

West Exmoor Federation



Administration of Medicines Policy

November 2009

Administration of Medicines Policy for the West Exmoor Federation

1. INTRODUCTION

- 1.1 It is important that responsibility for pupils' safety is clearly defined and that each person involved with pupils 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.
- 1.2 There is no legal duty which requires teaching staff to administer medication; this is a voluntary role. (See 2.5) However support staff may have specific duties to provide medical assistance as part of their contract.
- 1.3 In an emergency situation, teaching staff are to be reminded of their in loco parentis duty of care to act in the best interest of the child, both in the school and if taking part in off-site activities.
- 1.4 This document gives specific guidelines with regards to the administration of medicines to pupils attending Devon LA schools and colleges. Individual pupils with special medical needs may require a Health Care Plan to be produced, in consultation with school staff, parents, pupil, School Health Nurse and the Paediatrician.
- 1.5 This document should be made known to all members of staff who may be involved in administering medicines to pupils. Schools will need to produce clear and unambiguous procedures and arrangements based on this guidance to ensure that pupils with medical needs receive proper care and support whilst at school.
- 1.6 This guidance is to be read in conjunction with DCSF guidance "Managing Medicines in Schools and Early Years Settings".

2. POLICIES AND PROCEDURES FOR ADMINISTERING MEDICINES IN SCHOOLS

- 2.1 A clear policy understood and accepted by staff, parents and pupils provides a sound basis for ensuring that pupils with medical needs receive proper care and support at school. Formal systems and procedures, drawn up in partnership with parents and staff, should back up the policy. The Children and Young People Service (CYPS) Directorate encourages governing bodies and staff to help pupils by facilitating these processes and has approved the following guidelines to assist them.
- 2.2 Parents are responsible for their child's medication. The Head Teacher is normally responsible for deciding whether the school can assist a pupil who requires medication. Such decisions should, as far as practicable, encourage regular attendance and full participation in school life.

- 2.3 It is the responsibility of parents to inform schools whenever pupils are receiving prescribed medication. This applies to medication prescribed on both a regular and intermittent basis.
- 2.4 Head teachers should make all parents aware that they should keep children at home when they are very unwell.
- 2.5 Children with special medical needs have the same rights of admission to school as other children and cannot generally be excluded from school for medical reasons. Without treatment some pupils may, at worst, be unable to attend school at all, or at best, their ability to make the most of their education will be impaired.
- 2.6 Some staff may be understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse. Parents and Head Teachers must respect such concerns and not put any pressure on staff to assist with treatment unless they are entirely willing. Volunteer staff who have received appropriate training should administer the medication with due regard for the dignity and privacy of the pupil.
- 2.7 For protection of children and staff, it is recommended that two adults, (one the same gender as the pupil) are present when intimate contact is required, to minimise the potential for accusations of abuse.
- 2.8 If members of staff are unwilling to administer medicine to pupils the Head Teacher should discuss this with the parents. Wherever possible medication should be given before or after school. Alternatively,
- Parent visits school to give medication
 - Adjust timing of medication
 - Consult Joint Agency Team
- 2.9 Many pupils will be capable of administering their own treatment; some will require a certain level of supervision, and others will need the medicine to be administered for them. Parents, staff and the health colleagues will decide (after discussion) into which of the three categories each pupil falls. This should be clearly recorded on the parental consent form (ED1S96) see **Appendix 1**.
- 2.10 If pupils refuse to take medication, school staff should not force them to do so. The school should inform the parents as a matter of urgency. If necessary, the school should call the emergency services.

3. TRAINING

- 3.1 As the vast majority of medicines are given by mouth in liquid form, or as tablets, little or no training is required. However in some circumstances, medicine may be given by other routes. If a member of staff volunteers to

assist a pupil with invasive medical needs, the Head Teacher should arrange appropriate training through the School Health Nurse.

- 3.2 Specialist medical advice is available to schools through the Consultant Paediatrician for each Primary Care Trust.
- 3.3 Each school has an allocated school health nurse who will provide or organise training for staff to administer invasive procedures. In particular circumstances a paediatric specialist nurse may be called in to train for use of other medications.
- 3.4 First Aid arrangements in the establishment should cover aspects of risk which the administration of medicines could present e.g. what to do if a child has an asthma attack, epileptic fit or a severe allergic reaction. If there are pupils with disabilities, long standing medical conditions or allergies which require special attention, individual advice should be sought and individual Health Care Plans (referred to in 1.4), which include action to be taken in emergency situations, should be prepared. Generally staff should not take pupils to hospital in their own cars but should call the Emergency Services.
- 3.5 Training must include issues of confidentiality. The Head Teacher should agree with the pupil (where he/she has the ability) or otherwise the parent, who else should have access to records and other information about a pupil. If information is withheld from staff, they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

