vision.

1.2 The Board of Governors and Staff of Ballyoran Primary School wish to ensure that pupils with Medication Needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the school staff giving and supervising pupils taking prescribed medication during the school day where those members of staff have volunteered to do so.

1.3 Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will represent a short term medical need; perhaps finishing a course of medication, as a result of an accident or recovering from illness. Some other pupils may require medication on a long term basis to keep them well, for example children with well controlled epilepsy or cystic fibrosis and, if this is not properly managed, they could be prevented from reaching their full potential. Such pupils are regarded as having medical needs. Most children with medication needs are able to attend school regularly and, with some support from the school, can take part in the majority of school activities. A positive response by the school to a pupil's medication needs will not only benefit the pupil directly, but can also positively influence the attitude of others.

1.4 Medication needs can be grouped into three categories:

- Pupils requiring short term prescribed medication for acute conditions, for example an ear or chest infection. Usually such children will have been off school, but may still be on medication when they return.
- Pupils with a long term condition requiring regular medication; the two main categories within this group would be children with asthma and those with ADHD.
- Pupils who may very rarely require medication to be given in an emergency: Two different types of medical emergency may arise within the school setting:
  - Where the pupil has not previously been known to have a medical condition and the medical emergency arises "out of the blue".
  - Where a pupil with a known medical condition and a Medication Plan experiences a medical emergency in the context of their condition, such as children with severe allergies who may need an adrenaline injection.

1.5 Within each of these categories medication may be self administered, supervised, or administered by a third party.

1.6 It is essential that policies are agreed and responsibilities understood by all parties: employers, Boards of Governors, Principals, teachers, parents, pupils, classroom assistants and other relevant staff.

## **SECTION 2: GENERAL ISSUES**

2.1 This Section covers a range of issues general to all categories – legal duty; indemnity; confidentiality; special education needs; risk assessment; and dealing with emergencies (responsibility).

### **Legal Duty**

2.2 Principals, Vice Principals and teachers are not contractually required to administer medicines to pupils. This is a voluntary role, although some non-teaching staff are employed on contracts, which require them to carry out certain medical procedures. Staff who provide support for pupils with medical needs, or who volunteer to administer medication, receive support from the Principal and parents, access to information and training, and reassurance about their legal liability.

### **Indemnity Policy**

2.3 If a member of staff administers medication to a pupil, or undertakes a medical procedure to support a pupil and, as a result, expenses, liability, loss, claim or proceedings arise, the employer will indemnify the member of staff provided all of the following conditions apply:

- a. The member of staff is a direct employee
- b. The medication/procedure is administered by the member of staff in the course of, or ancillary to, their employment.
- c. The member of staff follows:
  - the procedures set out in this policy;
  - the procedures outlined in the individual pupil's Medication Plan, or written permission from parents and directions received through training in the appropriate procedures.
- d. Except as set out in the Note below, the expenses, liability, loss, claim or proceedings are not directly or indirectly caused by and do not arise from fraud, dishonesty or a criminal offence committed by the member of staff.

*Note: Condition d. does not apply in the case of a criminal offence under Health and Safety legislation.*

## Confidentiality

2.4 Each pupil should be treated as an individual. Where medication will be required during the school day, parents should provide the school with full information about their child's needs and should be encouraged to forward any GP, consultant or nursing advice to ensure the needs can be met effectively. Staff noticing deterioration in a pupil's health over time should inform the Principal who should let the parents know.

2.5 The Principal and school staff should treat medical information confidentially. The Principal should consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance, but otherwise in good faith.

2.6 The Principal should also consider how much other children in the pupil's class should know about a particular child's chronic condition. It can be helpful both educationally and emotionally for other children to be aware, for example, about diabetes or epilepsy and classmates can be very supportive if a child is known to be subject to, for example, hypoglycaemia. However, pupils with a medical condition can be sometimes teased or bullied. **It is important that a school does not disclose details of a child's condition to other pupils without the consent of the parent *and* the child him/herself, if appropriate. When consent is given the situation should be handled as sensitively as possible.**

## Co-ordinating Information

2.7 If teachers volunteer to assist an individual pupil with medication needs, in agreement with the Principal, the Principal will decide which members of staff will have specific responsibility for this co-ordination role. The "identified person" will be a first contact for parents and staff, and liaise with external agencies. **At Ballyoran Primary School, the Principal is the 'Identified Person' with full responsibility for all medication needs.**

