



Drayton CE Junior School Policy Statement

Administration of Medicines in School

INTRODUCTION

From time to time the Headteacher will be asked by parents to arrange for their children to be given medication during the school day. While the Headteacher will normally be willing to co-operate in any matter which will support the child's health and welfare it is necessary to ensure that where such requests are received appropriate arrangements are made to safeguard the interests of both staff and pupils.

This guidance and procedures document has been prepared to clarify for parents, staff and others concerned with the welfare of pupils, the standards which should be applied if a request for the administration of medication is received.

The administration of medication to children is the responsibility of parents. It should be noted that school staff are under no duty to administer medication to pupils in school. If it is agreed by the Headteacher or his/her nominated representative to take on this responsibility it is purely on a voluntary basis.

WHAT IS MEANT BY MEDICATION?

In the interests of clarity it is important at this stage to define the term medication. In order to do this it is necessary to make a distinction between prescribed and non-prescribed medication.

Prescribed Medication: Any medication requiring a Medical or Dental Practitioner's prescription is defined as a prescribed medication. Examples may include, asthma inhalers, antibiotics, valium, adrenalin, etc.

Non-Prescribed Medication: Any medication not requiring a Medical or Dental Practitioner's prescription is defined as a non-prescribed medication. Examples may include, analgesics, milk of magnesia tablets or liquid, creams and sprays, etc.

WHEN MIGHT IT BE REQUIRED?

There are two main sets of circumstances in which requests may be made to school staff to deal with the administration of prescribed medication to children at school, they are:

- Cases where pupils recovering from a short-term illness are well enough to return to school, but are receiving a course of prescribed medication such as antibiotics.

- Cases of chronic illness or long-term complaints such as asthma, or children with Complex Health Needs such as, diabetes, anaphylaxia or epilepsy;

Following a period of illness, a child's own doctor is the person best able to advise whether or not the child is fit to return to school, and it is for parents to seek and obtain such advice as is necessary.

Very few courses of medication are likely to require medicine to be taken during school hours. When the prescribed dosage does indicate the need for medicine to be taken at times when the child is at school, the School Doctor or the Consultant Community Paediatrician will be asked to liaise with the General Practitioner about alternative medication where this is possible.

However, the school recognises that if a child does need to take medicine this may not be sufficient reason for that child to be deprived of a period of schooling, however short.

In the case of children with Complex Health Needs school staff may feel reluctant to provide certain treatments, for example, the administration of rectal valium, assistance with catheters, or the use of equipment for children with tracheostomies. There is no requirement for the Headteacher or staff to undertake these responsibilities. However, the number of such cases will be very small, early identification and careful planning by the relevant Health Authority will result in detailed discussion with the school and the formulation of a carefully designed individual programme to meet the needs and circumstances of a particular case.

For further information on the procedures required should such a situation occur in your school you should turn to Annexe 1 of this document.

HEADTEACHER RESPONSIBILITIES

The Headteacher and the school staff cannot be required to administer medication, but as persons *in loco parentis* they must take appropriate action when a child in their care is ill, to secure either the attendance of a parent or of medical assistance.

When a parent requests that medication be administered to their child at school the Headteacher will deal with the case sympathetically and on its merits. The Headteacher will consider all the circumstances of the case and have regard to the best interests of the pupil and the implications for the staff.

The Headteacher will ensure all staff are aware of the school's procedures with respect to the administration of medication. In the case of pupils with Complex Health Needs, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. The Headteacher and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.

PARENTAL RESPONSIBILITIES

Parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may be effected by the child going home during the lunch break or by the parent visiting the school. However, this might not be practicable if, for example, the child's home is a considerable distance from the school. In such a case parents may make a request for medication to be administered to the child in school.

Where such a request is made to the school by parents, it should be made using the Form MED 1 "Request for the School to Administer Prescribed Medication".

If a parent refuses to complete this form, the Headteacher will make it clear to the parent (in writing) that the school is not prepared to administer medication.

