



Stanwix School

MANAGING MEDICINES

NOTE: Community and Voluntary Controlled schools and settings must adhere to guidance issued by their employer (Local Authority) and use this document for reference purposes only.

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1. Introduction

This medical guidance in the Safety Series gives general guidance on administering of medication and good practice in educational establishments. It is based on the DfES document '*Managing Medicines in Schools and Early Years Settings*' 2005.

Definitions

For the purposes of this guidance a child, pupil or student is referred to as a 'young person' and they are normally under 18 years of age. Wherever the term 'parent' is used this includes any person with parental authority over the young person concerned e.g. carers, legal guardians etc. Wherever the term 'Head teacher' is used this also refers to any Manager with the equivalent responsibility for young people. Wherever the term 'school' is used this also refers to any other kind of educational setting e.g. nursery, Pupil Referral Unit, childcare service etc. and will usually include wrap around care such as After School Clubs and Breakfast Clubs.

General

Medicines and medication are not items that should ever be provided as part of a First Aid Kit or as first aid equipment. Any medicine or medication required by a young person should be provided by the individual's parents and should be carried and stored as appropriate for the medication and the needs of the young person e.g. on the young person (where appropriate and adequately managed), carried by a named member of staff/other responsible adult (on off-site visits); in a specifically sited and identified storage container e.g. 'orange box', Tupperware box etc.

Young people who require medication to be administered or kept on their behalf by staff should be known to the Head teacher. A record of their name together with details of the medication must be kept, along with a signed request from the parent. Where appropriate, this request should be accompanied by detailed instructions on dosage and/or application usually by way of prescription labelling. This prescription instruction should never be deviated from and any concerns must be referred back to parents and/or the young person's G.P., Consultant or Specialist. The School Nursing Service should; be made aware of any young people with long term health conditions involving the administration of medication; be kept up to date and be referred to for advice and support as necessary.

The administration of medication is not a normal occupational duty of staff unless it is part of their contracted tasks (job description), and only then after having received, where necessary, appropriate training. It should usually be possible for the timing of periodic doses of most medication to be arranged outside of normal hours of education, however this is becoming more difficult to manage with the introduction of wrap around care.

It is recognised that certain conditions may require regular treatment of a personal nature and that the young person may have received special training in how to treat themselves (e.g. the injection of insulin). Procedures should be in place to enable the independent self-management by young people of such life-long conditions at the earliest age whilst maintaining adequate records of any such self administration.

2. Procedures for Administering Medication

Some young people will have medical conditions that require support so that they can attend school regularly and take part in all appropriate activities. Schools and their employers e.g. Governing Bodies or Trusts etc. should have procedures on managing medicines and on supporting young people with medical needs. A general statement alluding to the procedures for administering medication should be included in the setting's Health and Safety Policy document.

Some young people may be unable to attend school because of their medical condition and where this happens there should be arrangements in place to ensure the continuation of their education.

It is the responsibility of each Head teacher and/or Governing Body to design and implement clear procedures which is understood and accepted by staff, parents and young people for the administration of medication within their school. This provides a sound basis for ensuring that young people with

medical needs receive proper care and support during school activities. Policies should, as far as possible, enable regular school attendance. Formal systems and procedures, drawn up in partnership with parents, staff and medical professionals as appropriate should support the statement outlined in the Health and Safety Policy.

The procedures must be clear to all parents and young people. It could be included in the information to parents.

Procedures should include the following:

- whether the Headteacher accepts responsibility, in principle, for staff giving or supervising young people taking prescribed medication during the normal day, bearing in mind that some young people may require ‘functional’ medication as detailed below;
- the circumstances in which young people may take non-prescription medication e.g. pain relief (analgesics);
- how the setting will support and assist young people with long term or complex medical needs;
- the need for prior written agreement from parents/carers for any medication whether prescription or non-prescription, to be given to a young person;
- rules for young people carrying and taking their own medication themselves;
- requirements for staff training in dealing with medical needs whether general or specific;
- record keeping;
- storage and access to medication;
- action to be taken in the event of an emergency.

3. Types of Medication

The following advice is a guide only.

3.1 Non-Prescription Medication (including herbal remedies)

This type of medication is not normally given within normal school hours. Such medication would include cough syrups, dietary supplements like vitamins, lotions etc.

Paracetamol is also included in this group of medication **but** there can be exceptions and it has been administered to young people who suffer from acute migraines/period pains, following dental surgery etc. In such cases, prior consent should be sought from parents, a record kept of doses given and a note sent home to parents indicating the amount and frequency of doses administered. Overall control of the administration of such analgesics can help prevent uncontrolled self-medication by young people carrying their own supplies.

