



Policy for The Administration of Medicines

INTRODUCTION

The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child. The school will seek parents' written agreement about sharing information about their child's needs, where information needs to be shared outside the school, however in cases of confidentiality the Health & Safety of the child must take precedence.

The Policy needs to be understood and accepted by staff, parents, and children. The aim of the Policy is to enable regular attendance at school.

Sections

1. Managing medicines during the school day
2. Managing medicines on trips and outings
3. Roles and responsibilities of staff supervising the administration of medicines
4. Children's medical needs - Parental responsibilities
5. Parents' written agreement
6. School policy - Supporting children with complex or long-term health needs
7. Policy on children taking and carrying their own medicines
8. Advice and Guidance to staff
9. Record keeping
10. Storing medicines
11. Emergency procedures
12. Risk assessment and arrangement procedures (care plans)
13. Appendices

1. Managing medicines during the school day

Prescription medicines should only be taken during the school day when essential. They must be in the original container including prescriber's instructions.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day, or
- Provide two prescriptions - one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

Medicines fall into two types:

a) Prescription

- Named member of staff may administer such a drug for whom it has been prescribed, according to the instructions
- If agreed with the parents the school may look after the drug on behalf of the child
- The school will keep the drug safely locked up with access only by named staff and record keeping for audit and safety
- Prescription drugs should be returned to the parents when no longer required
- Ritalin, a prescription drug known as a "controlled drug" needs to be kept in a more secure environment than suggested above e.g. in a cupboard attached to a structural wall.

b) Non-prescription

- Paracetamol can only be given to children when parents have given written permission.
- The school staff will never give aspirin or ibuprofen unless prescribed by a Doctor.
- Good practice would be for school admission forms to include permission for the administration of non prescription medicines (eg paracetamol)

2. Managing medicines on trips and outings

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. This will allow reasonable adjustments to be made.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

Home to school transport

If a pupil's care plan describes emergency procedures, which might occur, on the journey to and from school, then the escorts will be trained to carry out the duties and the care plan will be carried on the vehicle. Further advice is available through the Health Needs Education Service and school nurses.

PE/Sports

Any restriction to PE/sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

3. Roles and responsibilities of staff managing or supervising the administration of medicines

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take.

Specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Headteacher, for administering medicines and carrying out procedures.

When all planning to manage a condition has taken place our insurers will be contacted to check that their employees are covered.

In the event of legal action over an allegation of negligence the school rather than the employee is likely to be held responsible. All staff involved in the administration of medication must ensure that the correct procedures are followed and that an accurate record is maintained. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Headteacher is responsible for day-to-day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about pupil needs is shared
- Liaising with parents about agreement of care plans
- Ensuring that emergency plans are in place when conditions may be life-threatening Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should:

- Be aware of emergency plans where children have life-threatening conditions and
- Receive appropriate documented training and support from health professionals, where they are willing to administer medicines.

4. Children's medical needs – parental responsibilities

The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Looked after Children) so that information is shared and the care plan reflects all information.

The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals.

The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements, in all cases Parents know their child best. They should sign the appropriate agreement forms for the administration of medicines (see Appendix 1a). The Headteacher will seek their agreement before passing information to other school staff.

5. Parents' written agreement

The attached form (Appendix 3) is to be completed and signed by the parents for the administration of the care plan and medicines to their child.

It is the responsibility of parents to ensure that medicines sent to school are 'in date'. All medicines should be collected by parents at the end of term. If new supplies are needed it is the responsibility of the parents to supply medication as needed.

6. Supporting children with complex or long-term health needs

The school will aim to minimise any disruption to the child's education as far as possible, calling on the Health Needs Education Service for support and advice as needed, on the impact on learning and supportive strategies.

The school will carry out a risk assessment and a care plan, with the agreement of parents, and advice from health professionals (Appendix 2).

The school will call on the Community Nursing Service to deliver advice and support and receive appropriate documented training on procedures such as tube feeding or managing tracheotomies.

Where school staff carry out glucose monitoring, records will be kept with parents and specialist nurses advice

7. Policy on children taking and carrying their own medicines

Children under Secondary School age must not carry their own medications.

When administered by staff, drugs will be kept in a locked secure place and only named staff will have access. When drugs are administered, the school will keep records.

Epipens need to be kept near the pupils who need them.

Where pupils have their insulin administered by staff then records will need to be kept.

Asthma medication to be kept in or near children's classrooms until children can use it independently. It must be taken on school trips (see Appendix 9a).

