



**Newton Hill Community School**  
**Managing Medicines Policy**

*September 2014*

This policy has been written using Wakefield Local Authority Guidance, the advice of the Health and Education Working Party and specialist nursing teams and as a development of the schools health, safety and welfare policy.

## **Introduction**

The DfES publication provides updated guidance on managing medicines in schools and early years settings, and replaces the earlier DFEE/DoH guidance Supporting Pupils with Medical Needs: a Good Practice Guide, and circular 14/96 Supporting Schools with Medical Needs in School, which were published in 1996.

Medical Conditions at School: A Policy Resource Pack has been compiled by the Medical Conditions at School Group to compliment the Department guidance Managing Medicines in Schools and Early Years Settings.

This policy document sets a clear framework within which this school can work alongside the Local Authority, NHS Primary Care Trusts, and families.

This ensures that children requiring medicines receive the support they need, and schools and staff work within approved guidelines.

This policy reflects the provisions of the Equalities Act 2010 with regard to long term medical conditions such as diabetes, epilepsy etc.

## **Children with Medical Needs**

Children and young people are all individuals. We apply this policy with regard to the individual's beliefs, wishes, experience, and ability. Staff should be aware of the individual's cultural background and other factors that impact on their lives and incorporate this into the way in which they work with them.

Children with medical needs have the same rights of admission to a school or setting as other children.

As all medicines are potentially harmful it is important that staff who provide care are confident about their role in medicine management. This document intends to clarify for staff working in schools and setting the range of duties that can be undertaken in relation to medicines. It advises how these duties and tasks can be undertaken safely and in accordance with best practice.

## **Access to Education**

Some children with medical needs are protected from discrimination under the Equality Act 2010. The Equality Act defines a person as having a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his abilities to carry out normal day-to-day activities.

At Newton Hill Community School, under the provisions of the Equality Act 2010, we do not discriminate against disabled pupils – this covers all aspects of school life including school trips, clubs and activities. We make reasonable adjustments for disabled children, including those with medical needs at different levels of school

life; and for the individual disabled child, in our practices, procedures and policies. Discrimination can be direct, indirect or by association. For example, refusing to allow a child to attend a trip because there is no one to administer medication for a condition such as diabetes would be direct discrimination. If the child had a sibling who was also then not allowed to attend this would be discrimination by association. Indirect discrimination occurs when you apply a provision, criterion or practice to all pupils or a particular pupil group e.g. a school rule forbidding eating in class could disadvantage a child with diabetes or cystic fibrosis who is required to eat throughout the day.

We plan strategically to increase access, over time, for disabled children, including those with medical needs. (Access Policy and Plan 2014) and provide effective learning opportunities for all pupils, in terms of setting suitable learning challenges, responding to pupils' diverse needs and overcoming potential barriers to learning. (SEN Policy 2014)

With regard to pupils with long term medical needs schools should ensure that they have sufficient information about the medical condition. A Health Care Plan may clarify for staff, parents and the child the help that can be provided. The Council for Disabled Children's Publication 'Including me' provides advice on managing complex health needs in schools and early years settings.

## **Support for Children with Medical Needs**

Although there is no legal duty that requires this school to administer medicines we ensure that we have sufficient members of support staff who are appropriately trained to manage medicines.

## **Roles and Responsibility (from Health, Safety and Welfare Policy)**

### **10.1**

**The prime responsibility for a child's health rests with the parent/guardian; they are responsible for making sure their child is well enough to attend school. The parent/guardian should provide school with sufficient information about the child's medical condition either prior to the child attending school or as soon as the condition becomes known.**

### **10.2**

**The administering of medicine in school is a voluntary role. Staff who undertake this role and/or support children with medical needs, receive basic training, information and instruction from the headteacher and the child's parent/guardian. Training and advice is also received from the local NHS Trust.**

### **10.3**

**It is the responsibility of the parents to hand the medicine to the office, inform a member of staff (who will record the details in the medicines file) and collect the medicines at the end of the day. Under no circumstances should children be allowed to be responsible for their own medicines (inhalers excluded).**

#### **10.4**

**It is the responsibility of the parents to ensure that all medicines are maintained in date and to collect and dispose of out of date medicines.**

#### **10.5**

**Teachers who have a child with medical needs in his/her class are aware of and understand the nature of the child's condition, knows when and where the child requires additional attention, have access to medicines and any emergency procedures. Other staff are aware of and have access to relevant medical information. Any deterioration in a child's health will be reported to the Head who can then inform the parent.**

### **Administering Medicines and Record Keeping**

#### **10.6**

**Only medicines which have been prescribed by a doctor, dentist or nurse prescriber, to be taken four or more times a day will be administered by a member of staff. Whenever possible, parents should request that the dose-frequency is 3 times per day.**

**All medicines must be in the original container clearly marked with the child's name, date of birth, prescribed dose, expiry date and written instructions provided by the pharmacy.**

**The details must be recorded in the medicines file, which is kept in the office.**

We don't accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions (secondary dispensed). Alteration to the label is not acceptable. Any alteration to dosage must be accompanied by written instructions provided by the prescriber.