4. ADVICE ON MEDICATION

- 4.1 All medicines in school must be prescribed by a registered medical practitioner, i.e. doctor, dentist, nurse. The Devon LA Policy is that no complimentary medicines are to be administered in schools. Students should not bring non-prescribed medicines to school as a general rule.
- 4.2 Consideration should be given to arrangements for the safe delivery of medicines into school, in their original container, especially for residential placements, where young people are responsible for medicines themselves, and also the need for medicines during transport between school and home. All medicines, unless managed by individual students themselves, should be stored in a safe place, out of reach of other children, when not in use. Asthma inhalers are considered a special case. It is recommended that the master file of parental consent and administration forms is kept in close proximity for ease of reference. Rooms in which drugs are kept should not be accessible to students. For example drugs requiring refrigeration, stored, clearly labelled in a Tupperware box in a fridge in a staff room not used by students, would be acceptable, unless special secure storage requirements are necessary. The storage of drugs could be considered in the context of the school's COSHH and Security Risk Assessment process. If the school locks away medicine a pupil might need in an emergency, all staff should know where to obtain keys. Pupils who have an Individual Health Care Plan who are known to be possible

emergency cases but do not administer their own medication, should have their medicines stored securely as close as is reasonably practicable to their classroom. Access to medication and emergency procedures are important issues to consider when planning journeys out of school.

- 4.3 Parents should ensure that medicines held in school on a child's behalf are "in date". If medicines become out of date, parents should be informed immediately and asked to collect, dispose and replace if necessary. Advice about the safe disposal of medicines can be obtained from local pharmacists.

5. RECORDS

- 5.1 The specific forms detailed below which should include reference to the use of medicines and any medical equipment in day attendance schools.
- 5.2 FORM ED1S96 – updated 2008 (**Appendix 1**) is the parental consent form which must be completed and signed by the parent before any medicines are administered. Schools are advised to check and update these forms regularly with parents preferably at the beginning of the new academic year.
- 5.3 FORM ED2Y94 – updated 2008 (**Appendix 2**) is the form on which a record of all the prescribed medicines administered to the pupils must be kept. It may be necessary to design Individual Health Care Plans for children who frequently receive medicines at school and while in the care of parents or carers from other agencies e.g. respite carers. Information in Health Care Plans must be treated in confidence and used only for setting up good care systems.
- 5.4 It is recommended that a master file of both consent and record of administration forms is kept with the secured medicines by the member of staff who is responsible for administering medicines in school.
- 5.5 Note that it may sometimes be necessary for two sets of the same medicine to be kept, one at home and one at school. Parents should ask their General Practitioners to prescribe these if needed.

6. SPECIFIC MEDICAL CONDITIONS

- 6.1 This document does not include a full list of specific illnesses and treatments, which may be numerous and varied. The DfES document "Managing Medicines in Schools and Early Years Settings " 2005, Section 5 deals with some of the medical conditions which most commonly cause concern in schools. General information on the more common medical conditions is available from the Education Health and Safety Officers at County Hall (DEHSO Helpline – 01392 382027), and from the Guidance on Infectious Diseases from the Local Health Authorities (The Spotty Book).
- 6.2 However, for more specific information, it is recommended that

- Close co-operation and communication between School Health Nurse, parents and carers.
- Through close co-operation and communication, the individual needs of pupils are recognised and advice, information and training provided for those who care for them, including where necessary, the agreement of an individual Health Care Plan.
- Additional information is sought from websites of organisations set up to support those caring for people with specific conditions.

NB Web sites may give useful information but need to be read with caution and seek appropriate advice.

6.3 Special Conditions

- **Analgesics (pain relief):** Children under the age of 16 should not be administered aspirin or medicines containing ibuprofen (unless advised by a doctor), for specific conditions e.g. migraines, or dysmenorrhoea (period pains). The parental consent form ED1S96 should be completed as for prescribed medicines.
- **Asthma:** Asthma can be a life threatening condition and an attack can start very rapidly. It is essential that pupils with asthma have immediate access to their reliever inhalers when they need them e.g. carried by the pupil in a 'bum bag'. If the parents wish this, it should be specifically mentioned in their written request on form ED1S96. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place and clearly marked with the pupil's name. Some pupils may require some assistance when using their inhaler. Older pupils are usually able to decide for themselves when to use their inhalers and how to do so. Most children with asthma should have a written Asthma Plan and this will be followed up by the Asthma Management Nurse. Further advice is available from Asthma UK, website: www.asthma.org.uk, who have produced a School Pack. A free copy can be obtained by telephoning 020 7704 5888.
- **Diabetes:** Most pupils with diabetes who have the condition controlled by injections of insulin morning and night and this will not generally require injections at school. Most children are taught to do their own injections from an early age but may require supervision if very young. Parents will indicate the requirements on Form ED1S96. It is important that schools should know if a pupil is diabetic and what measures need to be taken in the case of hypoglycaemia (low blood sugar). All children with diabetes are supported by Paediatric Clinical Nurse Specialists who are happy to provide advice. Further information is available from Diabetes UK which has information on Diabetes in School. A downloadable version is available on www.diabetes.org.uk. Copies can also be ordered by telephoning 0800 585 088.
- **Epilepsy:** Most medication for epilepsy is programmed to be given outside of school hours. Pupils with epilepsy sometimes require a dose of an

emergency anti convulsant in the event of a seizure at school. This may be in form of a rectal suppository. Members of staff willing to administer rectal suppositories will require appropriate training. However, children who require emergency anti convulsants can be given medication by mouth. An Individual Health Care Plan may be required. Sapphire Nurses can support those with epilepsy. Further information can be obtained from The National Society for Epilepsy and the British Epilepsy Association has information for schools called "Epilepsy – a Teachers Guide" available from www.epilepsy.org.uk or telephone 0808 800 5050.