A young person under the age of 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed by their own doctor. Such medication can result in respiratory difficulties in children and a G.P. will be aware of any genetic predisposition e.g. family history before prescribing them.

3.2 Prescription Medication

This group tends to make up the bulk of medication that may need to be administered during normal school hours. An example of such medicines would be antibiotics like amoxicillin etc. Medication that is required 3 times per day can usually be arranged by parents to coincide with dosage timings outside of normal school hours and should be. This would not be the case in the event of a young person attending wrap around care where medication prescribed 3 times per day will undoubtedly have to be administered. Apart from this situation, there are, in fact, relatively few situations where prescribed medication would need to be given during the normal school day. Such situations however, would include:

- Medication to be given 4 times per day;
- Medication to be given prior to, or directly following, a meal;
- Medication to be given at fixed hourly intervals;
- Medication that is required should a complaint flare up.

Ritalin, generally prescribed to manage conditions described in general terms as Attention Deficit Hyperactivity Disorders would also fall into this category. Ritalin is a Class B Drug controlled under the Misuse of Drugs Act 1971 (amended 2010) and as such should be locked away securely when not required. It is good practice to ensure that the young person's photograph is attached to any folder/envelope containing the supply of Ritalin so that any staff administering it may be sure that the drug is being administered to the appropriate young person.

Head teachers and/or the employer will need to decide whether or not to administer such medication or make it a requirement that if a young person needs such medication then a parent/guardian comes into school to give the required dose.

Where staff are willing to administer medication the Headteacher and/or the employer should support such staff to include training and any other provision as necessary e.g. cover for other duties where they interfere. Such staff acting in the course of their employment will be insured in the event of any claim for negligence as long as they have followed the setting's procedures and/or acted reasonably under the circumstances.

Written parental consent should be sought for staff to administer medication. The consent should place an onus upon parents to keep staff informed in an appropriate way should any information about the young person's condition or medication change. A form for this purpose is provided at **Appendix B**.

Staff should insist that any medication is provided in the bottle or box that has the prescription details affixed. These details must not be deviated from unless further prescribed dosage details are provided in the official format (the half of the prescription sheet usually retained by the patient or the pharmacy produced prescription label). If any member of staff has any concerns about the administration of the medication or the prescription detail they have been given they should address them to the Head teacher who should then address them directly to the parents. If any information is known or suspected concerning the validity of any information provided by parents the Head teacher should contact the young person's G.P. or address any concerns with the School Nurse who will follow the issue up with the appropriate medical professionals.

3.3 Functional Medication

This type of medication is usually prescribed but is, in the main, necessary to ensure that a young person can function normally. In the event of an emergency, it will almost certainly need to be administered by staff. Should the medication be withheld, serious illness or even death could result. Such medication includes:

- Adrenaline – for treating anaphylactic shock (see Medical Safety Series M02 – Managing Anaphylaxis)
- Insulin – for controlling diabetes (see Medical Safety Series M03 – Managing Diabetes);
- Ventolin etc. – for regulating asthma (see Medical Safety Series M04 – Managing Asthma)
- Diazepam, Vallium etc. – for treating or regulating epilepsy (see Medical Safety Series M05 – Managing Epilepsy)

Where functional medication must be given, staff should have training in the correct administration procedures. This task will be carried out by staff on a voluntary basis unless the employee is contractually obliged (the task is part of their job description). Such staff acting in accordance with policies, procedures, training and/or acting reasonably under the circumstances will receive the full support and indemnity of their Head teacher and employer in the event that anything goes wrong. General protocols for dealing with the administration of specific medications e.g. adrenaline, insulin etc can be found in the corresponding Medical Safety Series guidance on the conditions they treat.

It is important for the school to have sufficient information about the medical condition of any young person with long-term medical needs. If a young person's medical needs are inadequately supported this can have a significant impact on their long term health, academic attainments and/or lead to emotional and behavioural problems. The school therefore needs to know about any medical needs before a young person starts school, or when they develop a condition. In such cases, a written Healthcare Plan should be drawn up involving the parents, where appropriate, the young person, and any relevant health professionals. This will include the following:

- Details of the young person's condition;
- Special requirements e.g. dietary needs, pre-activity precautions etc.;
- Medication and any side-effects;
- What to do, and who to contact in an emergency;
- Record keeping;
- The role the school can play.