It is the parent/carer's responsibility to monitor when further supplies of medication are needed.

**No child under 16 should be given medicine without their parent's written consent.**

#### **10.7**

All medicines must be signed in and out of the office by parents and staff. Staff must complete and sign a record each time they give medicine to a child.

**This includes medicines or emergency equipment needed for children who have a Healthcare Plan.**

#### **10.8**

**Medicines not prescribed by a doctor, dentist or nurse prescriber will not be administered by any member of staff. If a parent wishes to administer a dose of paracetamol at mid-day for example, they should inform the school and make their own arrangements to do so.**

#### **10.9**

**Any emergency medicine given to a child with a Healthcare Plan will be recorded in the Medical File and parents informed as soon as possible.**

#### **10.10**

**Any instance of a child refusing to take medicine will be recorded in the Medical File and parents informed.**

#### **10.11**

Where the possible side effects of medicines have been communicated by the prescriber or pharmacist to a member of staff they must ensure that this information is shared with all staff and recorded in the child or young person's file and individual health care plan. If a member of staff notices side effects they must report this to their manager or senior officer on duty who will notify the prescriber and ask for advice. Information regarding side effects can also be obtained from the Patient Information Leaflet, which must be supplied with every medicine.

#### **10.12**

Crushing of tablets (or opening of capsules unless specified) is not advocated, as it is an unlicensed use of the medication. If the patient is unable to take oral medication in the solid dosage form it should be referred back to the prescriber/pharmacist for amendment to a suitable liquid/soluble preparation.

#### **10.13**

Medicines must not forcibly be given. This includes the crushing of tablets etc. into food or drinks in order to deceive. Where children and young people refuse to take medication that is essential to their health, a multi-disciplinary meeting must be held which must include the children and young person (where appropriate), the G.P., parents/persons with parental responsibility and representative (if applicable) to decide how to proceed. Any decision must be reached after assessing the care needs of the individual and the decision must be recorded in the individual health care plan. A written procedure must be developed that is specific to the child or young person.

#### **10.14**

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

## **Storage and Access**

10.15

Medicines are kept in a locked cupboard or locked fridge in the office. All staff are aware and have access to the cupboard. Children are aware of where their medicines are stored.

10.16

Children have access to their inhalers, diabetic emergency supplies, testing kits and sharps disposal units in the classroom.

10.17

Swimming – One staff member responsible for medication, which will be at the poolside.

Visits – Children responsible for inhalers, member of staff responsible for EpiPen, emergency diabetic kit and any other medicines.

Residential Visit - one member of staff will be responsible for the collection, administration and recording of medicines.

**We understand that anyone caring for children including teachers, other school staff in charge of children, has a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.**

**The Head Teacher will accept responsibility for members of school staff giving or supervising pupils taking prescribed medication during the school day.**

Staff who are not medical healthcare professionals are supported by us in carrying out specified duties, and covered by the Local Authority's insurance arrangements in the circumstances listed in Appendix 1, provided that they follow this policy, act in good faith and act in accordance with their training.

## **Home to School Transport**

The Local Authority has a duty to ensure that pupils are safe during journeys. Trained escorts are provided if considered necessary. These escorts know what to do in the case of a medical emergency and some support pupils with complex physical needs at this school. Wakefield operates a 999 policy where drivers call an ambulance or drive directly to hospital if less than 10 minutes away should a medical emergency arise rather than delay to administer medication themselves.

The Wakefield Metropolitan District Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training and are following the LEA's guidelines.

For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is negligently given or where the administration is overlooked, in practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and employer.

## **Emergency Procedures**

As part of the general risk management processes we have arrangements in place for dealing with emergency situations. This is part of our health, safety and welfare policy.

## **Risk Assessment and Management Procedures**

We ensure that risks to the health of others are properly controlled. This involves undertaking individual risk assessments for pupils with long term medical needs. We are aware of the health and safety issues of dangerous substances and infection and the safe disposal of items associated with medicines.