## Special Educational Needs

2.8 Pupils with medical needs do not necessarily have special educational needs. But for those who do, their needs are addressed by the guidance contained within the Code of Practice for the Identification and Assessment of Special Educational Needs 1998 and the supplement to the Code published in September 2005<sup>1</sup>. Under the terms of the Education (Northern Ireland) Order 1996, a Health and Social Care authority must provide help to the ESA for a pupil with special educational needs, which may include medication needs, whether a child is placed in a mainstream or special school. Health and Social Care authorities have a responsibility to provide advice and training for school staff in procedures which deal with a

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<sup>1</sup> [http://www.deni.gov.uk/index/7-special\\_educational\\_needs\\_pg/special\\_needs-codes\\_of\\_practice\\_pg.htm](http://www.deni.gov.uk/index/7-special_educational_needs_pg/special_needs-codes_of_practice_pg.htm)

pupil's medication needs, which in turn should support that child's access to education. ESA, Health and Social Care authorities and school should work together, in close partnership with parents, to ensure quality support in school for pupils with medication needs.

## **Risk Management**

2.9 Dealing with medical conditions and medication needs must take into account the risk which arise from these and should aim to minimise the probability of anything more serious happening to the child. Action taken should optimise opportunities to minimise risk.

## **SECTION 3: MEDICATION IN SCHOOL: ROLES AND RESPONSIBILITIES**

**The voluntary nature of the role of Teachers, Principals and Vice Principals should again be highlighted. However, this Section defines the roles and responsibilities of such staff who have volunteered to assist in the administration of medication to relevant pupils.**

3.1 It is important that responsibility for pupils' health and safety is clearly defined and that each person involved with pupils who need medication is aware of what is expected of them. A partnership approach with close co-operation among schools, parents, health professionals and other agencies is important in providing a supportive environment for pupils with these needs to enable them to participate fully in school activities.

### **Parents and Those with Parental Responsibility**

3.2 Parents, as defined in the Education and Libraries (NI) Order 1986, as amended by the Children (NI) Order 1995, are a child's main carers. The administration of medicines is the responsibility of parents and those with parental responsibility. The dosage of many medicines can be arranged to permit medicine to be given to children before or after school – not during school – wherever possible. However, where this is not possible, pupils may be able to self administer medication, e.g. Inhalers. If this is a difficulty then an appropriate compromise with the parents and the prescribing doctor can be explored.<sup>2</sup>

3.3 Parents are responsible for:

- making sure that their child is well enough to attend school. A child's own doctor is the person best able to advise whether the child is fit to be in school and it is for parents to seek and obtain such advice as necessary;
- making the school aware that their child requires medication;

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<sup>2</sup> For further information see DE Circular 1999/17 Parental Responsibility: Guidance for Schools

- reaching agreement with the Principal on the school's role in helping with their child's medication;
- providing the Principal with the original written medical evidence about their child's medical condition and treatment or special care needed at school;
- providing the Principal with written instruction and making a written agreement. Details of the dose and when the medication is to be administered, are essential;
- ensuring any changes in medication or condition are notified promptly;
- providing sufficient medication and ensuring it is correctly labelled;
- disposing of their child's unused medication; and
- giving written permission for the pupils to carry his/her own medication.

3.4 Some parents may have difficulty understanding or supporting their child's medical condition themselves. The School Health Service can often provide additional assistance in these circumstances.

## **The Employer**

3.5 In Northern Ireland the employing authority for teachers and other staff in controlled/maintained schools is the ESA.

3.6 School staff who, in the course of their duties, voluntarily undertake the administration of personal or invasive medicines and follow strictly the guidelines and training given to them, will have the full support of the employer, who is legally liable for any wrongful actions committed by its employees in the course of their employment.

3.7 The employer is responsible for ensuring that:

- the school has a policy for supporting pupils with medication needs and managing medication;
- the school's insurance arrangements provide full cover for staff acting within the scope of their employment;
- it is made clear to staff at all levels what their legal responsibilities are (including where there is no legal responsibility on staff to administer medication in schools); the extent of insurance cover provided for staff acting within the scope of their employment; what cover is provided for staff who provide specific medication support; and where the liability is likely to lie in the event of legal action;
- correct procedures are in place;
- accurate records are kept in the school; and

- that staff who volunteer, or are recruited for the purpose of supporting pupils with medication needs, receive appropriate training to support pupils with medical needs.