Attached at **Appendix A** is an example of a Healthcare Plan for use or adaptation.

4. Administering Medication

No young person under the age of 16 should be given medication without his or her parent's written consent. Any member of staff giving medicine to a young person should check:

- The young person's name;
- Written instructions provided on the prescription label;
- Prescribed dose;
- Expiry date.

If in doubt about any of the procedures, the member of staff should check with the parents and/or a health professional before taking further action.

Where staff are asked to administer doses of a number of prescribed medicines, the details of the doses to be given must be verified by a health professional. Any alterations to the original prescribed dose/s must similarly be verified by a health professional.

If a young person refuses to take any medication staff should not force them to do so. This should be recorded in the same way as administration of a dose would be recorded except that in the details column, refusal and any subsequent action should be recorded. Parents should be informed as a matter of urgency and if necessary emergency services should be called.

5. Off-Site Trips and Visits

It is good practice to encourage young people with medical needs to participate fully and safely in off-site visits. This will require careful consideration of what reasonable adjustments may need to be made to enable this to happen successfully. This might include reviewing and revising the visits procedures and risk assessments so that planning arrangements will include the necessary steps to include young people with medical needs.

Sometimes additional measures may need to be taken to safely manage outside visits involving young people with medical needs, particularly complex ones. It may be that an additional supervisor, a parent or another appropriate volunteer might be needed to accompany a particular young person. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any Healthcare Plan should be taken on any visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for the particular needs of a young person or for the safety of other young people on a visit, they should seek parental views and medical advice from the school nursing service or the GP involved with them. KAHSC can also offer specialist advice and guidance covering many issues.

Medication, which under normal circumstances, parents would administer at home, such as preventative medication required for asthma, epilepsy, eczema etc. will need to be given by staff. Arrangements need to be made for this to happen. A member of staff with sufficient relevant training should be designated to manage and administer or wherever possible supervise the self administration of a young person's medication, providing for the safe carriage, storage and recording of it.

6. Storing Medication

Large volumes of medication should not be stored on the premises. The Head teacher should ask the parent or young person (depending on the age and reliability of the young person) to bring in the required dose each day. However, this is not always possible.

When medicines are stored, staff should ensure that the supplied container displays the prescription details i.e. labelled with the name of the young person, the dose of the drug, the frequency of administration and the expiry date. Where a young person needs two or more prescribed medicines, each should be in a separate container, and the combination verified by the young person's G.P. Non healthcare staff should never transfer medicines from their original containers. The Head teacher is responsible for making sure that medicines are stored safely and securely. Young people should know where their own medication is stored and who has access to it. A few medicines, such as asthma inhalers, must be readily available to young people and not locked away. Many young people are allowed to carry their own inhalers but in deciding this, the age and aptitude of the young person concerned must be adequately considered. Other medicines should be kept in a secure place e.g. a locked cupboard or high shelf, and not accessible to young people. A sample parental consent form is given at **Appendix C** for those situations where parents and the school agree that the young person can carry their own medication.

If medication that a young person might need in an emergency is locked away, **all** staff (including supply and temporary staff) should know where to obtain keys to the medicine cupboard or cabinet.

Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted. If large quantities of medication are kept refrigerated (e.g. in special schools/units, consideration should be given to purchasing a lockable fridge for this purpose.

6.1 Storage of Ritalin

Ritalin is a Class B Drug controlled under the Misuse of Drugs Act 1971 (amended 2010) and as such should be locked away securely when not required. A cash box or similar may be appropriate. It is good practice to ensure that the young person's photograph be attached to any folder/envelope containing the supply of Ritalin inside the secure container so that any staff administering it may be sure that the drug is being administered to the appropriate young person.

7 Record Keeping

A record should be kept of all medication given to young people during school hours by staff and others. In addition, individual records should be kept of functional medication given to young people. This includes medication for those conditions outlined in Section 2 above. A sample record card is given at Appendix D(i) for medication administered to an individual. Please note that two staff signatures are required on the 'Individual medication record form'. The reason for this is that many of the drugs given to young people on a long term basis are 'controlled drugs' and require specific measured doses. A sample record card is given at Appendix D(ii) for medication required to be administered on a less routine basis meant for all young people e.g. the ad hoc administration of painkillers to young people with migraines, dental pain or period pains etc.

8 Disposal of Medicines

Staff should manage medications including the monitoring of expiry dates and removal from use but they should not dispose of medicines. Parents should collect medicines as required or routinely e.g. at the end of each term. Parents are responsible for the proper disposal of date-expired medicines.