The medication, in the smallest practical amount, should be delivered to school, wherever possible by a parent.

Parents should ensure the container (the chemist's original container) is clearly labelled with the contents, the child's name, and the dosage and/or other instructions. The receiving member of staff will check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container may be discussed with the School Doctor or the Consultant Community Paediatrician.

Parents should also ensure the child is familiar with the dosage and, subject to age and physical and mental capacity, is able to self-administer the medication under adult supervision.

In cases where children require medication over long periods of time, any change in the dosage or other arrangements must be notified by parents, in writing, to the Headteacher.

The renewal of any medication which has passed its expiry date is the responsibility of the parent. Expired medication should be collected from school by parents within 7 days of the expiry date. The school will contact parents/guardians immediately if medication remains uncollected.

SCHOOL PROCEDURES

Prescribed Medication

A clear written statement of the school's organisation and arrangements for the administration of medication will be given to parents, including a statement of their responsibilities as detailed above, the Form MED 1, and how to make a request for medication to be given at school.

Where any doubt exists about whether or not to agree the administration of a particular course of medication in school, the Headteacher will seek advice from the School Doctor or the Consultant Community Paediatrician.

Where medication is to be administered at the school, the Headteacher will ensure that a named person is responsible for the medication, together with a nominated deputy. These members of staff will be suitably trained to undertake the responsibility. Any training given must be recorded on the Form M/R 3.

Long-term illnesses, such as epilepsy or asthma, will be recorded by the School Doctor on the child's school record card, together with appropriate instructions.

A written record should be kept of the administration of all prescribed medication to pupils. Such a record should be kept together with the instructions given on the Form MED 1, checked on every occasion and completed by the member of staff administering the medicine. The Form M/R 1 should be used for this purpose. The record Form M/R 1 should be retained on the premises for a period of 5 years.

Prescribed medication kept at the school should be under suitable locked storage and arrangements made for it to be readily accessible when required. If the medication requires to be kept refrigerated proper arrangements should be implemented to ensure that it is both secure and available whenever required. **Under no circumstances will medicines be kept in first-aid boxes.**

Wherever possible, arrangements will be made for the medicine to be self-administered, under the supervision of a named adult.

Whichever member of staff undertakes duties concerned with the administration of medicine in the school, within the terms of their job description, the Headteacher will ensure that person has appropriate information and training to undertake the duties, and will continue to exercise the ultimate responsibility for the administration of medication within the school.

Where pupils might need to use an inhaler in school, a flexible approach will be adopted. After discussion with the parent, the child and the doctor, some children will be considered sufficiently responsible to have charge of their own inhalers at all times. In other cases the inhaler will be kept in a secure place. The teacher or other member of staff concerned will have immediate access to the inhaler whenever it is required by the child.

Staff should be aware of the need for asthmatics to carry medication with them (or for teachers to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

Where a number of pupils may be taking regular medication at any one time, a suitably trained member of staff will be appointed as a drug administration co-ordinator to monitor and record routines.

All information regarding medication should expire at the end of each school year. If the administration of medication is to continue all relevant information must be confirmed in writing at the commencement of the new year.

In all cases where, following the administration of medication, there are concerns regarding the reaction in the child, medical advice must be sought immediately.

Where a pupil's case makes it necessary, emergency supplies of drugs will be stored in the school, but only on a single dose, named patient, basis. In these cases specific training on how and when to administer will be sought from the Health Authority.

The review and monitoring of individual long term cases, and the necessary liaison with General Practitioners, will be undertaken by the School Doctor or the Consultant Community Paediatrician.

It is stressed that the arrangements described in this document relate only to situations where there is an explicit request by the parents. **In no circumstances should school staff administer prescribed medication on their own initiative.**

Non-Prescribed Medication

Non-prescribed medication should not be administered by staff in schools.

In circumstances when pupils suffer headaches, menstrual pains or toothache, the Headteacher or another member of staff may be asked to provide a mild analgesic (e.g. paracetamol) to relieve pain.