The employer is also responsible, rather than the employee, in the event of legal action over an allegation of negligence.

## **The Board of Governors**

3.8 The Education and Libraries (Northern Ireland) Order 2003 places a duty on the Board of Governors of a grant aided school to safeguard and promote the welfare of registered pupils at the school at all times when such pupils are:

- a. on the premises of the school; or
- b. in the lawful control or charge of a member of the staff of the school.

3.9 The Board of Governors has general responsibility for:

- ensuring their school develops its own policies to cover the needs of the school
- ratifying all of the school's policies;
- following the health and safety policies and procedures produced by the ESA; and
- taking account of the views of the Principal, staff and parents in developing a policy on assisting pupils with medication needs.

## **The Principal**

3.10 Day to day decisions with regard to support for pupils with medication needs will fall to the Principal. When parents request that medication be administered to their child at school, the Principal will deal with each case sympathetically and on its merits. If a pupils has a Statement of Special Educational Needs, the Statement should outline the procedures, support and training required as outlined in the relevant medical advices.

3.11 Where there is concern about whether the school can meet a pupil's medication needs, or where the parents' expectations appear unreasonable, the Principal will seek advice from the School Health Service/Designated Medical Officer. On the basis of information received the Principal will advise parents of a child with medication needs on the level of support the school will provide.

### 3.12

The Principal is responsible for:

- the operation of the policy on the administration of medication and is therefore the main person responsible for the administration of medication in school and for developing detailed administrative procedures for meeting the medication needs of pupils;
- making sure that all parents are aware of the school's policy and procedures for dealing with medication needs and the school's approach to pupils who need to take medication at school;
- dealing sympathetically with each request from parents that medication be administered to their child at school;
- ensuring that parents' cultural and religious views are always respected;
- ensuring that all staff are aware of the policy and procedures;
- designating the co-ordination role of an "identified" person as outlined in Paragraph 2.7;
- ensuring that staff in contact with the pupil are:
  - informed about the child's condition;
  - informed about how to assist in meeting their needs in the classroom;
  - aware of the procedure for coping with an emergency associated with that medical condition; and
  - given appropriate support, advice and specialist training where necessary;
- ensuring that medicines are stored safely in a secure place, specifically designated for that purpose;
- arranging cover for members of staff while medication is prepared or administered, to avoid interruption before the procedure is completed;
- ensuring that accurate records are maintained. It is recommended that monitoring arrangements are in place to ensure that guidelines are followed;
- ensuring that supply teachers or other visiting professionals know about the medication needs of individual pupils and how these are to be met;
- arranging back up cover when the member(s) of staff, normally responsible for administering medication to a pupil, is (are) absent or unavailable;
- ensuring that, when a post primary school arranges work experience, the placement is suitable for a pupil with a

particular medical condition and encouraging such pupils to share relevant medical information with employers;<sup>3</sup> and

- asking the employer to provide written confirmation of the insurance cover for staff who provide specific medication support.

## **Teachers and Other School Staff**

3.13 Some school staff may be naturally concerned about their ability to support a pupil with a medical condition, particularly if it is potentially life threatening. While referring to their role in pupils' welfare, teachers' conditions of employment do not include giving medication or supervising a pupil taking it, although staff **may** volunteer to do this. However, it must be emphasised again that there is no legal duty that requires school staff to administer medication. Where non-teaching staff are involved, the employers should satisfy themselves that the arrangements in place for the administration of medicines in schools by such individuals is consistent with their own legal advice on this matter.

3.14 Teachers and other school staff, who volunteer to administer or supervise medication, are responsible for:

- understanding the nature of a pupil's medical condition and being aware of when and where the pupil may need extra attention;
- being aware of the likelihood of an emergency arising and the action to take if one occurs;
- taking part in appropriate training and being aware of the possible side effects of the medication and what to do if they occur; and
- supervising pupils who self administer medication, if this is required.

3.15 At different times of the school day other staff may be responsible for pupils, such as playground assistants. It is important that they are also provided with training and advice. Form AM6 provides an example of confirmation that any necessary training has been completed.

## **School Health Service**

3.16 The School Health Service aims to promote the physical, emotional and mental health of all children and young people during their time at school. The services offered will help to identify health and developmental problems and enable appropriate action to be taken.