9 Sharps/Needles

Where young people require medication which is supplied with a syringe or epi-pen, or where blood needs to be tested (e.g. in the case of diabetics), staff must dispose of the needles and/or sharps

appropriately. A genuine medical sharps box should be used for this purpose. They can be purchased from any medical equipment supplier and the young person's medical professional will often provide one to the young person to give to their school if they ask.

10 Emergency Procedures

All staff should know how and at what point to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A young person taken to hospital by ambulance must be accompanied by a member of staff who should remain until the young person's parent arrives unless a parent is available to go instead.

If, in an emergency, staff are taking a young person to hospital or a doctor in their own car, the member of staff should be accompanied by another adult in case the young person's condition deteriorates and they must have the appropriate 'business use' vehicle insurance or be included on a general school private vehicle insurance policy. Further more detailed information on this issue is available in Safety Series G02 – First Aid in Schools.

Further information on the above is available from Kym Allan Health & Safety Consultants Ltd., 3-4 Citadel Row, CARLISLE, CA3 8SQ. Telephone: 01228 210152. Reference should also be made to the DFEE Guidance 'Managing Medicines in Schools and Early Years Settings' 2005 which contains sample Forms in addition to those given at the Appendices.

HEALTHCARE PLAN FOR A YOUNG PERSON WITH MEDICAL NEEDS

School Name:		PHOTO
Name of Young Person:		
Date of Birth:		
Gender: MALE / FEMALE	Class/Form:	
Date:	Review Date:	
Condition:		
<i>EMERGENCY CONTACT INFORMATION</i>		
Family Contact 1		Family Contact 2
Name:		Name:
Relationship to Child:		Relationship to Child:
School Hours Tel. No:		School Hours Tel. No:
Home Tel. No:		Home Tel No:
Mobile Tel. No:		Mobile Tel. No:
Clinic or Hospital Contact		GP Contact
Name:		Name:
Contact No:		Contact No:
Describe condition, effects and give details of young person's individual symptoms:		

Daily care requirements (e.g. before sports activities, at lunchtime etc.):

Describe what constitutes an emergency for the young person and any action necessary:

Describe any follow-up care required:

Who is responsible in an emergency? (Please state if different for different activities e.g. off-site etc.):

Form copied to (Please state who holds copies of this information and where):

PARENTAL CONSENT FOR STAFF TO ADMINISTER MEDICATION

Staff will not give your child medicine unless you complete and sign this form, and the Head teacher or Manager has agreed that staff who volunteer to do so can administer the medication.

Name of Young Person:	
Gender: Male / Female	Date of Birth:
Address:	
Condition/Illness:	
MEDICATION	
Name and strength of medication (as described on the container/prescription):	
Form (e.g. tablets, syrup, cream etc.):	
How long do you expect your child take this medication?	
Date medication dispensed by Pharmacist:	
Dosage and method taken by:	
Timing of doses:	
Any special precautions (e.g. to be taken with food etc.):	
Details of any known side effects (e.g. drowsiness etc.):	
Can child self-administer? YES / NO	Have you consented to self-administration (Appendix C)? YES / NO
What Emergency Procedures should be followed (if any)?	
PARENT/CARER EMERGENCY CONTACT DETAILS	
Full Name:	
Relationship to Young Person:	
Telephone Numbers During School Hours:	Work/Home:
	Mobile:
Declaration of Consent: <i>I understand that I must deliver the medicine personally to (agreed member of staff) and sign the record of medication as to how much I have delivered. I accept that this service is provided by the relevant member of staff and the school on a voluntary basis. I agree to inform the school of any changes to this information by completing a new form at the earliest opportunity.</i>	
Signed:	Date:

REQUEST FOR YOUNG PERSON TO CARRY AND/OR ADMINISTER THEIR OWN MEDICATION

Name of Young Person:	
Gender: Male / Female	Date of Birth:
Address:	
Condition/Illness:	
Medication carried and/or administered (including dosage, frequency and method of administration):	
What Constitutes an Emergency (i.e. where school staff/medical intervention is required)?	
What Emergency Action is required in the circumstances above?	
PARENT/CARER EMERGENCY CONTACT DETAILS	
Full Name:	
Relationship to Young Person:	
Telephone Numbers During School Hours:	Work/Home:
	Mobile:
Declaration of Request: I request that carry their own medication with them to use as prescribed or as necessary. I agree to inform the school in writing if I wish to withdraw this request. I will complete a new request form should any of the information above change.	
Signed:	Date:

