



*Rebecca Cheetham Nursery
and Children's Centre*

MANAGING MEDICINES IN SCHOOL POLICY

Compiled by: RC SLT using LA guidance

Amended: RC Senior Leadership Team

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Ratified by governors: Yes

Governor's signature: _____

Managing Medicines n School Policy

1. PURPOSE

This policy sets out the Authority's advice on the administration of medicines in schools. The document has been reviewed with the Head of School Nursing, Sarah Rolfe, from Newham Primary Care Trust and takes into account the guidance provided by the Department of Health in the document "Managing Medicines in Schools and Early Years Settings".

2. SCOPE

The Legal and Contractual Position

The administration of medicines is primarily the responsibility of parents and carers. It is important that responsibility for Childrens' safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between schools, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs.

Consequently medicine should be given to children by the parent/carer before or after school – not during school – wherever possible. ~~However, where this is not possible some pupils may be able to self-administer.~~ The dosage of many medicines can be arranged to permit this. If this is a problem then the ~~School Nurse~~ or Health Visitor can explore with the parents and the prescribing doctor a suitable compromise.

Head teachers and teachers may volunteer to undertake such procedures if they wish. However they cannot be required to administer medicines. Some support staff (including many teacher assistants) are employed on contracts, which require them to carry out certain simple medical procedures, including the administration of medicines.

Newham Local Authority (LA) has insurance in place, which provides an indemnity in respect of legal liability arising from the actions of its employees provided that the procedures are followed in good faith. This means that, for example, the LA would be insured in the event of a claim by a parent if an employee administered medicine with tragic consequences.

The LA expects its employees to act in the interests of pupils at all times. Any staff member who administers medicine must do so in accordance with these procedures and must act carefully and responsibly. Equally, any staff member who does not volunteer to administer medicine must follow agreed procedures see paragraph (5.5) to ensure that appropriate help is obtained quickly in an emergency.

General advice on medical conditions and their treatment is available on request from the School Nursing Service within Newham Primary Care Trust (PCT). The School Nursing Service also provides specific training in order to enable staff to carry out certain procedures. These procedures are listed in Appendix 1, and may only be carried out by staff trained in this way.

3. RESPONSIBILITIES

Administering medicines in school

While it is important that pupils do not miss school unnecessarily, it is equally important to be clear that it is the parents' responsibility to ensure that children are fit and well enough to attend school.

We have developed a policy for the administration of medicine, which minimise bureaucracy whilst ensuring the safety of pupils.

Receiving the medicine and returning it

In the case of pupils of primary age and below, and pupils with some types of special educational need, medicines should be received from and returned to a responsible adult. For pupils of any age, labelled medicine should normally be received and returned daily. Where pupils require medicine daily on a long-term basis, arrangements may be made to keep a supply at the setting. In all circumstances, it is the responsibility of the parent to provide medicine, which is clearly labelled, in good condition, and in an appropriate form. It is their responsibility to provide the drug in its original container, labelled with the dose, the pupil's full name and date of birth and the expiry date of the medicine.

Receiving written instructions from the parent or carer, or making a written agreement giving details of the dose and when it is to be administered.

This is essential, and staff must be instructed to follow the written request at all times, and not to administer medication without it. Schools must advise parents to give written notice if the dosage or the drug changes or stops. Any equipment required for the medication should be labelled with instruction on its use. See Form 3A/3B .

4. PROCEDURES

Suitable storage arrangements

All medicines must be stored in a locked medicine cabinet, a locked drawer, or a locked cupboard. (see below for exceptions). Some medicines are best kept refrigerated and must be kept in a unit solely for the purpose of storing medicines. In these cases they should be stored, clearly labelled in a sealable plastic container to which pupils do not have access.

Some medication will need to be readily available in an emergency so storage arrangements may be different. For example asthma inhalers and Epi pens.

2.4 Ensuring that the correct dosage is given to the right child

This will involve an identified member of staff whose absence will be covered by back-up arrangements. Double dosing **must** be avoided. In many cases if the timing of the dose is important or if more than one dose is required during the school day it is essential there is a recording system. See Form 5 or 6 "Managing Medicines in Schools and Early Years Settings".

Calibrated medicine cups or spoons must be used for liquid medicines and not household/school spoons.

