



Doncaster
Metropolitan Borough Council

**Recommended Procedures
for
The Management of
Medicines
In Schools and Settings**

January 2010

Guidance for Managing Medicines in Schools and Early Years Settings

The following guidance draws directly on advice contained within DfES (Now DCSF) publication '*Managing Medicines in Schools and Early Years Settings*': DfES/Department of Health 2005 Ref 1448-2005 DCL-EN

The above publication provides the current 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. The document sets a clear framework within which Local Authorities, NHS Primary Care Trusts, schools, early years settings and families are able to work together. This ensures that children requiring medicines receive the support they need, and schools and staff work within approved guidelines. Copies are available to download from

<http://nationalstrategies.standards.dcsf.gov.uk/node/84514>

Children with Medical Needs

Children with medical needs have the same rights of admission to a school or early years setting as other children. Some children with medical needs are protected from discrimination under the *Disability Discrimination Act (DDA) 1995*. The DDA defines a person as having a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her abilities to carry out normal day to day activities. Part 4 of the Act specifies that responsible bodies for schools including nursery schools **must not** discriminate against disabled pupils in relation to their access to education and associated services - a broad term that covers all aspects of school life including school trips, school clubs and activities. Schools should be making reasonable adjustments for disabled children including those with medical needs and are under a **duty** to plan strategically to increase access over time.

The **National Curriculum Inclusion Statement 2000** emphasises the importance of providing effective learning opportunities for **all** pupils.

Support for Children with Medical Needs

Parents/carers have the prime responsibility for their child's health and should provide schools and early years settings with information about their child's medical conditions. There is **no legal duty** that requires school or early years setting staff to administer medicines. A number of schools are developing roles for support staff and including the administration of medicines as a standard part of their job description. Some support staff may have such a role in their contract of employment. In these cases schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties. Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals.

Developing Medicines Policies

Under the Health and Safety at Work Act 1974, employers including Local Authorities and school governing bodies, **must** have a health and safety policy. **This should incorporate managing the administration of medicines and supporting children with complex health needs**, which will support schools and early years settings in developing their own operational policies and procedures. It is for Local Authorities, schools and governing bodies, early years settings and management groups to work out their own policies in the light of statutory responsibilities and their own assessment of local needs and resources. School and early years settings should review existing Health and Safety Policies to ensure compliance with this document.

Guidance on writing a School/Early Years Setting Policy on the Administration of Medicines

Please note that paragraph references relate to the DfES (DCSF) publication 'Managing Medicines in School/Early Years Settings'.

A headteacher should ensure that any policies and procedures are compatible and consistent with any registered day care operated by them or an external provider on school premises. Paragraph 83

Governors, staff, parents/carers and, where appropriate, children should be aware of the major implications of this policy. This information may be contained in a short summary and circulated to relevant parties.

A school policy should include the following:

- 1 **Procedures for managing prescription medicines that need to be taken during the school day**
 - 1.1 Schools and settings **must never** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages. Paragraph 26
 - 1.2 Short-term prescription requirements should only be taken to school if it is detrimental to the child's health if it were not administered in school. Paragraph 37
 - 1.3 Schools and settings will **not** administer medicines that have **not** been prescribed by a doctor, dentist, nurse independent prescriber or pharmacist prescriber. Paragraph 25
 - 1.4 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:
 - Name of child
 - Name of medicine
 - Dose
 - Method of administration
 - Time/frequency of administration
 - Any side effects
 - Expiry dateParagraph 51

- 1.5 Schools and settings should only accept medicines brought in by a responsible adult.

2. Procedures for managing prescription medicines on trips and outings

- 2.1 Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children.

Paragraph 56

- 2.2 If staff are concerned about how they can best provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the DfES guidance on planning educational visits available from:-

<http://www.teachernet.gov.uk/wholeschool/healthandsafety/visits/?section=803&c-c4ac22a2-f39e-4f6e-8ced-ec5db3b85ee4>

Paragraph 58

3 A clear statement on the roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines

- 3.1 Close co-operation between schools, settings, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs. An overview of the relevant legislation can be found in Annex A. Managing Medicines in Schools and Early Years Settings March 2005.

- 3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.

- 3.3 Schools and settings should always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.

- 3.4 Schools and settings must always designate a minimum of two people to be responsible for the administering of medicine to a child.

