

# Preston Grange Primary School



## Policy and Guidance

### Managing Medicines In Schools

January 2018

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## Introduction

This guidance has been produced by North Tyneside Council to ensure schools comply with current guidance relating to their duty of care to pupils, specifically in relation to the management and administering chiefly of prescribed medication

The contents are commensurate with the DfE; Supporting pupils at school with medical conditions (published December 2015).

**N.B.** Heads and Governors should be aware that from the 1<sup>st</sup> September 2014 section 100 of the Children and Families Act 2014 placed the statutory duty on governing bodies (**rather than Local Authorities**) to ensure that arrangements are in place to support pupils with medical conditions whilst they are at school.

Under the regulation the appropriate authority for a school means;

- In the case of a maintained school; the **Governing Body** (a maintained school is defined as;
  - A community, foundation or voluntary school within the meaning of the School Standards and Framework Act 1998
  - A community or foundation special school, within the meaning of that Act.
- In the case of an academy, the **Proprietor**
- In the case of a pupil referral unit, the **Management Committee**

The documentation enclosed should be used by schools and other settings to help develop relevant policies, protocols and effective management systems to ensure the individual establishment operates within relevant legal frameworks and ensure staff administering medicines is provided with appropriate training and support.

Most children will at some time have medical needs that require a course of medication. Such needs may entail:

- Short term medication (e.g. antibiotics)
- Longer term medication (e.g. for epilepsy)
- Emergency medication (e.g. severe allergic reactions)

It is expected that most children with such medical needs will attend a school or other setting regularly and take part in normal activities. Positive responses to a child's medical needs will not only benefit the child directly, but can also positively influence the attitude of his/her peers.

## Principles

This guidance is based on adherence to the following key principles:

Children requiring medication have a right to:

- attend a school or early years setting
- participate in everyday school/setting activities as far as is practical, and not endanger themselves, other children or staff
- support that is planned, implemented and monitored within clear and agreed health & safety policies and protocols
- contribute to and express their views regarding procedures for the administration of medication
- an agreement or health care plan for the administration of their medication
- a risk assessment
- give their permission in order for confidential information to be shared
- support that will promote self-management of medication wherever possible

Parents and carers have a right to:

- information, advice and guidance regarding the policies, practices and procedures relating to the administration of medication in a given school or setting
- contribute to and express their views regarding procedures for the administration of medication
- ensure their child's needs are met within clearly agreed policies and protocols
- an agreement or health care plan for the administration of medication
- give their permission in order for confidential information to be shared

Schools have a right to:

- guidance from the Local Authority that informs the development of policies and protocols for individual schools or settings
- work within an agreement or health care plan for the administration of medication for identified pupils
- information, advice and guidance regarding the medical needs of a child, from parents/carers and relevant health professionals
- training programmes relating to the administration of medication and associated protocols.

## **Roles & Responsibilities**

Close cooperation between schools, settings, parents/carers, health professional and other agencies will help provide a suitably supportive environment for children with medical needs. It is important that responsibility for child safety is clearly defined and that each person involved in supporting a child requiring medication is aware of what is expected of him or her.

### **Parents & Carers**

- Provide schools with information about their child's medical condition.

- In partnership with the Headteacher of the school and relevant health professionals reach agreement on the role of the school in meeting their child's needs in accordance with the managing medicines policy.
- Where possible seek prescribed medication in dose frequencies which can be taken outside of school hours. Where this is not possible they should ensure sufficient in date medication is provided during the school day for their child.