- **Anaphylaxis:** Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. In the most severe cases of anaphylaxis the medication prescribed may include antihistamine, adrenaline injection, Epinephrine. Pre-loaded injection kits are available and staff willing to administer the medication should received appropriate training. An Individual Health Care Plan for pupils with this condition is recommended. The Anaphylaxis Campaign website contains 'Guidance for Schools' and a sample protocol. www.anaphylaxis.org.uk and a helpline is available 01252 542029.
- **Attention Deficit and Hyperactivity Disorder (ADHD);** Pupils who have had a formal diagnosis as having ADHD should be following a school based behaviour management programme and in some cases, with medicine prescribed by a child psychiatrist or paediatrician. Further information is available from the NHS Direct website www.nhsdirect.nhs.uk.

6.4 Other circumstances when a school may need to make special arrangements for pupils with medical needs:

- Outdoor education, visits and off-site activities
- Physical education/swimming
- Where religious beliefs may affect practice
- School transport

6.5 It is good practice for schools to encourage pupils with medical needs to participate in school trips and sporting activities. However, in such circumstances where additional risks and difficulties may be encountered, careful planning is required, and a suitable risk assessment should be carried out. Information is available in the "Outdoor Education, Visits and Off-Site Activities (Revised January 2008).

6.6 Special consideration should be given to any child who is receiving treatment that may compromise their immune system e.g. Leukaemia.

7. SUMMARY

7.1 The Health and Safety Executive takes the view that provided the school management and staff act in accordance with the Health and Safety Policy and Guidelines issued by the LA, seeking advice if in doubt then there should be no difficulty in meeting health and safety obligations. This approach will

also ensure that head teachers, governors and staff (including escorts) remain within the protection of the LA's insurance policies.

- 7.2 While staff cannot be compelled to administer medicines for pupils, it is hoped that the support given through parental consent, the support of the County Council through these guidelines, and the help of staff of the Primary Care Trust will encourage staff to see this as part of their pastoral role. If the head teacher is concerned about whether the school can meet a pupil's needs or where parents' expectations appear unreasonable, advice should be sought from the School Nurse or the child's GP and if appropriate, the LA. Where these arrangements fail, it is the responsibility of parents/carers to make alternative arrangements.

8. FURTHER SOURCES OF ADVICE AND INFORMATION

- 8.1 For further information, assistance or advice, please contact the Devon Health and Safety Service on 01392 382027 or via email to healthandsafety@devon.gov.uk

- 8.2 Further information can also be obtained from:

- The Devon Education Service on 01392 385244.
- Your School Health Nurse
- Public Health Nursing Service:
East/Mid/Exeter: 01392 208477/ 01395 222736
South/West: 01626 357028
North Devon: 01769 575110

Administration of Medicines in Schools

School

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	
Date	/ /
Childs 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	
Reason for medication	
Number of tablets/quantity to be given to school	
Time limit – please specify how long your child needs to be taking the medication	_____ day/s _____ week/s other _____

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

Daytime phone number of parent or adult contact	
Name and phone number of GP	
Agreed review date to be initiated by (named 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 confirm that the medicine detailed overleaf has been prescribed by a doctor, and that I give my permission for the Head Teacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at school. 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 _____ Date _____
(Parent/Guardian/Person with parental responsibility)

1. I give permission for my son/daughter to carry their asthma inhaler with them whilst at school and to manage its use.

Parent's signature _____ Date _____
(Parent/Guardian/Person with parental responsibility)

2. I give permission for my teenage son/daughter to carry their adrenaline auto injector for anaphylaxis (epi pen)

Parent's signature _____ Date _____
(Parent/Guardian/Person with parental responsibility)

NOTES OF GUIDANCE

- The Head Teacher (or his/her nominee) will only administer medicines prescribed by a doctor.
- This form should be completed by the parent or guardian of the pupil and be delivered personally, together with the medicine to the Head Teacher of his/her nominee.
- The medicine should be in date and clearly labelled with:
 - a) its contents;
 - b) the owners name;
 - c) dosage;
 - d) the prescribing doctor's name
- The information given overleaf is requested, in confidence, to ensure that the Head Teacher is fully aware of the medical needs of your child.

While no staff member can be compelled to give medical treatment to a pupil, it is hoped that the support given through parental consent, the support of the County Council through these guidelines, and the help of the School Medical Service will encourage them to see this as part of the pastoral role. Where such arrangements fail it is the parents' responsibility to make appropriate alternative arrangements.