4 A clear statement on parental responsibilities in respect of their child's medical needs

- 4.1 It is the parents/carers' responsibility to provide the headteacher with sufficient information about their child's medical needs if treatment or special care is needed.

- 4.2 Parents/carers are expected to work with the headteacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.

- 4.3 The headteacher should have parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.
- 4.4 If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.
- 4.5 The policy should clearly inform parents/carers that it is their responsibility to keep their children at home when they are acutely unwell. Paragraph 83
- 4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school or setting has day-to-day contact.
- 4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child see specimen forms in Appendix A.
- 4.8 The Local Authority recommends that staff should never give a non-prescribed medicine to a child. If the school chooses to, this should only be at the request of the parent/carer and a permission form obtained. Administration should be recorded on a form such as Form 5 or 6. The school must also inform the parent/carer **each time** medication is administered. The school does not have to grant this request. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.
- 4.9 **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

Paragraph 36

5 A policy on assisting children with long-term or complex medical needs

Where there are long-term medical needs for a child, a health care pro forma should be completed, involving parents/carers and relevant health professionals. See Form 2.

- 5.1 A health care pro forma clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician.
- 5.2 Schools and settings should agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently. Paragraph 119
- 5.3 Schools and settings should judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans should also take into account a pupil's age and their need to take personal responsibility. Paragraph 120
- 5.4 Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.

- 5.5 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:
- Headteacher or head of setting
 - Parent or carer
 - Child (if appropriate)
 - Early Years Practitioner/Class Teacher - Primary schools/Form Tutor/ Head of Year -secondary schools
 - Care assistant or support staff
 - Staff who are trained to administer medicines
 - Staff who are trained in emergency procedures
- Paragraph 122

6 Off-site Education or Work Experience for Secondary School Pupils

- 6.1 A school's duty of care extends to responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site. Paragraph 127
- 6.2 Schools should refer to the DfES guidance Work Related Learning Guide 2nd Edition, available for download from :-
http://www.dcsf.gov.uk/14-19/documents/work-relatedlearningguide_2.pdf.
- 6.3 Schools are also responsible for pupils with medical needs who, as part of Key Stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college. Schools must comply with LA policy on the conduct of risk assessments before a young person is educated off-site or has work experience. Paragraph 126
- 6.4 Schools are responsible for ensuring that a work place provider has a health and safety policy which covers each individual student's needs
- 6.5 Parents/carers and pupils must give their permission before relevant medical information is shared on a confidential basis with employers. Paragraph 128

7 Policy on children carrying and taking their prescribed medicines themselves

An example of this would be a child with asthma using an inhaler.

- 7.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. Paragraph 45
- 7.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil. Please refer to Form 7. Paragraph 46

- 7.3 Where pupils have been prescribed controlled drugs, staff need to be aware that these should be kept in safe custody. Pupils could access them for self-medication if it was agreed that this was appropriate. Paragraph 48

8 Staff training in dealing with medical needs

- 8.1 The Local Authority will help ensure that staff receive proper support and training where necessary. There is a contractual duty on headteachers to ensure that their staff receive the training. It is likely to be the headteacher or teacher in charge of a setting who will agree when and how such training takes place, in their capacity as a line manager.
- 8.2 Staff who have a child with medical needs in their class or group should be informed about the nature of the condition, and when and where the child may need extra attention.
- 8.3 The child's parents/carers and health professionals should provide the information specified above.
- 8.4 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 8.5 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.
- 8.6 At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice.
- 8.7 Schools should ensure that they have sufficient members of support staff who manage medicines as part of their duties. This includes the specification of such duties in their job description and participation in appropriate training.
- 8.8 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

8.9 Teaching Staff Giving Medicines

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.

9 Record keeping

- 9.1 Parents should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However the school or setting should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.