### **The Local Authority**

- Provide guidance to schools and settings in developing their own policies regarding the management and administration of medicines
- Provide full cover through public liability insurance for staff administering medication in maintained schools
- Offer training opportunities for staff in the management and administration of medicines through the School Improvement Service in partnership with local authority employed school nurses
- Provide information for parents/carers regarding guidance from the local authority on administration of medicines in schools.
- Offer advice and guidance on medical conditions and in drawing up of individual health care plans for children with medical needs through local authority employed school nurses

### **Schools and settings:**

#### **The Governing Body/Proprietor/ Management Committee is responsible for:**

- The overall implementation of the Supporting Students with Medical Conditions Policy
- Share the policy with employees, governors and parents/carers
- Ensuring that the Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all students with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that any relevant training is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to individual students and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

#### **The Head teacher is responsible for:**

- The day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures

- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Ensuring a sufficient number of trained employees is available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Draw up and implement an agreement or a health care plan in liaison with parents/carers and health professionals, for children who require administration of medication. This should be based upon the outcomes of a risk assessment.
- Work in partnership with parents/carers and young people (where appropriate) to discuss and agree support arrangements
- Monitor and review the implementation of their policy for the management and administration of medicines.
- Ensuring the correct level of insurance is in place for teachers who support students in line with this policy

#### **Staff members are responsible for:**

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include students with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

#### **Health Professionals**

- Other health professionals involved in the drawing up of individual health care plans for children with medical needs may also be able to offer advice such as GPs, paediatricians.
- Support within special schools may be offered by the Special School Nursing Service within Northumbria Healthcare NHS Foundation Trust.

#### **Legal Framework**

The legal framework is both complex and extensive in relation to the responsibilities placed upon local authorities in providing appropriate advice, and for schools and other settings to develop policies/protocols and systems consistent with such advice.

A summary of the legal implications for schools are provided below:

#### **Medicines Act 1968**

- No child should be given medicines without the consent of their parents/carers.
- Anyone may administer a prescribed medicine, with written consent, to a third party, so long as it is in accordance with the prescriber's instructions.
- A medicine may only be administered by a school or setting to the child for whom it has been prescribed, labelled and supplied.
- No one but the prescriber may vary the dose or directions for administering of the medicine. In those rare cases where the dose may vary regularly, printed dose schedules should be available from the relevant health professional.
- Medicines should be stored securely unless it has been agreed that the child keeps and administers the medication themselves e.g. inhaler.
- Records of medicines being administered should be maintained and monitored

### **Misuse of Drugs Act 1971**

This is of relevance to schools and settings where a child has been prescribed a controlled drug that they may legally have in their possession e.g. methylpridate (Ritalin). It allows for staff to administer controlled drugs in such circumstances in accordance with the prescriber's instructions.

### **Health & Safety at Work Act 1974 and associated regulations**

Employers of staff in schools must do all that is reasonably practicable to ensure the health, safety and welfare of employees. The employer must also make sure that others such as children and visitors are not put at risk.

Most schools will, at some time, have children on roll with medical needs requiring medication. In some cases, children with medical needs may be more at risk than other children (e.g. during school trips) and staff may need to take additional steps to safeguard the health & safety of such children.

Individual procedures and risk assessments for identified children will be required in some cases.

As some medicines may be harmful to anyone for whom they are not prescribed schools are required to ensure risks to the health of staff, children and others are properly controlled.

### **Care Standards Act 2000**

The national standards for under 8's day care require that the registered person in an early years setting has:

- A clear policy regarding the administration of medicines, which is understood by all staff and discussed with parents/carers.
- provided staff training specific to the needs of the child concerned

As some medicines may be harmful to anyone for whom they are not prescribed schools are required to ensure risks to the health of staff, children and others are properly controlled.

## **Statutory Framework for Early Years Foundation Stage April 2015**

The DfE; Statutory framework for the early year's foundation stage revision was published in March of 2017. A notable change in stance on previous editions relates to non-prescription medicines; Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge.

Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist

### ***Medicines containing aspirin should only be given if prescribed by a doctor***

- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer.
- Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable."
- Providers must obtain prior written permission for each and every medicine from parents before any medication is given.
- Providers must ensure medicines are stored strictly in accordance with product instructions and in the original container in which dispensed.