2.5 Non-Prescription Medicines

Schools must never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Sometimes pupils ask for painkillers (analgesics) e.g. paracetamol, aspirin at school. A child under 16 **must not** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

The National Standards for Under 8's Day Care and Child Minding makes it clear that non-prescription medicines should not normally be administered. On those occasions where medicines are administered they must be recorded using Form 5 or 6.

3.0 Asthma Inhalers

Where parents or carers make written requests for asthma inhalers, spacers and nebulisers (see Appendix 1 with regard to training) to be available to pupils, follow the procedures in the previous section. The written request should always include the name of the drug that is being inhaled and whether it is a Preventor or Reliever drug.

The drug should always be self-administered by all pupils (with support where appropriate).

Where possible pupils should have immediate access to inhalers. Although inhalers can be misused, the risks associated with delay in access are much greater than those of misuse by other pupils. Parents who are concerned about their child losing the inhaler should be encouraged to provide a spare that can be kept in the school medicine cabinet.

If a pupil is having difficulty in managing an inhaler the School Nurse should be informed who will take appropriate action.

4.0 Drugs self-administered by pupils

Where parents or carers want their children to self-administer medicine, schools should make arrangements to:

- require the parent/carer to make a written request this be permitted: see Form 7;
- support the self-administration of prescribed medicines by the pupil;
- in the rare instances where pupils with diabetes mellitus or anaphylaxis need to self-inject themselves during the school day, provide an appropriate location and ensure there are suitable arrangements for the disposal of sharps.

5.0 Other medical procedures

Teaching and non-teaching staff may volunteer to undertake such other medical procedures as may be appropriate for individual pupils from time to time; some non-teaching staff are contractually required to carry these out. The School Nursing Service or another professional from Newham Primary Care Trust (PCT) can facilitate and provide training in these procedures and this training must be completed before staff, carry them out.

Appendix 1 gives Newham PCT guidance on the training of staff to carry out these procedures. Arising from it, Newham LEA policy is as follows.

5.1 Training

Only staff who have been trained (and have the appropriate certificate) should carry out procedures other than the administration of oral medicine or eye drops.

For training in administering rectal diazepam schools must identify sufficient numbers of staff and ensure that they attend the off-site training and receive regular updates. Contact Deborah Dickinson the Inclusive Education Training Manager on (020) 8430 4804.

5.2 Pupil/School Healthcare Plan

It is the responsibility of the parent/carer and the school to devise a healthcare plan with support from the School Nursing Service (see Form 2). Parents or carers should sign a care plan stating that: they are aware of the procedure involved and of the named person(s) who will undertake it; and they agree to the arrangements which have been made. Schools must also sign the completed care plan.

The SENCO will alert the health visitor to child specific care plans, which are due for review. This can be undertaken at their regular meetings once each term.

5.3 Suitable storage arrangements

If equipment has to be stored in the school it must be placed in locked storage. Careful consideration should be given to access.

5.4 Recording

It is essential to adopt a formal recording system to demonstrate the time that the procedure was carried out, the person who carried it out, and the dosage (if medicine is administered). See Forms 2, 3A, 3B, 4, 5 & 6. These forms should be individualised.

5.5 Emergencies

Very occasionally, the need to undertake a complex procedure (such as administration of rectal medication: see Form 9) will arise in the absence of a named person, or complications may occur beyond the scope of the named person. In these circumstances an ambulance should be summoned immediately. See Form 1.

If a child requires rectal diazepam or other medication and training is not available for a few months, ensure that this is recorded in the health care plan and call 999 when the child has a seizure.

All staff should know how to call the emergency services and know who is responsible for carrying out emergency procedures in the event of need. A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the parent arrives.

Forms

- Form 1:** Contacting Emergency Services
- Form 2:** Health Care Plan
- Form 3A:** Parental agreement for school/setting to administer medicine
- Form 3B:** Parental agreement for school/setting to administer medicine
- Form 4:** Head teacher/Head of setting agreement to administer medicine
- Form 5:** Record of medicine administered to an individual child
- Form 6:** Record of medicines administered to all children
- Form 7:** Request for child to carry his/her own medicine
- Form 8:** Staff training record – administration of medicines
- Form 9:** Authorisation for the administration of rectal diazepam

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

FORM 1

Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows (*insert school/setting address*)
3. State that the postcode is

4. Give exact location in the school/setting (*insert brief description*)

5. Give your name

6. Give name of child and a brief description of child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

FORM 2
Health Care Plan

Name of school/setting:

Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

Family Contact Information

Name:

Phone no. (work): (home):

(mobile):

Name:

Phone no. (work): (home):

(mobile):

Clinic/Hospital Contact

Name:

Phone no.:

G.P:

Name:

Phone no.:

Describe medical needs and give details of child's symptoms:

Daily care requirements (*e.g. before sport/at lunchtime*):

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

Follow up care:

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

Form copied to:

FORM 3
Parental agreement for school to administer medicine

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

Name of school/setting:

Name of child:

Date of birth:

Group/class/form:

Medical condition or illness:

Medicine

Name/type of medicine:
(*as described on the container*)

Date dispensed:

Expiry date:

Agreed review date to be initiated by *[name of member of staff]*:

Dosage and method:

Timing:

Special precautions:

Are there any side effects that the School needs to know about?:

Self administration Yes/No (*delete as appropriate*)

Procedures to take in an emergency:

Contact Details

Name:

Daytime telephone no.:

Relationship to child:

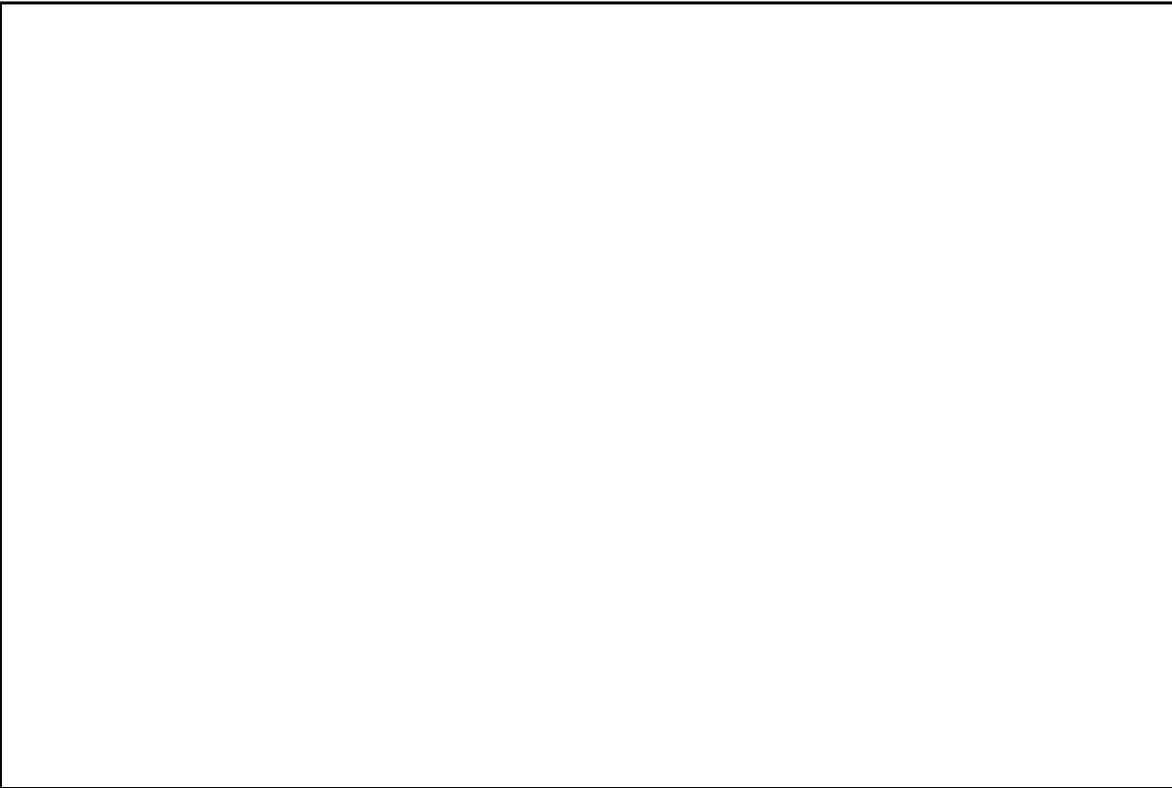
Address:

I understand that I must deliver the medicine personally to *[agreed member of staff]*:

I accept that this is a service that the school is not obliged to undertake.
I understand that I must notify the school of any changes in writing.

