

Managing Medicines Policy



Policy for Administration of Medication in Schools and Early Years Settings

General Guidance:

- The Governors and staff of Townville Infants' School wish to ensure that pupils with medical needs receive care and support. Pupils should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school trips etc.
- Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs i.e. finishing a course of medicine. Medicines should only be taken to school or settings when essential.
(paras 25 – 28 Managing Medicines in Schools and Early Years Settings – MMSEYS).
- With regard to pupils with long term medical needs schools should ensure that they have sufficient information about the medical condition. A Health Care Plan may clarify for staff, parents and the child the help that can be provided. The Council for Disabled Children's Publication 'Including me' provides advice on managing complex health needs in schools and early years settings.
- Some children with medical needs are protected from discrimination under the Equality Act 2010. Schools and Early Years Settings must not discriminate against disabled pupils in relation to their access to education and associated services. (paras 8 – 12 MMSEYS)
- The Head Teacher will accept responsibility for members of school staff giving or supervising pupils taking prescribed medication during the school day. (para 16 MMSEYS).
- Staff Indemnity Policy. The Wakefield MDC provides a staff indemnity for any school staff who agree to administer medication to a child in school given the full agreement of parents and school as follows:

The Wakefield Metropolitan District Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training and are following the LEA's guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is negligently given or where the administration is overlooked, in practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and employer.

- Staff who assist in the administration of medication *must* receive appropriate training/guidance where necessary identified by the Head Teacher in liaison with Health professionals.
- Unless otherwise indicated, all medication to be administered will be kept in a high cupboard within the school office.
- Information. Information and guidance on health related issues can be obtained from the school nurse. All staff should be aware of the difference between 'training' and 'instruction'.

Prescribed Medication:

- Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health. (paras 25 –28 MMSEYS).
- Schools and settings should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions (secondary dispensed). Alteration to the label is not acceptable. Any alteration to dosage must be accompanied by written instructions provided by the prescriber.
- Medicines can only be accepted in a school/setting where it has been prescribed by a doctor, dentist, nurse prescriber or pharmacist and include the prescriber's instructions for administration.
- Where the possible side effects of medicines have been communicated by the prescriber or pharmacist to a member of staff they must ensure that this information is shared with all staff and recorded in the child or young person's file and individual health care plan. If a member of staff notices side effects they must report this to their manager or senior officer on duty who will notify the

prescriber and ask for advice. Information regarding side effects can also be obtained from the Patient Information Leaflet, which must be supplied with every medicine.

- Crushing of tablets (or opening of capsules unless specified) is not advocated, as it is an unlicensed use of the medication. If the patient is unable to take oral medication in the solid dosage form it should be referred back to the prescriber/pharmacist for amendment to a suitable liquid/soluble preparation.
- Medicines must not forcibly be given. This includes the crushing of tablets etc. into food or drinks in order to deceive. Where children and young people refuse to take medication that is essential to their health, a multi-disciplinary meeting must be held which must include the children and young person (where appropriate), the G.P., parents/persons with parental responsibility and representative (if applicable) to decide how to proceed. Any decision must be reached after assessing the care needs of the individual and the decision must be recorded in the individual health care plan. A written procedure must be developed that is specific to the child or young person.

Non-Prescribed Medication:

- Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. The Head Teacher **must** approve the administration of the medicine.
- Criteria in the National Standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as *Form 5*.
- **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

Record Keeping

Written details from the parent/carer should be kept. Parents to complete the appropriate parental Agreement form.

It is recommended that schools/settings use the record keeping forms provided in appendix 1. Such records can offer protection to staff and provide proof that agreed procedures have been followed, as well as ensuring that a child is not given extra doses of medicine by mistake. The following details should be checked:

- Child's name
- Name of medication
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

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

Safe Storage and disposal of medicines

Where a school agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. (Detailed advice is provided in Chapter 3 MMSEYS).

Emergency Procedures

As part of the 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. (paras 115-116 MMSEYS).

Risk Assessment and management procedures

Schools and settings should ensure that risks to the health of others are properly controlled. This may involve undertaking individual risk assessments for pupils with long term medical needs. Schools and settings should be aware of the health and safety issues of dangerous substances and infection.

Parental Responsibilities

Parents have a prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. Parents are responsible for making sure their child is well enough to attend school. Where a child is acutely unwell it is advised that the child be kept at home by the parent/carer.

(Detailed information regarding the parents and carers responsibilities can be found in paras 66-72 MMSEYS).

The school/setting will not give medicine unless a parent completes and signs the written agreement form (Appendix Form 3B). *For early years setting prior permission is a mandatory requirement.

Self Administration of Medication

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

and undertake risk assessments to ensure the safety of children and young people in their care. The individual health care plan should detail arrangements for self administration of medication and the supervision for this.

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

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

Staff Training

- The Head Teacher or his/her representative will seek the advice of health care professionals on the type of training required for each authorised member of staff and what types of medication that training covers.
- Training for members of staff undertaking the administration of medicine is essential and advice and information from health colleagues should be sought.
- Training: can only be given by the Health Care professional authorised to assess the competence of the person being trained. This should be documented on the appropriate form (see example form for recording medical for staff). Examples of such procedures would include catheterisation, tube feeding, suction, rescue medication.
- Information/Instruction. Is the exchange of information needed to carry out basic personal care and hygiene procedures.

Key Issues

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

FORM 3A

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

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Name of child	
Date of birth	/ /
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	[name of member of staff]
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes/No
Procedures to take in an emergency	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

I accept that this is a service that the school/setting is not obliged to undertake.

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

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

Date Signature(s)

FORM 3B

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

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

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

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent/carer or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by	[name of member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting and other authorised staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

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

Parent/carer's signature _____

Print name _____

Date _____

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

FORM 4

Head teacher/Head of setting agreement to administer medicine

Name of school/setting

It is agreed that [name of child] will receive [quantity and name of medicine] every day at [time medicine to be administered e.g. lunchtime or afternoon break].

[Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parent/carers].

Date _____

Signed _____

(The Head teacher/Head of setting/named member of staff)

FORM 5

Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent/carer	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent/carer _____

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

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

Record of medicine administered to an individual child (Continued)

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

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

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

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

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