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<sup>3</sup> Guidance on organising work experience is available from each Education and Library Board, and from the Northern Ireland Council for the Curriculum, Examinations and Assessment (CCEA)

3.17 The School Health Service is available to all schools. The key members of the team are the school doctor and the school nurse and as part of the health service, they are in a position to liaise and work with their hospital colleagues as well as with Consultant Community Paediatricians, nurses and therapists, etc from health and Social Care (HSC) Trusts.

3.18 The School Health Service is responsible for providing a variety of services to school including, health screening of pupils; immunisation; written advice to teaching staff on pupil health matters; and medical advice for special education where a child has special educational (including medical) needs; and health promotion activities.

## **The School Doctor**

3.19 As well as having responsibility for the health of all school age children with their nursing colleagues, the school doctor has a specific responsibility for children with special needs. Their role is to advise and report on children's special medical needs and the effect their illness will have on their education, as well as to try and minimise this. A duty of confidentiality exists between the doctor and the child and/or their parents, therefore consent is required before medical information can be shared with other professionals.

3.20 Each school doctor covers several schools, the number depending on the resources of each HSC Trust. They work closely with the school nurse for each particular school. The Senior School Doctor in each Trust will be the Designated doctor who has the responsibility of liaising with the ESA, particularly regarding children who have a Statement of Special Educational Needs.

3.21 In addition to the direct input into schools, the doctors run specific clinics within the community setting, e.g. audiology, enuresis, ADHD etc. Therapists, Ophthalmologists and the Consultant Community Paediatricians also work in these community clinics, making liaison easier.

## **The School Nurse**

3.22 The School Nurse is employed by the Local HSC Trust and is frequently based within a clinic or health centre. He/she has a different role from nurses directly employed by some schools to fulfil the role of 'matron', or other school based nurse. In some instances, the HSC Trusts employ nurses who are based within Special Schools. Each School Nurse provides a service to a number of schools across primary and secondary education. They are registered nurses, with a growing number also holding a BSc Degree in School Nursing. Others hold additional qualifications and expertise in a wide range of fields, e.g. health promotion or asthma management.

3.23 The School Nurse is often the primary point of contact between the school and health services. He/she oversees the health needs of children at school by working closely with children and young people, their families, school and health colleagues. The role of the School Nurse is diverse,

ranging from the promotion of health within the school population and the health surveillance and vaccination of large groups of pupils, to the identification of the health needs of individual children. The school nurse often oversees the compilation of individual Medication Plans to identify how the health needs of the pupil can be best met within the school environment. This requires collaboration between the pupil and their family, the nurse and the school. He/she can provide information on a range of health issues, and may co-ordinate training programmes.

3.24 Some children with long-term health needs receive support from community children's nurses/specialist nurses e.g. Diabetic Nurse Specialist, Epilepsy Nurse Specialist. Such nurses provide additional nursing expertise to the child and their family. They are often the main point of contact to medical services for the child. The community children's nurse and the school nurse often work together to compile the Medication Plan, and to provide the information and support required to enable schools to meet the pupil's specific health needs. The school nurse, however, remains the primary point of contact for the school.

### **The General Practitioner**

3.25 The General Practitioner is an independent medical contractor who carries out services for individual patients on their list as contracted with the Department of Health, Social Services and Public Safety. He/she has no direct relationship with schools. In some cases parents may ask GPs to advise teachers directly about a child's condition. In others, GPs may do so by liaising with the School Health Service. GPs are not obliged to provide this information about individual pupils to schools.

3.26 The School Health Service, ESA and School Boards of Governors should work in co-operation to determine need and to plan and co-ordinate effective local provision within the resources available.

### **The Consultant Community Paediatrician**

3.27 The Consultant Community Paediatrician is a specialist doctor with an interest in disability, chronic illness and the impact of ill health on children. He/she may give advice to the school on individual pupil, in drawing up individual Medication Plans or on health problems generally.

## **SECTION 4: ADMINISTRATION OF MEDICATION IN SCHOOL**

4.1 Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication.

4.2 Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

4.3 Staff will not give a non prescribed medicine to a child unless there is specific prior written permission from parents.

4.4 Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

4.5 Where the pupil travels on school transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

4.6 Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parents, **in a secure and labelled container as originally dispensed.** Each item of medication must be clearly labelled with the following information:

- Pupil's Name.
- Name of medication.
- Dosage.
- Frequency of administration.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date.