8 Advice and Guidance to Staff

The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- Eleanor Nurses
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

9. Record keeping

Appendices

1. Health Care / Emergency Plan
2. Risk assessment forms
3. Parental agreement for the administration of medicines
4. Headteacher agreement to administer medicines
5. Record of medicine administered
6. Record of advice and support to School
7. Authorisation for the administration of rectal diazepam
8. Buccal Midazolam or Insulin : Agreed individual care plan
9. Asthma Appendix – sample letter to parents

NB All risk assessments and care plans must be updated at least annually or when needed by a change in a pupil's condition

11. Storing medicines

The school will keep medicines in a locked secure place, (not asthma pumps or epipens) with access only by named staff. Where refrigeration is needed, consideration should be given to purchasing a 'medical fridge'.

12. Emergency procedures

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties.

All staff will be made aware of the plans in order to discharge their common law 'duty of care' should the need arise.

13. Risk assessment and arrangement procedures (Care Plans)

Where a pupil has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed (Appendix 2 and 3).

Related Documents

This Policy is based upon:

- "Managing Medicines in Schools and Early Years Settings" by the Department of Health.
- "Including Me (Managing Complex Health Needs in Schools and Early Years Settings)" by Jeanne Carlin, published in 2005 by the Council for Disabled Children
- Mencap
- Royal College of Nursing
- Health and Safety Commission "Principles of Sensible Risk Management" 2006
- "Medical Conditions at School" Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action "Medical Conditions Awareness Sessions" A school healthcare professionals resource. Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action



Health Care/Emergency Plan

CONTACT DETAILS

Child's Name: _____

Home Address: _____

Date of Birth: _____

Next of Kin: _____

Contact Numbers: Home: _____ Mobile: _____

GP Name and Address: _____

Contact Numbers: _____

Hospital Contacts: _____

Description of Medical Condition:

Description of Signs and Symptoms:

Daily treatment/medication needs in school

Describe what is an emergency for the pupil

Describe actions should this emergency occur:

If: shows the following signs and symptoms:

a) _____

b) _____

c) _____

When this is an emergency then the following action should be taken:

For example:

**If a) and b) Call an ambulance
 Then call parents
 Then call community nurse**

Or c) Call parents / community nurse to assess

Who is responsible in an emergency at school (state if different off-site):

Plan copied to: Parents Yes/No
 Headteacher/class teacher Yes/No
 Community Nurse Yes/No
 Other specialist nurse Yes/No

Parent and School Agreement

To the best of our knowledge the above information is correct. The staff, in agreement, will do their best to support and care for’s medical and emergency needs.

Parents signature: _____ Date: _____

School staff signature: _____ Date: _____

Head teacher’s signature: _____ Date: _____

Nurse’s signature: _____ Date: _____

(to confirm advice and training has been provided to school)



Risk Assessment Form

CONTACT DETAILS

Name of person completing the form: _____

Date: _____

Child's Name: _____

Age: _____ Year Group: _____

Medical Condition: _____

| List significant hazards | Who is at risk ? | Existing controls | List additional controls needed | Date of assessment | By Whom (e.g. Parent, School, Doctor) |
|--------------------------|------------------|-------------------|---------------------------------|--------------------|---------------------------------------|
| | | | | | |
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| | | | | | |



Parental agreement for the administration of medicines

The school will not give your child medicine unless you complete and sign this form

Date: _____ Childs Name _____

Age _____ Yr Group & Class _____ DOB _____

Condition / Illness _____

Name and Strength of Medicine _____

Where Medicine Kept : _____

Side Effects: _____

Expiry date: _____

How much (dose) to give: _____ Date of Provision _____

When to give it _____

Number of tablets given to school _____

Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER

Daytime contact number of parent or adult contact

Name and contact number of GP

Agreed review date _____

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

Parent/Guardian signature _____

Print name _____

Date _____

Appendix 4



Headteacher agreement to administer medicine where a Risk Assessment or Health Care Plan are not needed (e.g. asthma)

It is agreed that _____ will receive _____
(Quantity and name of medicine)

Every day at _____

_____ (Name of child) will be given their medicine or supervised in taking it by

_____ (Name of member of staff)

This arrangement will continue until _____
(either end date or until instructed by parents)

Signed _____
(Headteacher / Head of setting / named member of staff)

Date: _____

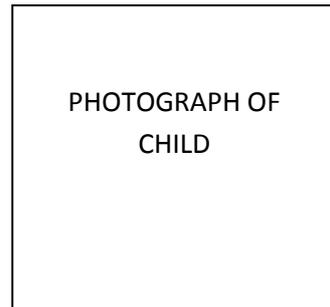
Appendix 5



Record of medicines administered to an individual child

To ensure:

- The right medicine
For
- The right child
At
- The right time
At
- The right dose