Date:

Signature(s):



FORM 3B
Parental agreement for school to administer medicine

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

Name of school/setting:

Date:

Child's name:

Group/class/form:

Name and strength of medicine:

Expiry date:

How much to give (*i.e. dose to be given*):

When to be given:

Any other instructions:

Number of tablets/quantity to be given:
to school/setting

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

Daytime phone no. of parent or adult contact:

Name and phone no. of GP:

Agreed review date to be initiated by *[name of 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 staff administering 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's signature:

Print name:

Date:

If more than one medicine is to be given a separate form should be completed for each one.

FORM 4

Headteacher agreement to administer medicine

It is agreed that *[name of child]* will receive
[quantity and name of medicine] every day at

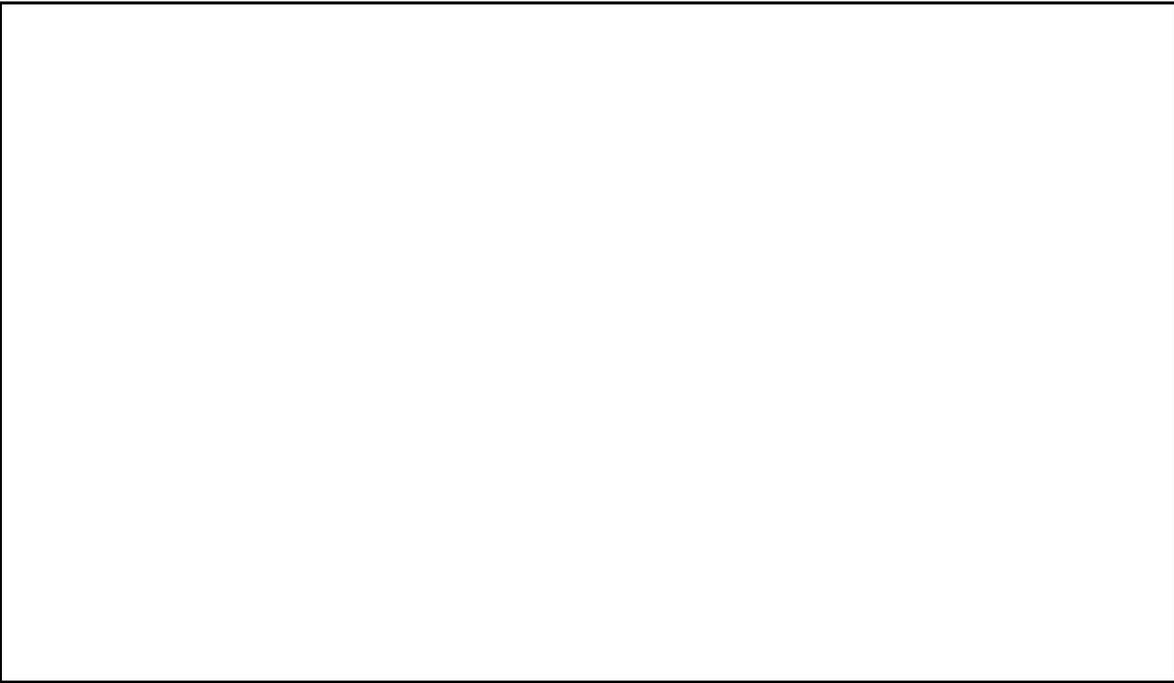
[time medicine to be administered e.g. lunchtime or afternoon break] .

[Name of child] will be given/supervised whilst he/she
takes their medication by *[name of member of staff]* .

This arrangement will continue until
[either end date of course of medicine or until instructed by parents] .

Date:

Signed:
(The Head teacher/named member of staff)



FORM 5

Record of medicine administered to an individual child

Name of school/setting:
Name of child:
Date medicine provided by parent:
Group/class/form:
Quantity received:
Name and strength of medicine:
Expiry date:
Quantity returned:

Dose and frequency of medicine:

Staff signature:

Signature of parent:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

FORM 9

Authorisation for the administration of rectal diazepam

Name of school:

Child's name:

Date of birth:

Home address:

G.P.:

Hospital consultant:

(Child's name) should be given Rectal Diazepam
mg. if he/she has a *prolonged epileptic seizure lasting over minutes

OR

*serial seizures lasting over minutes.

An Ambulance should be called for *at the beginning of the seizure

OR

If the seizure has not resolved *after minutes.