**The school will not accept items of medication in unlabelled containers.**

4.7 Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a secure location.

4.8 The school will keep records, which they will have available for parents.

4.9 If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

4.10 It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

4.11 It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

4.12 The school will not make changes to dosages on parental instructions.

4.13 School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

4.14 For each pupil with long term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction, with the appropriate health professionals.

4.15 Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents will be asked to confirm in writing if they wish their child to carry their medication with them in school.

4.16 Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

4.17 The School will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

4.18 All staff will be made aware of the procedures to be followed in the event of an emergency.

## **SECTION 5: DEALING WITH MEDICINES SAFELY**

### **Safety Management**

5.1 All medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer must ensure that the risks to the health of others are properly controlled. This duty derives from the Control of substances Hazardous to health Regulations 2002, (COSHH).

5.2 The Medicines Act 1968 places restrictions on dealings with medicinal products, including their administration. In the case of prescription only medicines anyone administering such a medicinal product by injection must be an appropriate medical practitioner, e.g. a doctor, or else must act in accordance with the practitioner's directions and authority.

5.3 There are exceptions for the administration of certain prescription only medicines by injection in emergencies (in order to save a life). An example of an exception is injection by a fully assembled syringe and needle delivering a set dose of adrenaline by intramuscular injection in the case of an anaphylactic shock. Examples are EpiPen® and Anapen®. There are also junior versions for use in children.

## Storing Medication

5.4 In a school where staff have volunteered to administer medication and where the Principal has agreed to this, the Principal is responsible for making sure that medicines are stored safely.

5.5 Schools should not store large volumes of medication. Parents should be asked to supply weekly or monthly supplies of the doses to be taken at school. Schools 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 straight forward if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions.

5.6 Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non health care staff should never transfer medicines from their original containers.

5.7 If the school locks away medication that a pupil might need in an emergency, **all staff should know where to quickly obtain keys to the medicine cabinet.**

5.8 Careful note should be taken of any requirements regarding the temperature at which the medication should be stored. Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food, but should be in an airtight container and clearly labelled. If a school has to store large quantities of medicines then a lockable medical refrigerator should be considered. The school should restrict access to a refrigerator holding medicines. Ideally the fridge should be fitted with a minimum and maximum thermometer.

5.9 Local and community services pharmacists may give advice to schools about storing medicines.

## Controlled Drugs

5.10 The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated Regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

5.11 Increasing numbers of children are taking methylphenidate, e.g. Ritalin®, Equasym®, Concerta®, for Attention Deficit Hyperactivity Disorder (ADHD). These are controlled drugs and therefore care must be taken regarding their storage.

5.12 Any member of staff may administer a controlled drug to the pupil for whom it has been prescribed, provided they have received appropriate training. Staff administering medicine should do so in accordance with the prescriber's instructions.

5.13 A pupil who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

5.14 Schools and settings should keep controlled drugs in a locked non portable container and only named staff should have access. A record should be kept for audit and safety purposes.

5.15 A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

5.16 Misuse of a controlled drug, such as passing it to another pupil for use, is an offence. School should have a policy in place for dealing with drug misuse<sup>4</sup>.

## **Access to Medication**

5.17 Pupils must have access to their medicine when required. They should know where their own medication is kept and who holds the key.

5.18 Some medicines, such as inhalers for asthma, must be readily available to pupils and should not be locked away. Pupils are allowed to carry their own inhalers, with the written consent of their parents. If a pupil is likely to suffer a severe allergic reaction, the pupil may be old enough to carry his or her own medication (e.g. EpiPen® / Anapen®) but if not, a suitable, safe, yet accessible place for storage should be found. Other medicines should generally be kept in a secure place not accessible to pupils.

5.19 Ballyoran School has special access arrangements for emergency medication that it keeps. Medicines are only accessible to those for whom they are prescribed.

## **Disposal of Medicines**

5.20 School staff should not dispose of medicines.

5.21 Medicines, which are in use and in date, will be collected by the parent at the end of each term.

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<sup>4</sup> DE Circular 1996/16: Misuse of Drugs: Guidance for Schools

5.22 Parents are responsible for disposal of date expired medicines. Date expired medicines or those no longer required for treatment will be returned to the parent immediately for transfer to a community pharmacist for safe disposal.

5.23 Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with local authority's environmental services.

### **Hygiene/Infection Control**

5.24 All staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff 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.