## **Equality Act 2010**

This legislation encompasses the requirement not to discriminate against pupils who are deemed disabled. The implications of the act are:

- Schools must not treat a disabled pupil less favourably, simply because that pupil is disabled. Such actions are discriminatory under any circumstances
- Schools must not do something which applies to all pupils, but which is more likely to have an adverse effect on disabled pupils (e.g. a refusal to administer medication.)
- Public bodies such as schools and the Local Authority have a general equality duty requiring them to advance and promote equality of opportunity, as well as take steps to remove or minimise disadvantages.

As some medical conditions may be classed as a disability then the Local Authority would expect schools to have considered arrangements that can

reasonably be made to support children presenting such needs. This would include children who require the administration of medication.

## **Children & Families Act 2014**

Section 100 of this act places a legal duty upon schools to make arrangements for supporting pupils in schools with medical conditions and have regard to statutory guidance issued by the secretary of state.

The aforementioned legislation places a duty of care upon the Local Authority, Schools and other settings to ensure all children in their charge are healthy and safe including;

- The administering of medication where necessary and/or taking action in an emergency.
- The accountability for staff leading activities that take place off site e.g. visits, field trips.
- Schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties. Such actions will be expected for schools in meeting their responsibilities under the general equality duty referenced earlier.

## **Types of Medication**

Schools may come into contact with or requested to administer various categories of medication to pupils. Schools should ensure their policy reflects the following Local Authority Guidance:

**Non prescribed medication** – Aspirin or paracetamol should not be administered by schools in an Early Year Setting without a prescription

Over the counter medicines, e.g. hay-fever treatments, cough/cold remedies should only be accepted in exceptional circumstances

The parent/carer must clearly label the container with the child's name, Date of Birth (D.O.B) dosage and time of administration and complete a Consent Form. Staff should check that the medicine has been administered without adverse effect in the past and that parents have certified that this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.

There is a potential risk of interaction between prescription and over the counter medicines so where children are already taking prescription medicine(s), prior written approval from the child's GP should be considered.

The use of non-prescribed medicines should normally be limited to a 24hr period and in all cases not exceed 48hrs. If symptoms persist medical advice should be sought by the parent.

Other remedies, including herbal preparations, should not be accepted for administration in school/setting.

**Prescribed Medication** – schools and other settings should only accept medication prescribed by a GP other prescriber. It should be provided in original packaging, with instructions for dosage and administration.

**Controlled Drugs** (e.g. Ritalin) may be legally administered under prescription and should be kept in a locked non portable container/cupboard to which only named staff has access.

In all cases:

- A record should be kept of medication administered to ensure correct dosage is applied.
- staff should:
  - not deviate from the instructions provided by the prescriber
  - transfer the medication from their original containers

## **Storage of Medication**

Schools are required to ensure that substances (such as medicines) that risk the health & safety of others are properly controlled. A system should therefore be created for the secure storing and monitoring of such substances. Additional security will be required for controlled drugs.

## **Disposal of Medication**

School should ensure that there is a written procedure covering the return or disposal of a medication. Parents/carers should be responsible for ensuring that any medication, that is no longer required, is disposed of safely.

Medications should be returned to the child's parent/carer:

- When the course of treatment is complete
- When labels become detached or unreadable
- When instructions are changed
- When the expiry date has been reached
- At the end of each term (or half term if necessary)

Schools are recommended to put in place a programme of periodic checks of all medication storage areas. Any medication which has not been collected by parents/carers and is no longer required should be disposed of safely by returning it to a community pharmacy, arrangements with local pharmacies is strongly advised.

## Health Care Plans

Not all children who require medication will require an individual health care plan. In many cases, a written agreement between the school and parents/carers, with guidance from health professionals, may be all that is necessary.

This section of the policy covers the role of individual healthcare plans in supporting pupils at school who have long-term, severe or complex medical conditions. The statutory guidance imposes a requirement to identify the member of staff who is responsible for the development of these plans.