(*please delete as appropriate)

Doctor's signature:

Parent's signature:

Date:

Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Association for Spina Bifida and Hydrocephalus

Tel: (01733) 555988 (9am to 5pm)

Website: www.asbah.org

Asthma UK (formerly the National Asthma Campaign)

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

Website: www.asthma.org.uk

Council for Disabled Children

Tel: (020) 7843 1900

Website: www.ncb.org.uk/cdc/

Contact a Family

Helpline: 0808 808 3555

Website: www.cafamily.org.uk

Cystic Fibrosis Trust

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)

Website: www.cftrust.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website: www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: www.drc-gb.org

Epilepsy Action

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

Website: www.epilepsy.org.uk

Health and Safety Executive (HSE)

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: www.hse.gov.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healthedtrust.com

Hyperactive Children's Support Group

Tel: (01243) 551313

Website: www.hacsg.org.uk

MENCAP

Telephone: (020) 7454 0454

Website: www.mencap.org.uk

National Eczema Society

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: www.eczema.org

National Society for Epilepsy

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

Website: www.epilepsyse.org.uk

Psoriasis Association

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: www.psoriasis-association.org.uk/

Sure Start

Tel: 0870 000 2288

Website: www.surestart.gov.uk

Appendix 1 – Training of Education Department Staff to carry out specified nursing procedures

1. An inclusive education policy means that all children are educated in their local community mainstream schools. This includes children with complex medical needs where a number of specific procedures may be required in relation to their physical health.
2. Schools and Early Years Settings must take a responsibility for informing The School Nursing Service or the Health Visitor as soon as possible when they think a child may need a health care plan, ensure that the plan is reviewed at least once a year and ensure staff training is updated/reviewed as necessary. The requirement of the procedures should be stated on the child's records.
3. Schools and Early Years Settings should be responsible for initiating the need for training and ensuring staff are updated. The LEA must be informed by the Head Teacher of those staff members who have volunteered to be trained before the child starts attending the school. If possible the staff should be trained before the child starts attending, but, otherwise, parents or carers must be aware that they will need to continue being responsible for the procedures in the meanwhile. This may mean they will need to come into school with their child.
4. The procedures requiring special training include:
 - * Tube feeding
 - * Urinary Catheterisation
 - * Suction and postural drainage
 - * Nebulised medication
 - * Rectal medicationThis is not a comprehensive list.
5. Legal advice suggest a number of safeguards for Health Service staff, who must retain the right to refuse to train LEA staff in these circumstances:
 - * if they do not think the procedure is appropriate for lay staff;
 - * if they do not believe it would be in the interests of the individual child;
 - * if they do not think the individual LEA staff member nominated is suitable.
6. Training should be for named staff member(s) in the specific procedure(s) for each named child or children. The training programme undertaken must be planned and recorded in detail for the named LEA staff member(s) and may be undertaken on or off site.
7. When nominating the staff to be trained the LEA must consider what action should be taken if the trained person is absent. In general it is advisable to train more than one person. If no trained person is available, the child should remain at home or the parent come into the setting with their child if appropriate.

8. Health Service staff will be nominated to undertake training by their heads of department. School Nurses or key health professionals between School and the Health Service and will take the lead in facilitating Health Service training at school's request.

9. The training should include:

- * information on the individual child's medical needs and care plan orally and in writing with parent's or carer's consent.
- * the requirement to maintain the child's confidentiality;
- * instruction on the procedure required- by demonstration followed by supervised practice where appropriate, and supported by a Health Care Plan (see Form 2). This should include the actions necessary for the trained person to implement.
- * the invitation of the parent or carer to join the Health Service staff member in at least some of the training sessions.

10. The LEA member of staff should be given a written certificate stating he/she has completed a training programme in a specified procedure. This certificate should be kept in the school's personal file on the member of staff. The name should be added to the Schools cover plan and would be included in an individualised health care plan.

11. The Health Service department offering training will provide this in accordance with a schedule to be agreed with the school. The training given will be recorded either as being competent in a procedure or, if child specific, in the Health Care Plan.

5. RELATED DOCUMENTS

6. RELATED PROCEDURES

7. GLOSSARY

- LEA – Local Education Authority
- PCT – Primary Care Trust
- SENCO – Special Educational Needs Co-ordinator

8. COPIES

8.1. **Where any other copies apart from the master are kept.**