Name of Child: _____

Date of Birth ____/____/____

Class _____

Name and Strength of medicine _____

Date Medicine provided by Parent _____ Quantity Received _____

Dose and frequency of medicine _____

Staff Signature _____ Parent/Guardian Signature _____

| | | | |
|-----------------------------|-----|-----|-----|
| Date | / / | / / | / / |
| Time given | | | |
| Dose given | | | |
| Name of Staff Member | | | |
| Staff Initials | | | |

| | | | |
|-----------------------------|-----|-----|-----|
| Date | / / | / / | / / |
| Time given | | | |
| Dose given | | | |
| Name of Staff Member | | | |
| Staff Initials | | | |

| | | | |
|-----------------------------|-----|-----|-----|
| Date | / / | / / | / / |
| Time given | | | |
| Dose given | | | |
| Name of Staff Member | | | |
| Staff Initials | | | |



Record of advice, awareness raising, support and guidance to the school

(to be completed for each member of staff involved in a care plan)

Name of staff _____

Type of awareness raising received _____

Date of Session: _____

Training provided by: _____

Profession: _____ Title: _____

I confirm that _____

Has received awareness training detailed above and is competent to carry out the appropriate procedures

I recommend that the training is updated _____
(State frequency)

Signature of health professional _____

Date _____

I confirm that I have received the awareness raising as detailed above

Staff signature _____

Date _____



Authorisation for the administration of Rectal Diazepam

Child's name _____

Date of birth _____

Home address _____

GP name and address _____

Hospital name and address _____

_____ (name) should be given Rectal Diazepam _____ mg if:

He/she has a prolonged epileptic seizure lasting over _____ minutes

OR

Serial seizures lasting over _____ minutes

OR

If the seizure has not been resolved after _____ minutes (please delete as appropriate)

Doctors signature _____

Parents signature _____

Date _____



Buccal Midazolam

*Agreed Individual care plan to prevent status epilepticus
Agreed between parent/carer and school*

Child's name _____

Date of birth _____

Name of Parent / Carer _____

Contact details _____ (Home / Work) _____ (mobile)

Alternate contact name _____ (number) _____

Condition _____

Known allergies Current medication

For Seizure type: _____

Buccal Midazolam, ___ mg in: _____ ml may be given by a trained individual if

(Name) _____ has either a seizure lasting longer than FIVE (5) minutes, or...has one seizure after another without recovery in between lasting longer than FIVE (5) minutes or...has THREE (3) seizures in HALF (1/2) an hour, (give at onset of 3rd seizure)

This should result in the seizure stopping within TEN (10) minutes. If the seizure does not stop within TEN (10) minutes a second dose of Buccal Midazolam ___mg in ___ml may / may not be given. If the seizures do not stop after TEN (10) minutes of the first / second dose **CALL AN AMBULANCE ON 999** and inform the operator that you have someone who may be in **Status Epilepticus**

An ambulance should also be called if:

- It is the child's first seizure
- The child has injured themselves badly
- They have breathing problems after a seizure

It is recommended that no more than 2 doses may be given in any 24 hour period. If more seizures occur within this 24 hour period then it would be wise to seek a medical opinion.

IF IT IS THE FIRST TIME THAT THIS CHILD IS HAVING THE MEDICINE AN AMBULANCE SHOULD BE CALLED, AFTER IT HAS BEEN GIVEN, IN CASE THERE ARE ANY UNEXPECTED REACTIONS TO IT

Buccal Midazolam and the agreed individual care plan to prevent status epilepticus should be carried with the person at all times

The child's **main carer** is responsible for the safe storage of Buccal Midazolam ensuring that it is not out of date or gone off (turned milky) during storage.

Current expiry date is _____

Locations where this care plan may be found include :

.....
.....
.....
.....
.....
.....

This agreed care plan is due to be reviewed in _____

Signed _____ date _____ Dr prescribing medication

Signed _____ date _____ Parent / Carer

Signed _____ date _____ School

| |
|-------------------------------------------------------------------------------------------------------|
| <p>Date of first ever dose* / / *</p> |
|-------------------------------------------------------------------------------------------------------|



Asthma Pumps

Dear

Asthma Pumps

Your child _____ has an asthma pump in school.

I am writing to inform you of the School's guidelines with regard to asthma pumps in school.

1. All asthma pumps will be kept in an asthma box, of which there is one in every classroom.
2. All asthma pumps will be named.
3. With the pump there will be written evidence of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed.
4. We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day, but it is considered courteous to make the normal requests of the teacher first.
5. If the child needs their pump during breaktimes, a request to a member of staff must be made first before entering the building. If the child always needs their pump during lunchtime, then the child can give it to a Midday Supervisor for safekeeping. It will be the child's responsibility to ensure the Midday Supervisor is given it, to take back to class following lunch.

If you wish to see the School Medical Policy, please make a request to the school office.

Would you please sign and return the slip below indicating either your agreement or your wish not to keep the pump in the care of the teacher or other staff, thereby taking full responsibility yourself.

Yours sincerely

Headteacher

Form 9

Asthma Pumps

I agree and accept the above guidelines regarding asthma pumps in school

Signed _____ Parent/Guardian

Date _____ Child's name _____