The governing body should ensure that there are robust school arrangements to:

- establish the need for a plan
- ensure that plans are adequate
- review plans at least annually or earlier if evidence indicating that the child's needs have changed is brought to its attention.

Healthcare plans should assess and manages risks to the child's education, health and social well-being and minimises disruption.

Personalised risk assessments, moving and handling risk assessments, emergency procedures and other such documents should be used to supplement the individual healthcare plan, as appropriate.

A model healthcare plan is given in Form C. To ensure compliance with statutory guidance, it includes:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (with details of dose, side-effects and storage arrangements) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage his/her condition, dietary requirements and environmental issues such as crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a healthcare professional, together with an indication of the arrangements for cover that will be available when those supporting are unavailable
- who in the school needs to be aware of the child's condition and the support required

- the need to establish arrangements which enable written permission from parents and the Head to be drawn up, thus authorising a member of staff to administer medication or allowing the pupil to self-administer during school hours
- the designated individuals to be entrusted with information about the child's condition where the parent or child has raised confidentiality issues
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
- The separate arrangements or procedures required for school trips, educational visits or other extra-curricular activities. These arrangements enable the child to participate fully in such activities and ensure social inclusion

## Monitoring of Pupils at Transition

Throughout a child's education, the term **transition** typically refers to the three major transitional points in the education system: when pupils move from primary school to middle school, from middle school to high school, and from high school to college. During these transitions, for example, pupils may move from a familiar school to an unfamiliar school. It is imperative for a school to review and manage the Health Care Plans at the earliest opportunity; examples of likely transition of pupils are (but not limited to);

- **Moving to a new school:** where a pupil progresses from KS1 to KS2 and beyond. There will also be less structured transitions such as where a family moves into a new authority or a child relocates to a new school within the authority through choice or other reason. Consideration should also be given to Transient Families who may relocate to a school for a short period of time but sufficient to require provision of education
- **Class schedules:** where pupils may shift from remaining in one room for most of the day to changing classrooms multiple times a day for different courses
- **Different teachers:** In primary school, pupils typically remain with one teacher for most of the day, while in middle school and high school they often have different teachers for each subject.
- **Increased independence:** With each successive transition, pupils are typically expected to become more self-reliant and assume more responsibility

## Staff Training

It is imperative that staff who shall participate in the administration of medicines in schools receive appropriate high quality and consistent training. Schools are therefore strongly advised to liaise with the named school nurse or the School Improvement Service for advice on training available locally.

## Health & Safety Audit

Schools should ensure that as part of an annual health & safety audit undertaken by Governors and SLT that an assessment is made of the systems in place for the administration of medicines. Such an audit should assess how robust the schools policy/protocols and systems are in relation to the management, monitoring and administration of medication.

## Liability Insurance

Where employees within schools agree to administer medication in accordance with this Local Authority Advice will be covered within its liability insurance in the event of any legal action by parents/carers on behalf of their child.

**N.B** For those schools and Academies who do not participate within the Local Authorities Insurance programme, they should ensure they have relevant liability insurance in place as part of any review of administering medicines in school.

For those schools who participate through Zurich Municipal policies;

- The public liability policy continues to provide appropriate levels of insurance to cover these new statutory duties.

“Our public liability policies cover the insured, school governing body, teachers, other employees and volunteers, should a claim be made against them from a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment. “The insurance policy covers the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings. This applies to both straightforward and complex conditions.” Stuart Dowsen, Senior Product Underwriter at Zurich Insurance

- Under the legislation, should a claim arise – alleging negligence by a member of staff – civil action is likely to be brought against the employer, who carries public liability, rather than the employee. It is therefore extremely important to record all instances of administering medicine to pupils and of any medical support, as this information can prove vital if needed to defend a claim.
- Zurich Municipal’s cover applies up to the full policy limit, and in addition the policy covers costs incurred in defending any claim. The policy excess/ deductible, if any, will apply as normal. The policy applies to all school activities, including extra curricular activities and school trips at home and abroad. Cover also applies to any first aid activities carried out by teachers, employees and volunteers.