## **Self Administration of Medication**

Whilst DfE guidelines state that it is good practice to encourage children and young people to take responsibility for the self administration of medication we give serious consideration to whether this is appropriate in all cases. Each case should be considered individually taking into account the age and needs of the child or young person. Schools should act as a "prudent parent" (Point D3 of LA Guidance, p35 DfE Guidelines) and should seek medical advice, written parental consent and undertake risk assessments to ensure the safety of children and young people in their care. The individual health care plan should detail arrangements for self administration of medication and the supervision for this.

All individual health care plans will identify whether and at what level child or young person requires help to take medicines as follows [the 3 A's]: -

- **Advise** – to ask the service user if they have taken their medication, and if not to advise them that this is what they need to do. Staff will not be responsible for ensuring service users take their medication, this remains with the service user.
- **Assist** - to help service users who are cognitively able to retain responsibility for management of their medicines but are not able to physically administer their medication. In these circumstances staff will physically assist the service user to take their medication **from the original container as instructed on the label.** Staff will not be responsible for ensuring that service users take or have taken their medication; this remains with the service user.
- **Administer** – where a service user is not able to maintain responsibility for managing their own medicines, staff will be responsible for ensuring that the service user receives the correct medication at the right time.

## Staff Training

The Head Teacher or his/her representative will seek the advice of health care professionals on the type of training required for each authorised member of staff and what types of medication that training covers.

Training for members of staff undertaking the administration of medicine is essential and advice and information from health colleagues should be sought.

Training: can only be given by the Health Care professional authorised to assess the competence of the person being trained. This should be documented on the appropriate form (see example form for recording medical for staff). Examples of such procedures would include catheterisation, tube feeding, suction, rescue medication.

- Information/Instruction. Is the exchange of information needed to carry out basic personal care and hygiene procedures.

## Health Care Plans

In order to ensure that all relevant information about the child's condition is available it is recommended that schools should complete an individual Health Care Plan as and whenever necessary. This should be in consultation with the school nursing service, parents and school staff.

Where pupils have life-threatening conditions, specific health care plans (or specific essential information from the plan) should be carried on vehicles. The care plans



should specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.

## **Key Issues**

1. The Head Teacher has a duty to arrange for all appropriate staff in the school to be briefed about (name of medical conditions) and about the contents of this document.
2. The school will safely store any necessary medication prescribed by a medical practitioner and to which the attached appropriate instructions for use are provided
3. The school will store any necessary equipment required to carry out procedure
4. The school will keep written records of medicines given to pupils. Forms 5 and 6 provide example record sheet.

<b>Activity/Treatment</b>	<b>Cover Available</b>
Acupuncture	No
Anal plugs	No
Apnea monitoring	Yes – in respect of monitoring via a machine following written guidelines. There is no cover available in respect of visual monitoring
Bathing	Yes – following training and in accordance with written guidelines
Blood samples	Yes – but only by Glucometer following written guidelines
Buccal medazolam	Yes – following written guidelines
Bladder wash out	No
Catheters	Yes – following written guidelines for the changing of bags and the cleaning of tubes. There is no cover available for the insertion of tubes
Colostomy/Stoma care	Yes – following written guidelines in respect of both cleaning and changing of bags
Chest drainage exercise	Yes – following written health care plan provided under the direction of a medical practitioner
Dressings	Yes – following written health care plan for both application and replacement of dressings
Defibrillators/First Aid only	Yes – following written instructions and appropriate documented training
Denture cleansing	Yes – following appropriate training
Ear syringe	No
Ear/Nose drops	Yes following written guidelines
Enema suppositories	No
Eye care	Yes – following written guidelines for persons unable to close eyes
First Aid	Yes – Should be qualified first aiders and applies during the course of the business for the benefit of employees and others
Gastronomy tube – Peg feeding	Yes – cover available in respect of feeding and cleaning following written guidelines but no cover available for tube insertion
Hearing aids	Yes – for assistance in fitting/replacement of hearing aids following written guidelines
Inhalers, and nebulisers	Yes – for both mechanical and held following written guidelines
Injections	Yes but only for the administering of a pre packaged dose on a regular basis pre prescribed by a medical practitioner and written guidelines
Medipens	Yes – following written guidelines with a preassembled epipen
Mouth toilet	Yes
Naso-gastric tube feeding	Yes following written guidelines but cover is only available for feeding and cleaning of the tube. There is no cover available for tube insertion or reinsertion which should be carried out by a medical practitioner.
Occupational therapy	No
Oral medication	Yes - subject to being pre-prescribed by a medical practitioner and written guidelines. Where this involves children, wherever possible Parents/Guardians should provide the medication prior to the child leaving home. A written consent form will be required from Parent/Guardian and this should be in accordance with LEA procedure on medicines in schools etc
Oxygen – administration of	Similar consideration should be given when asked to administer “over the counter” medicines. Yes – but only in respect of assisting user following written guidelines, i.e. applying a mask
Pessaries	No
Reiki	Yes
Physiotherapy	No
Pressure bandages	Yes – following written guidelines
Rectal medazolam in prepackaged dose	Yes – following written guidelines and 2 members of staff must be present
Rectal diazepam in prepackaged dose	Yes – following written guidelines and 2 members of staff must be present
Rectal Paraldehyde	No
Splints	Yes – as directed by a medical practitioner
Suction machine	No
Syringe drivers-programming of	No
Suppositories	No other than rectal diazepam and medazolam.
Swabs - External	Yes – following written guidelines
Swabs - Internal	No – other than oral following written guidelines