Analgesics will only be given to pupils under the age of 16 when parents have given prior written permission. Circumstances under which it might be appropriate for the Headteacher to seek such permission from parents would include residential visits organised by the school.

In such cases, specific members of staff will be authorised to issue tablets and they will keep a record of issues including name of pupil, time, dose given and the reason.

Tablets, which will be standard paracetamol for pupils aged 12 and over, or preparations of paracetamol designed specifically for children for those under 12, will be kept in a secure place during residential visits and not in First Aid boxes.

On no account will aspirin, or preparations containing aspirin, be given to pupils. This is particularly important where pupils under 12 years of age are concerned.

REVIEW

This guidance and procedures document will be kept under review and may be modified from time to time, after appropriate consultation.

FURTHER ADVICE AND ASSISTANCE

Further advice and assistance can be sought from:

- Education Department Health and Safety Officer. County Hall, 01603 223989
- Consultant Community Paediatricians:

Dr Rosalyn Proops
East Norfolk Health Commission/Norwich Community Health Partnership
Norfolk and Norwich Hospital
Brunswick Rd
Norwich NR1 3SR
01603 286286

Dr Imogen Waterson
North West Anglia Healthcare Trust
St James
Extons Rd
Kings Lynn PE30 5NU
01553 816368

- Consultant Paediatrician:

Dr Louise Eastwood
Anglian Harbour NHS Trust
Compass House
Northgate Hospital
Northgate St
Gt Yarmouth NR30 1BU
01493 337612

GUIDANCE ON THE CARE AND MANAGEMENT OF CHILDREN WITH COMPLEX HEALTH NEEDS

INTRODUCTION

This guidance is for Governors and Headteachers. It concerns procedures for the management and care of children with significant and Complex Health Needs. It forms part of the Administration of Medicines guidance and procedures.

The term 'Complex Health Needs' includes those children:

- Whose clinical well being changes significantly from day to day
- Who need many hours of care each day; **and**
- For whom there is a daily risk of a life threatening event.

Such children will be identified by healthcare professionals.

Procedures associated with the above include:

- Invasive procedures, including augmentative feeding (nasogastric tubes, gastrostomy, other 'ostomies' including tracheostomy, ileostomy, colostomy and urinary catheters)
- Regular medication to be given during the school day other than inhalers, antibiotics and medication for epilepsy
- Oxygen supplementation
- Management of emergencies likely to require hospital admission such as;

diabetes mellitus
allergy
asthma
seizures
anaphylaxia

A significant health need does not usually include feeding or toileting.

There is an important difference between the management of First-Aid within school and the management of medical emergencies.

PROCEDURES

The school must create procedures for the administration of medicines and the care of children with health related needs.

When drawing up or renewing procedures the Governing Body should take account of this document and recent guidance published by the DfEE. The forms contained within this document should be used to ensure adequate records are kept and that good management practices are adopted.

The Governing Body will need to ensure that suitable and secure arrangements are provided for the storage of medication, particularly where manufacturers' instructions require that it is stored in a temperature controlled environment (e.g., refrigerated).

HEALTHCARE PLANS

An Individual Healthcare Plan must be maintained for every child with Complex Health Needs. Less detailed plans will also be required for other pupils where there has been a parental request for medication to be administered.

Healthcare Plans for children with Complex Health Needs will be initiated by the responsible healthcare professional.

Plans should be agreed by the responsible healthcare professional, the Headteacher and parents/persons with parental responsibility, prior to the admission of a pupil to a school or whenever a change is made to an existing plan. Healthcare Plans should be signed to indicate acceptance by all parties.