## Developing a Policy for Schools

The Local Authority will expect all schools to have a policy in place that covers the following:

- Procedures for managing prescription medicines which need to be taken during the day
- A clear statement that staff will not be allowed to administer medication without appropriate training
- Procedures for managing medication on trips and outings and home school transport
- A clear statement on the roles and responsibilities of staff managing the administration of medicines or supervising the administration of medicines
- A clear statement on parental/carer responsibilities in respect of their child's medical needs
- The need for prior written agreement from parents/carers for any medicines to be given to a child
- Staff training in administering medication
- Record keeping
- Safe storage of medicines
- Disposal of medicines – emergency procedures
- Risk assessment and management procedures
- Arrangements for monitoring and reviewing the policy.

## Key Contacts

Role	Telephone	e-mail	Function
Team Lead, School Nursing (Special Schools)	0191 6432591	<a href="mailto:Elaine.davies2@nhct.nhs.uk">Elaine.davies2@nhct.nhs.uk</a>	Medical Advice and Guidance
Matron 0-19 Children's Public Health Service	0191 6438294	<a href="mailto:Veronica.hetherington@northtyneside.gov.uk">Veronica.hetherington@northtyneside.gov.uk</a>	Specialist Medical Advice and Guidance
Manager, Learning Support	0191 6437706	<a href="mailto:john.thompson.sen@northtyneside.gov.uk">john.thompson.sen@northtyneside.gov.uk</a>	Specialist Medical Advice and Guidance Education
Early Years and School Improvement Service	0191 6438559 0191 6438545	<a href="mailto:Elaine.robson@northtyneside.gov.uk">Elaine.robson@northtyneside.gov.uk</a> <a href="mailto:Rob.smith@northtyneside.gov.uk">Rob.smith@northtyneside.gov.uk</a>	Administration of Medicines Training
Health & Safety Team	0191 6435015	<a href="mailto:Healthandsafetyteam@northtynesdie.gov.uk">Healthandsafetyteam@northtynesdie.gov.uk</a>	Compliance, Audit and Guidance

## Supportive Documentation

This guidance contains additional documents for schools and settings to consider in developing a policy for managing medicines.

**Appendix A;** clinical procedures that may be delegated to non medical staff with appropriate training

**Appendix B;** template policy for schools to consider adapting to their own needs

**Appendix C;** Model letter inviting parents to contribute to individual healthcare plan development

## Associated resources and organisations

1. [NHS Choices](#) - provides an A to Z of health conditions and medicines
2. [The NHS Information Prescription Service](#) - part of NHS Choices, this service provides personalised information on health conditions that parents may wish to share with schools
3. [Health and Safety Executive](#) - this website covers schools (state-funded and independent), further education establishments and higher education institutions.
4. [School trips and outdoor learning activities: dealing with the health and safety myths](#) - provides information for managers and staff in local authorities and schools
5. [Protocol for emergency asthma inhalers in schools](#)
6. DfE Statutory guidance about the support that pupils with medical conditions should receive at school. <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

## Common Conditions – Advice and Guidance

- [Asthma UK](#)
- [Epilepsy Society](#) (formerly The National Society for Epilepsy)
- [Epilepsy Action](#) (formerly the British Epilepsy Association)
- [Diabetes UK](#)
- [Anaphylaxis Campaign](#)
- [National Electronic Library for Medicines](#) (NHS)
- [Resuscitation Council \(UK\)](#)

## Appendix A – Clinical procedures that may be delegated to staff

It is often the case that families and school staff can be trained and supported by health professionals to provide support. However, in some cases this may not be possible without direct health support.

The specific examples included below are an extract from ‘managing children with health care needs: delegation of clinical procedures, training, accountability and governance issues’ Royal College of Nursing, updated September 2012. As such, the list below may be delegated to non medical staff, provided they have been given appropriate training.