- 9.2 Use Form 3A to record short term administration of medication. Consent forms should be delivered personally by the consenting parent/carer.
- 9.3 Use Form 3B to record long term administration of medication. Consent forms should be delivered personally by the consenting parent/carer.
- 9.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting. It is not the school's /setting's responsibility.
- 9.5 Form 4 should be used to confirm, with the parents, that a member of staff will administer medicine to their child. Paragraph 52
- 9.6 All early years settings **must** keep written records of all medicines administered to children, and make sure that parents/carers sign the record book to acknowledge the entry .Paragraph 54
- 9.7 Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is **good practice** to do so. Records offer protection to staff and proof that they have followed agreed procedures. Some schools keep a logbook for this. Forms 5 and 6 provide example record sheets. Paragraph 55

10 Safe storage of medicines

- 10.1 School should only store, supervise and administer medicine that has been prescribed for an individual child. These should be stored in a locked cupboard with details of those responsible for administering medicine displayed on the door. (Alternative arrangements will need to be planned for those referred to in 10.7)
- 10.2 Medicines should be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- 10.3 Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.
- 10.4 Amount and date of receiving medication should be entered on Form 5 or 6
- 10.4 Where a child needs two or more prescribed medicines, each should be in a separate container.
- 10.5 Non-healthcare staff should never transfer medicines from their original containers. Paragraph 107
- 10.6 Children should know where their own medicines are stored and who holds the key.
- 10.7 All emergency medicines, such as asthma inhalers and adrenaline pens, should

be readily available to children and should not be locked away.

- 10.8 Schools may allow children to carry their own inhalers
- 10.9 Other non-emergency medicines should generally be kept in a secure place not accessible to children. Paragraph 108
- 10.10 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines. Paragraph 108
- 10.11 Access to Medicines -Children need to have immediate access to their medicines when required. School may want to make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This should be considered as part of the policy about children carrying their own medicines.

11 Disposal of Medicines

- 11.1 School should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- 11.2 Parents/carers should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. Paragraph 112
- 11.3 Sharps boxes should always be used for the disposal of needles. Paragraph 113
Collection and disposal of the boxes should be set up via the Customer Services Call Centre on 736000. They will raise an enquiry for agreement forms to be sent out to schools. Once the forms have been sent back, the service will be set up to collect on a 'when full' service. Again for collection and delivery, schools should ring 736000 and an order will be raised to collect/deliver within 24 hours.

12 Hygiene and Infection Control

- 12.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures
- 12.2 Staff should have access to protective disposable gloves and sterile hand gels and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.
- 12.3 OfSTED guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic. Paragraph 114

13 Access to the school's emergency procedures

- 13.1 As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision.
- 13.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.
- 13.3 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1, of which a completed version should be on display near the main telephone.
- 13.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 13.5 A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent/carer arrives.
- 13.6 Health professionals are responsible for any decisions on medical treatment when parents are not available. Paragraph 115
- 13.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- 13.8 In remote areas a school might wish to make arrangements with a local health professional for emergency cover.
- 13.9 The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies. Paragraph 116
- 13.10 Individual health care pro formas should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground, a lunchtime supervisor would need to be very clear of their role. (Para 117)

14 Risk assessment and management procedures

- 14.1 Schools and settings must ensure that risks to the health of others are properly controlled.
- 14.2 Schools and settings should provide individual risk assessments for pupils or groups with medical needs.
- 14.3 Schools and settings should be aware of the health and safety issues of dangerous substances and infection.

Appendix

Recommended forms For use by schools and settings

Form 1: Contacting Emergency Services

Form 2: Health Care Plan

Form 3A: Parental agreement for school/setting to administer medicine (short term)

Form 3B: Parental agreement for school/setting to administer medicine (Long term)

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 the location

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)

Phone no (home)

(mobile)

Name

Phone no. (work)

Phone no (home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P. Contact

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 3A

Parental agreement for school/setting to administer prescribed medicine

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

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.

Date _____

Signature(s) _____

FORM 3B

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that 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 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/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I accept that this is a service that the school/setting is not obliged to undertake.

Parent's signature: _____ Print Name: _____

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

will receive every day

at

will be given/supervised whilst

he/she takes their medication by

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

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

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 Staff initials

Name of member of staff

Date Time given

Dose given Staff initials

Name of member of staff

Date Time given

Dose given Staff initials

Name of member of staff

FORM 5 (Continued)

Date Time given

Dose given Staff initials

Name of member of staff

Date Time given

Dose given Staff initials

Name of member of staff

Date Time given

Dose given Staff initials

Name of member of staff

Date Time given

Dose given Staff initials

Name of member of staff

Date Time given

Dose given Staff initials

Name of member of staff

Date Time given

Dose given Staff initials

Name of member of staff

FORM 7

Request for child to carry his/her own medicine

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

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)

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.

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/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

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