

Temple Ewell C E Primary School

The Administration of Medicines in Schools

May 2017
Next review May 2018

INTRODUCTION

This is based on guidance issued in March 2005 and

- “Managing Medicines in Schools and Early Years Settings” by DCSF and Department of Health.
- “Including Me (Managing Complex Health Needs in Schools and Early Years Settings)” by Jeanne Carlin, published in 2005 by the DCSF and the Council for Disabled Children
- Mencap
- Royal College of Nursing
- Health and Safety Commission “Principles of Sensible Risk Management” 2006
www.hse.gov.uk
- “Medical Conditions at School” Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action
- “Medical Conditions Awareness Sessions” A school healthcare professionals resource. Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action

The guidance gives detailed advice about:

- Roles and responsibilities
- Dealing with medicines safely
- Drawing up a Risk Assessment and Health Care Plan.
- The Legal Framework
- Common Conditions
- Example forms
- Useful contacts
- Related documents
(Ref ISBN 1-84478-459-2)

(The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child.) The school will seek parents’ written agreement about sharing information about their child’s needs, where information needs to be shared outside the school. However in cases of confidentiality the Health & Safety of the child must take precedence.

Sections

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1. Managing medicines during the school day

Prescription medicines should only be taken during the school day when essential. **They must be in the original container including prescriber's instructions.**

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or
- Provide two prescriptions - one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

Medicines fall into two types:

a) Prescription medicines and b) Non-prescription medicines

a) *Prescription*

- Named member of staff may administer such a drug for whom it has been prescribed, according to the instructions.
- Parents must complete the school 'Parental Agreement to Administer Medicine' form
- If agreed with the parents the school may look after the drug on behalf of the child.
- The school will keep the drug safely locked up with access only by named staff and record keeping for audit and safety.
- If the medicine needs to be kept cool, the parents should provide a cool bag and ice pack.
- Prescription drugs should be returned to the parents when no longer required.
- Ritalin, a prescription drug known as a "controlled drug" needs to be kept in a more secure environment than suggested above e.g. in a cupboard attached to a structural wall.

b) *Non-prescription*

- Paracetamol can only be given to children when parents have given written permission. These should be given to the school in pre measured doses.
- The school staff will never give aspirin or ibuprofen unless prescribed by a Doctor.

2. Managing medicines on trips and outings

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. This will allow reasonable adjustments to be made. Further detailed advice is found in “Including Me” by Jeanne Carlin. Best practice would be to translate these documents to the language of the country visited. The international emergency number should be on the care plan (112 is the EU number and works for mobiles in UK when out of reach of a signal.)

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

Home to school transport

If a pupil’s care plan describes emergency procedures, which might occur, on the journey to and from school, then the escorts will be trained to carry out the duties and the care plan will be carried on the vehicle. Further advice is available through the Health Needs Education Service and school nurses.

PE / Sports

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

3. Roles and responsibilities of staff supervising the administration of medicines

The school acknowledges the common law ‘duty of care’ to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take.

Specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Headteacher, for administering medicines and carrying out procedures.

When all planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

Guidance about Risk Management and Insurance is contained in KCC document ‘Insurance Provision for Medical Treatment/Procedures’ and can be found on K-Net.

In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure that the correct procedures are followed. Teachers and other staff are expected to use their best endeavour at all times particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Headteacher is responsible for day-to-day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about pupil needs is shared
- Liaising with parents about agreement of care plans
- Ensuring that emergency plans are in place when conditions may be life-threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should:

- Be aware of emergency plans where children have life-threatening conditions and
- Receive appropriate documented training and support from health professionals, where they are willing to administer medicines.

4. Children's medical needs – parental responsibilities

The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Looked after Children) so that information is shared and the care plan reflects all information.

The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals.

The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements, in all cases Parents know their child best. They should sign the appropriate agreement forms for the administration of medicines. The Headteacher should seek their agreement before passing information to other school staff.

5. Parents' written agreement

The attached form is to be completed and signed by the parents for the administration of the care plan to their child.

It is the responsibility of parents to ensure that medicines sent to school are 'in date'. All medicines should be collected by parents at the end of term 2, 4 and 6. If new supplies are needed it is the responsibility of the parents to supply medication as needed.

6. Supporting children with complex or long-term health needs

The school will aim to minimise any disruption to the child's education as far as possible, calling on the Health Needs Education Service for support and advice as needed, on the impact on learning and supportive strategies.

The school will carry out a risk assessment (as advised in Including Me) and a care plan, with the agreement of parents, and advice from health professionals (Appendix 2).

The school will call on the Community Nursing Service to deliver advice and support and receive appropriate documented training on procedures such as tube feeding or managing tracheotomies.

Where school staff carry out glucose monitoring, records will be kept with parents and specialist nurses advice

7. Policy on children taking and carrying their own medicines

Epipens need to be kept with or near the pupils who need them.

Where younger pupils have their insulin administered by staff then records will need to be kept.

Asthma medication to be kept in the children's classrooms. It must be taken on school trips.

8. Advice and Guidance to Staff

The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- Eleanor Nurses
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

9. Record keeping

See Appendices

- Health Care / Emergency Plan (translate when taken abroad on school trips)
- Contacting Emergency Services (translate when taken abroad on school trips)
- Record of advice and support to School
- Authorisation for the administration of rectal diazepam
- Buccal Midazolam or Insulin : Agreed individual care plan

NB: All risk assessments and care plans must be updated at least annually or when needed by a change in a pupil's condition.

10. Storing medicines

The school will keep medicines in a secure place, (not asthma pumps or epipens) with access by staff only.

11. Emergency procedures

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties.

All staff will be made aware of the plans in order to discharge their common law 'duty of care' should the need arise.