Toe nail cutting  
Tracheostomy

Yes – following written guidelines

No – Cover is only available for cleaning around the edges of the tube only following written guidelines

Ventilators

Yes – following written guidelines

## Forms

### 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  
01924 303680
2. Give your location as follows  
Newton Hill Community School Leeds Road Wakefield
3. State that the postcode is  
WF1 2HR
4. Give exact location in the school/setting
5. Give your name
6. Give name of child and a brief description of child's symptoms
- 7 *Give details of any medicines given or prescribed*
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 (this should be regularly reviewed)

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*)

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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 3A

### Parental agreement for school/setting to administer medicine (short-term)

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. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

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>	
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/setting needs to know about?	
Self administration	Yes/No
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/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

*I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.*

Date                      Signature(s)

## FORM 3B

### Parental agreement for school/setting to administer medicine (long-term)

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. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Date	/ /
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	/ /
How much to give ( <i>i.e. dose to be given</i> )	
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/carer 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/setting and other authorised 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.

*I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only*

Parent/carer'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

### Head teacher/Head of setting agreement to administer medicine

Name of school/setting

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 parent/carers].

Date \_\_\_\_\_

Signed \_\_\_\_\_

*(The Head teacher/Head of setting/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/carer	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent/carer \_\_\_\_\_

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

**Record of medicine administered to an individual child  
(Continued)**

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 6

## Record of medicines administered to all children

Name of school/setting

Date Any reactions	Child's name Signature	Time Print name	Name of medicine	Dose given
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## FORM 7

### Request for child to carry his/her own medicine

This form must be completed by parent/carers/guardian

**If staff have any concerns discuss this request with healthcare professionals**

Name of school/setting

Child's name

Group/class/form

Address

Name of medicine

Procedures to be taken in an  
Emergency


#### Contact Information

Name

Daytime phone no.

Relationship to child


I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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

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

**FORM 8**

**Staff training record – administration of medicines**

Name of school/setting	
Name	
Type of training received	
Date of training completed	/ /
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [please state how often].

Trainer’s signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

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

## FORM 9

### Authorisation for the administration of rectal diazepam

Name of school/setting

Child's name

Date of birth

Home address

G.P.

Hospital consultant

/ /

should be given rectal diazepam          mg.

If he has a \*prolonged epileptic seizure lasting over          minutes

**OR**

\*serial seizures lasting over          minutes.

An Ambulance should be called for \*

**OR**

If the seizure has not resolved \*after          minutes.

**(\*please enter as appropriate)**

Doctor's signature \_\_\_\_\_

Parent/carer's signature \_\_\_\_\_

Date \_\_\_\_\_

The following staff have been trained:

Trainers name and post



### **NB: Authorisation for the administration of rectal diazepam**

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- when the diazepam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Form 5 or similar**

# FORM 10

## Authorisation for the administration of buccal midazolam

Name of school/setting

Child's name

Date of birth

Home address

G.P.

Hospital consultant

/ /

should be given buccal midazolam          mg.

If he has a \*prolonged epileptic seizure lasting over          minutes

**OR**

\*serial seizures lasting over          minutes.

An Ambulance should be called for \*

**OR**

If the seizure has not resolved \*after          minutes.

**(\*please enter as appropriate)**

Doctor's signature \_\_\_\_\_

Parent/carer's signature \_\_\_\_\_

Date \_\_\_\_\_

The following staff have been trained:

Trainers name and post

### **NB: Authorisation for the administration of buccal midazolam**

As the indications of when to administer the midazolam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

- when the midazolam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

**Records of administration should be maintained using Form 5 or similar**

# ADMINISTRATION OF MEDICINES REQUIRED BY PUPILS ATTENDING DAY SCHOOL PROCESS FLOW CHART