- The following advisory list of clinical procedures may be safely taught and delegated to unregistered health and non-health qualified staff following a child-specific assessment of clinical risk:
- Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, orally or applied to skin, eyes and/or ears.
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child’s care plan (preloaded devices should be marked when to be administered e.g. for diabetes where the dose might be different am or pm. In many circumstances there may be two different pens, one with short-acting insulin to be administered at specified times during the day and another for administration at night with long acting insulin).
- Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine
- Rectal medication with a pre-packaged dose i.e. rectal diazepam
- Rectal paraldehyde which is not pre-packaged and has to be prepared – permitted on a named child basis as agreed by the child’s lead medical practitioner i.e. GP or paediatrician
- Administration of buccal or intra-nasal Midazolam and Hypo stat or GlucoGel.
- Blood Glucose monitoring as agreed by the child’s lead nursing/medical practitioner i.e. GP, paediatrician or paediatric diabetes nurse specialist
- Assistance with inhalers, cartridges and nebulisers
- Emergency treatments covered in basic first aid training including airway management
- Tracheostomy care including suction using a suction catheter
- Emergency change of tracheostomy tube
- Oral suction with a yanker sucker
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required
- Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank
- Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). NB. Stability of ventilation requirements should be determined by the child’s respiratory physician and will include consideration of the predictability of the child’s ventilation needs to enable the key tasks to be clearly learnt.
- Bolus or continuous feeds via a nasogastric tube
- Bolus or continuous feeds using a pump via a gastrostomy tube
- Bolus or continuous feeds using a pump via a jejunostomy tube
- Intermittent catheterisation and catheter care
- Care of Mitrofanoff
- Stoma care including maintenance of patency of a stoma in an emergency situation using for example the tip of a soft foley catheter where the stoma has been established for less than 6 months

Replacement of gastrostomy button devices in non-urgent and urgent situations once stoma has been well established for more than 6 months and there have been no problems with the stoma

## Appendix B

### ADMINISTRATION OF MEDICINES

#### Background to the Policy:

Parents or guardians have prime responsibility for their children's health and should give schools sufficient information about their children's medical condition and treatment or special care needed at school.

- There is no legal duty which requires staff to administer medication; this is a voluntary role. Staff who assist with any form of medication, **in accordance with the procedures detailed within this guidance**, are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that the procedures are followed as described here.
- Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours; however this should only be when essential. Where clinically appropriate medicines can be prescribed in dose frequencies, which enable it to be taken outside of school hours. Parents should be encouraged to ask the prescriber about this. It is noted that medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.
- Written agreement from parents/guardian is required prior to administering any medication (form A).
- Written confirmation of instructions from a health practitioner is required prior to administering prescribed medication.
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer
- The school will have a system of record keeping. Records of all administration and disposal of medications must be kept in a bound book to prevent falsification. (form B)

**This policy applies to:** All Pupils

#### Statement of the Policy

The purpose of this policy is to give advice to school staff in relation to the administration of medicines in school both as a matter of routine and in an emergency.

#### Main Policy

1. All medication must be in the original container.

2. All medication **MUST** be clearly labeled with:
  - the child's name
  - the name and strength of the medication
  - the dosage and when the medication should be given
  - the expiry date
3. All prescribed medication (including homeopathic medicines) must be accompanied by a written confirmation by a health practitioner (e.g. GP, clinical nurse specialist, nurse practitioner) including the time/dose to be given in school.
4. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer
5. If two medications are required, these should be in separate, clearly and appropriately labeled containers.
6. On arrival at school, all medication is to be handed to the designated member of staff by the parent, unless there is prior agreement with school and pupil for the pupil to carry medication (e.g. asthma inhalers) and details of this are entered in the medication record.

**This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.**

Stakeholders include:

- Governors
- Staff administering medication
- Headteacher
- Local Authority

### **Storage of Medication in school**

1. Medication must be stored in a locked, cabinet with the key stored in an accessible but restricted place known to the designated members of staff.
2. If refrigerated storage is required this must be lockable and in a designated area of the school and used solely for that purpose
3. Once removed from the cabinet, medication should be administered immediately and never left unattended.

### **Documentation**

1. Samples of documentation are included in the appendices.  
***N.B*** verbal and text messages are not acceptable.

2. Each pupil receiving medication will have the following documentation:
  - Written request and permission by Parents/Guardians for school to administer medication (Form A - appendices)
  - Written confirmation of administration from a health practitioner for prescribed medicines
  - Pupil record of medication administered. (Form B - appendices)
  - Parental/guardian consent for school trips
3. In addition, pupils with complex medical needs will have an Individual Health Care Plan (IHCP). (Form C – Appendices).

### **Administration of Medication**

Employees who undertaken within their role the administration of medication and health care:

- Shall receive training and advice from the appropriate health practitioner through the Local Authority
- Training will be updated appropriately and recorded (form E - appendices).
- Are responsible for notifying the school when their training requires updating and for ensuring this is arranged.
- Staff involved in specific complex procedures e.g. medication via gastrostomy tube, oxygen therapy, will receive a certificate following training accreditation confirming their ability to perform the procedure.
- Medicine should be administered in an appropriate/confidential room.
- Before medication is administered, the child's identity must be established by checking with another competent adult, who should also confirm the correct medication is being administered and countersign the administration record
- Staff will follow directions for administration provided in writing by the health practitioner.
- Staff will record details of each administration (Form B - appendices).
- A child should never be forced to accept medication and where medication is refused parents will be informed.

### **Self-Administration of Medication**

Parents/guardians must complete a written request form for a child to self-administer medication. (Examples of medication include; Insulin or asthma medication). This will only be permitted where a child has been trained and is competent to administer their own medication. (Form D - appendices)

## **Record Keeping**

1. A system of record keeping will include:
  - Records of parental/guardian consent and or health practitioner instructions including those for self-administration consent, which should be reviewed and confirmed annually (September) in addition to ongoing updating.
  - Record of administration of medication including amount administered and amount remaining (running total) is to be kept in a bound book.
  - Record of medication returned to the parent/carer wherever possible.
  - Record of medication disposed of and the form of this disposal
2. A parent/guardian request form should be completed each time there is a request for medication to be administered or there are changes to medication/administration instructions.
3. The request form must include:
  - Child's name, class, date of birth
  - Reason for request
  - Name of medication, timing of administration and dosage of medication
  - Emergency contact names and telephone numbers
  - Name and details of Doctor and/or health practitioner
4. Reasons for not administering regular medication (e.g. refusal by pupil) must be recorded and parents informed immediately/within the timescale agreed by the health practitioner.
5. The school must keep records of administration of medication in a bound book. This bound book must be kept in the storage cabinet.

## **Emergency Medication**

6. Emergency medication is subject to the same request and recording systems as non-emergency medication, with additionally signed CONSENT and written Individual Care Plan (form C - appendices).
7. This type of medication will be READILY AVAILABLE.
8. Consent and Care Plan to be kept with the medication.
9. The Care Plan must be checked and reviewed TERMLY.
10. It is the parents'/guardians' responsibility to notify school of any change in medication or administration.
11. Procedures in the Care Plan (sample in appendix) should identify:
  - Where the medication is stored

- Who should collect it in an emergency
- Who should stay with the child
- Who will telephone for an ambulance/medical support
- Contact arrangements for parents/carers
- Supervision of other pupils
- Support for pupils witnessing the event

### **Monitoring of Impact:**

The Headteacher shall monitor the policy.

In addition to this the Chair of Governors as Safeguarding Governor monitors the policy in conjunction with the Health and Safety Committee of Governors.

Beryl Royle (Admin Assistant) and Claire Clarke (Business Manager) are trained in the administration of medicines.

All medicines are stored in the school office in either the lockable wall mounted medical cabinet, or in the medical fridge.

### **Attached appendices relating to this policy**

Form A	Agreement to administer medicine
Form B	Record of Medicine/s Administered
Form C	Health Care Plan (Managing Medicines)
Form D	Request for child/young person to carry own medicine
Form E	Staff training record

### Form A – Agreement to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

**Note:** Medicines must be in the original container as dispensed by the Pharmacy

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

#### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

#### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Form B – Record of Medicine/s Administered**

Name of School or Setting: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Quantity received No. of Doses/Volume: _____
Date received: _____
Quantity returned: _____
Date returned: _____

Date	Time	Name and strength of Medicine	Dose given	Doses/quantity Remaining	Comments	Signature of Staff Adminstering Medicine	Witnessed & checked by 2 <sup>nd</sup> Employee

### Form C - Health Care Plan (Managing Medicines)

Name of School/Setting	
Child's Name	
Group/Class/Form	
Date Of Birth	
Address	
Medical Diagnosis or Condition	

### Family information/Emergency Contact

Name of Parent/Carer	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Emergency Contact	
Phone No (Home)	
(Work)	
(Mobile)	
Name of Health Contact	
Phone No	
Name of GP	
Phone No	

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily management of medication (including emergency care e.g. before sport/at lunchtime

Additional advice from relevant health care professionals (e.g. specialist nurse etc)

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

**Form copied to:**

## Section 2 - Authorisation for the administration of emergency medication

*To be completed where administering of emergency medication may be required*

Name of School or Setting	
Child's Name	
Date of Birth	
Home Address	
Name of G.P.	
Name of Hospital Consultant (if applicable)	
Details of administration of medication	

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/carer Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3 – Individual Epilepsy Plan

*To be completed where there is a known history of epilepsy*

Name of School or Setting	
Child's Name	
Date of Birth	

Emergency Contact	
Name	
Relationship to child	
Phone No.	

<u>Are there any triggers or warnings prior to a seizure?</u>

<u>Description of usual seizures:</u>

<u>Frequency of seizures – Please specify</u>	
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### Usual Care during a seizure

- Observe time at start of seizure
  - Stay with (name)\_\_\_\_\_ and reassure them
  - Summon help
  - Protect head from injury
  - Maintained privacy & dignity through removing other students from the area
  - Other care
- 
- 

<b>Emergency care/medication:</b>
(please write name of medication and individual action i.e. when to give, when to repeat dose)

The emergency procedure may be repeated, if necessary, 4 hours after first initiated and twice in any 24 hours period.

<b>Post Seizure</b>
Usual behaviour (e.g. disorientated/vomiting/sleepy/aggressive).

Note: Place in recovery position if sleepy

### Form D – request for child/young person to carry his/her own medicine

Note: This form must be completed by the parent/carer:

(If staff have any concerns then the request should be discussed with the healthcare professionals)

Name of school/Setting	
Name of Child	
Group/Class/Form	
Name and strength of Medicine	

I would like my Son/Daughter to keep his/her medicine with him/her for use as necessary

I confirm that my Son/Daughter has received suitable information, instruction and training and is competent to administer their own medication

Signature Of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Of Young Person: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: if more than one medicine is to be given then a separate form should be completed for each one.**

### Form E – Staff training record

Name of school or Setting	
Name	
Type of training received	
Date training completed	
Training provided by	
Profession & title	

I confirm that \_\_\_\_\_ (name of member of staff) has received the training detailed above and is competent to carry out necessary treatment aligned to this training. I recommend the training is updated (please state how often).

Trainer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Update of training: \_\_\_\_\_  
 \_\_\_\_\_

I confirm that I have received the training detailed above

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

## **Appendix C – Model letter inviting parents to contribute to individual Healthcare plan development**

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the School's policy for supporting students at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils and the relevant healthcare professional who can advise on your child's case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for **(date)**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

The meeting will include **(add details of those who will also be present)**. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email or to speak by phone if this would be helpful.

Yours sincerely,