12. Risk assessment and arrangement procedures (Care Plans)

Where a pupil has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed. Samples are available from the Health Needs Education Service and Specialist Nurses.

Related Documents

- Including Me by Jeanne Carlin
- Managing Complex Health Needs in Schools and Early Years settings.
- Department of Education and Skills Council for Disabled Children
ISBN 1-904787-60-6
- Managing Medicines in Schools and Early Years Settings
- Department for Education and Skills/Department of Health
March 2005 ISBN 1-844178-459-2
- Health and Safety Commission “Principles of Sensible Risk Management” 2006
www.hse.gov.uk
- “Medical Conditions at School” Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action
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**Policy for
the Administration of Medicines of Long Term Conditions in Schools**

Health Care / Emergency Plan

CONTACT DETAILS

Child's Name: _____

School: _____

Home Address: _____

Date of Birth: _____

Next of Kin: _____

Contact Numbers: Home: _____ Mobile: _____

GP Name and Address: _____

Contact Numbers: _____

Hospital Contacts: _____

Description of Medical Condition:

Description of Signs and Symptoms:

Daily treatment/medication needs in school

Describe what is an emergency for the pupil

Describe actions should this emergency occur:

If: shows the following signs and symptoms:

- a) _____
- b) _____
- c) _____

When this is an emergency then the following action should be taken:

For example:

**If a) and b) Call an ambulance
 Then call parents
 Then call community nurse**

Or c) Call parents / community nurse to assess

Who is responsible in an emergency at school (state if different off-site):

Plan copied to:	Parents	Yes/No
	Headteacher/class teacher	Yes/No
	Community Nurse	Yes/No
	Other specialist nurse	Yes/No

Parent and School Agreement

To the best of our knowledge the above information is correct. The staff, in agreement, will do their best to support and care for’s medical and emergency needs.

Parents signature: _____ Date: _____
School staff signature: _____ Date: _____
Head teacher’s signature: _____ Date: _____
Nurse’s signature: _____ Date: _____

(to confirm advice and training has been provided to school)

**Policy for
the Administration of Medicines in Schools**

This form is to be kept by the telephone

**CONTACTING EMERGENCY
SERVICES**

To request an ambulance:

Dial 999 and be ready with the following information:

- 1. Your telephone number**
- 2. Your location (school/setting address)**
- 3. Your postcode**
- 4. Exact location (brief description e.g. next to church)**
- 5. Your name**
- 6. Child's name and brief description**
- 7. The best entrance for ambulance crew and advise crew will be met and taken to child**



**Policy for
the Administration of Medicines in Schools
(to be completed for each member of staff involved in a care plan)**

Record of advice, awareness raising, support and guidance to the school

Name of school / setting: _____

Name of staff _____

Type of awareness raising received _____

Date of Session: _____

Training provided by: _____

Profession: _____ Title: _____

I confirm that _____

Has received awareness training detailed above and is competent to carry out the appropriate procedures

I recommend that the training is updated _____
(State frequency)

Signature of health professional _____

Date _____

I confirm that I have received the awareness raising as detailed above

Staff signature _____

Date _____

**Policy for
the Administration of Medicines in Schools**

Authorisation for the administration of Rectal Diazepam

Name of school/setting _____

Child's name _____

Date of birth _____

Home address _____

GP name and address _____

Hospital name and address _____

_____ (name) should be given Rectal Diazepam _____ mg if:

He/she has a prolonged epileptic seizure lasting over _____ minutes

OR

Serial seizures lasting over _____ minutes

OR

If the seizure has not been resolved after _____ minutes (please delete as appropriate)

Doctors signature _____

Parents signature _____

Date _____

**Policy for
the Administration of Medicines in Schools**

Buccal Midazolam

Agreed Individual care plan to prevent status epilepticus
Agreed between parent/carer and school

Child's name _____

Date of birth _____

Name of Parent / Carer _____

Contact details _____ (Home / Work) _____ (mobile)

Alternate contact name _____ (number) _____

Condition _____

Known allergies Current medication

For Seizure type: _____

Buccal Midazolam, ___ mg in: _____ ml may be given by a trained individual if

(Name) _____ has either a seizure lasting longer than FIVE (5) minutes, or...has one seizure after another without recovery in between lasting longer than FIVE (5) minutes or...has THREE (3) seizures) in HALF (1/2) an hour, (give at onset of 3rd seizure)

This should result in the seizure stopping within TEN (10) minutes. If the seizure does not stop within TEN (10) minutes a second dose of Buccal Midazolam ___mg in ___ml may / may not be given. If the seizures do not stop after TEN (10) minutes of the first / second dose **CALL AN AMBULANCE ON 999** and inform the operator that you have someone who may be in **Status Epilepticus**

An ambulance should also be called if:

- It is the child's first seizure
- The child has injured themselves badly
- They have breathing problems after a seizure

It is recommended that no more than 2 doses may be given in any 24 hour period. If more seizures occur within this 24 hour period then it would be wise to seek a medical opinion.

IF IT IS THE FIRST TIME THAT THIS CHILD IS HAVING THE MEDICINE AN AMBULANCE SHOULD BE CALLED, AFTER IT HAS BEEN GIVEN, IN CASE THERE ARE ANY UNEXPECTED REACTIONS TO IT

Date of first ever dose* / / *

Buccal Midazolam and the agreed individual care plan to prevent status epilepticus should be carried with the person at all times

The child's **main carer** is responsible for the safe storage of Buccal Midazolam ensuring that it is not out of date or gone off (turned milky) during storage.

Current expiry date is _____

Locations where this care plan may be found include :

.....
.....
.....
.....
.....
.....

This agreed care plan is due to be reviewed in _____

Signed _____ date _____ Dr prescribing medication

Signed _____ date _____ Parent / Carer

Signed _____ date _____ School