Proformas for use with children with significant and complex healthcare needs are attached as Appendix 1 and include:

- Request for a School to Administer Medication (Form MED 1)
- Healthcare Plan for a Pupil with Complex Health Needs (Form MED 2)
- Medical Procedures Sheet - To be completed for a child/young person with Complex Health Needs (Form MED 3)
- Checklist for Administration of Rectal Diazepam in Epilepsy and Febrile Convulsions for Non-Medical/Non Nursing Staff (Form MED 4)
- Record of Medication Administered in School (Form M/R 1)
- Record of Use of Rectal Diazepam (Form M/R 2)
- Record of Staff Medical Training (Form M/R 3)

Headteachers are responsible for the health and safety of staff and pupils. Headteachers must ensure that appropriate training, as required to support Healthcare Plans, is given prior to the

admission of a pupil with Complex Health Needs. Training must also be provided if needs change and new procedures are introduced.

Headteachers will need to ensure that parents/carers understand their responsibility to inform the school of any changes in the pupil's care needs as soon as these occur.

Where practicable, Headteachers should allow young people to be offered a carer of their own gender for all intimate special care. It is often advisable for school staff to work in pairs when carrying out intimate invasive procedures.

ROLE OF THE SCHOOL HEALTH TEAM

A Nurse will be available to give advice and to monitor Healthcare Plans for those with complex and significant healthcare needs. The nurse will not be expected to be on school premises at all times.

The Nurse, or other appropriate healthcare professionals, will be responsible for the training of school staff.

In some circumstances a qualified health professional may be employed to monitor, assist and advise in the management of children with complex needs. This will usually be the case when a significant number of children with such needs are attending the same school.

The exact framework of support will vary between different areas of the county.

STAFFING

Non Teaching Assistants will normally be employed to meet the daily healthcare needs of children whilst in school. They should not be asked to undertake procedures that would not ordinarily be carried out by the parent or carer. They should be provided with appropriate training and the guidance of a Healthcare Plan.

No member of staff should be required to administer medicines or undertake invasive procedures if it is not in their existing contract. Such duties will be voluntary although Headteachers may appoint staff specifically for this purpose.

School staff employed to meet children's healthcare needs must be familiar with the school procedures for the administration of medicines.

Where a member of staff notices any significant emotional, medical or physiological change to a pupil in their care, this should be communicated immediately to the Headteacher, or designated member of staff, who will take appropriate action. This action should be recorded on the pupil's medical file.

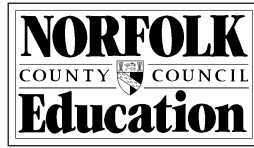
INSURANCE

All staff working in a LEA maintained school are covered in respect of public liability insurance while they are acting on behalf of the County Council. This includes any duties that are undertaken to support a healthcare plan.

Appendix 1 - Forms and Records

APPENDIX 1

FORMS AND RECORDS



REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname: _____

Forename(s): _____

Address: _____

Male/Female: _____

D.O.B: _____

Class/Form: _____

Condition or Illness: _____

MEDICATION

Name of Medicine	Duration of Course	Dosage and method	Timing	Self-Administer (y/n)	Date prescribed

Side effects from medication: _____

Emergency Procedures: _____

CONTACT DETAILS

Name: _____ Daytime Telephone No: _____

Address: _____ Relationship to pupil: _____

DECLARATION

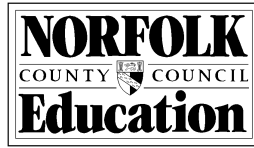
I understand that I must deliver the medicine personally to

(agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

I confirm that my child's Doctor has stated that (s)he considers it is necessary for the medication to be taken during school hours.

Signed: _____ Parent/Guardian

Relationship to Pupil: _____ Date: _____



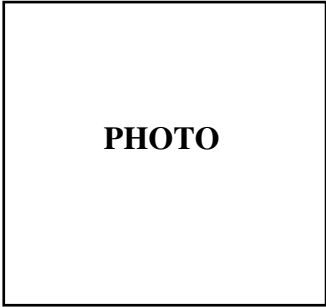
HEALTHCARE PLAN FOR A PUPIL WITH COMPLEX HEALTH NEEDS

Name of School: _____

Name of Pupil: _____

Date of Birth: _____

Condition: _____



Class/Form: _____

Date: _____

Review Date: _____

CONTACT INFORMATION

Family Contact 1

Family Contact 2

Name: _____

Name: _____

Phone No (Work): _____

Phone No (Work): _____

(Home): _____

(Home): _____

Relationship: _____

Relationship: _____

Clinical/Hospital Contact

GP

Name: _____

Name: _____

Phone No: _____

Phone No: _____

Describe Condition and give details of pupils individual symptoms:

Daily care requirements (e.g. before sport/at lunch-time etc.):

Describe what constitutes an emergency for the pupil and the action to take if this occurs:

Follow up care:

Who is responsible if an emergency occurs (State if different on off-site activities):

Form copied to:

Health Care Plan agreed by:

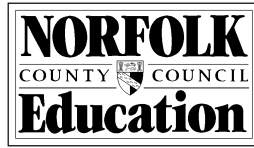
Signatures: _____

(Health Care Professional)

(Name and Position)

(Headteacher)

(Parent/Guardian)



HEALTHCARE PROCEDURES SHEET

To be completed for a child/young person with complex health needs

PUPIL DETAILS

Name of Child: _____ Date of Birth: _____

Home Address: _____

EMERGENCY CONTACT DETAILS

Name: _____ Telephone No: _____

Address: _____

PROCEDURES

Date procedures agreed: _____

Diagnosis: _____

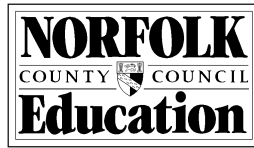
Medical History: _____

Please list signs/symptoms that staff must be aware of and, in each case, the procedures that staff must follow.

1. Symptoms: _____
Action: _____

2. Symptoms: _____
Action: _____

3. Symptoms: _____
Action: _____



**Checklist for Administration of Rectal Diazepam in Epilepsy and
Febrile Convulsions for Non-Medical/Non-Nursing Staff**

To be used in conjunction with the Healthcare Plan

Name of pupil or student: _____ **Age:** _____

DIAZEPAM TREATMENT PLAN

1. When should rectal diazepam be administered? (Note here should include whether it is after a certain length of time or number of seizures).

2. Initial dosage: how much rectal diazepam is given initially? (Note recommended number of milligrams for this person).

3. What is the usual reaction(s) to rectal diazepam?

4. If there are difficulties in the administration of rectal diazepam e.g. constipation/diarrhoea, what action should be taken?

5. Can a second dose of rectal diazepam be given? YES/NO

After how long can a second dose of rectal diazepam be given? (State the time to have elapsed before readministration takes place).

How much rectal diazepam is given as a second dose? (State the number of milligrams to be given and how many times this can be done after how long).

6. When should the person's usual doctor be consulted?

7. When should 999 be dialled for emergency help?

e.g. (i) If the full described dose of rectal diazepam fails to control the seizure

(ii) Other (Please give details).

8. Who should (a) administer the rectal diazepam?

(b) witness the administration of rectal diazepam?
(e.g. another member of staff of same sex as pupil if possible)

9. Who/where needs to be informed?

Parent/Person with Responsibility

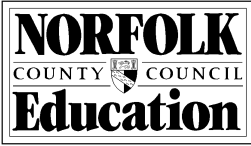
(a) _____ Tel: _____
(Prescribing Doctor)

(b) _____ Tel: _____
(Other)

(c) _____ Tel: _____

10. Precautions under what circumstances should rectal diazepam not be used (e.g. Oral Diazepam already administered within the last minutes)

All occasions when rectal diazepam is administered must be recorded (see Form M/R 2)



RECORD OF USE OF RECTAL DIAZEPAM

Name of Child: _____ Date of Birth: _____

	FIRST RECORD	SECOND RECORD
Date:		
Recorded by:		
Type of seizure:		
Length and/or number of seizures:		
Initial dosage:		
Outcome:		
Second dosage:		
Outcome:		
Observations:		
Parent/Guardian informed:		
Prescribing doctor informed		
Other information:		
Witness:		
Name of person resupplying dosage:		
Date delivered to school:		

Additional record forms should be used to record further administrations

