



## **Dorothy Barley Junior Academy Administration of Medicines in School**

### **Other related policies:**

- **Health & Safety**
- **Safeguarding & Child Protection**
- **First Aid**

**This policy was devised and adopted in January 2017**

**Last reviewed September 2019**

## **1 Introduction**

There are occasions when a child will need to take medicine during school hours. There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. The only exceptions are set out in the paragraph below. Support staff may have specific duties to provide medical assistance as part of their contract. Of course, swift action needs to be taken by any member of staff to assist any child in an emergency. Anyone caring for children including teachers and other school staff in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

## **2.0 Aims and objectives**

Dorothy Barley Junior Academy will ensure that all pupils have the right to feel safe and well, and know that they will be attended to with due care when in need of administration of prescribed medicine with written parental consent.

- To administer prescribed medicine when in need in a competent and timely manner with written parental consent.
- To communicate pupil's health problems to parents when considered necessary.
- To provide facilities to cater for the administering of prescribed medicine.
- To ensure all medicine is kept in a locked cabinet in the main office.
- To maintain a sufficient number of staff members trained with in first aid.

## **3.0 Implementation**

A sufficient number of staff members, (whose names are displayed on the staff room and medical room notice boards) have been trained to a First Aid Certificate, and with up-to-date CPR qualifications.

## **4.0 Confidentiality**

The head and staff should always treat medical information confidentially. The head will agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## 5.0 Prescribed medicines

Designated staff administer prescribed medicines from the doctor, dentist, nurse prescriber or pharmacist prescriber with written parental consent – a permission form must be completed by the parent. **The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.** It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours.

### 5.1 Controlled drugs

Staff may administer a controlled drug to the child for whom it has been prescribed with written parental consent – a permission form must be completed. Staff administering medicine should do so in accordance with the prescriber's instructions. A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed. The school keeps controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes. A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it should be returned to the dispensing pharmacist. Misuse of a controlled drug, such as passing it to another child for use, is an offence.

### 5.2 Non-Prescription Medicines

Staff are not permitted to administer non-prescribed medicine unless stated in a child's care plan for a long term medical need. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP. **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

### 5.3 Administering Medicines

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

If in doubt about any procedure staff should not administer the medicines but check with the parents or health professional before taking further action. The school keeps written records each time medicines are given to demonstrate that staff have exercised a duty of care. In some circumstances such as the administration of rectal diazepam, dosage and administration is witnessed by a second adult.

### 5.4 Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered. The school establishes any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. Children with long-term medical needs have health care plan devised in consultation with parents, relevant staff and relevant health professionals. The plan includes:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency

- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

## 5.5 Self-Management

The school supports and encourages children, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they are encouraged to participate in decisions about their medicines and to take responsibility. Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition. If children can take their medicines themselves, staff may only need to supervise. Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody. However children could access them for self-medication if it is agreed that it is appropriate.

## 5.6 Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents will be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school will contact Emergency Services for an ambulance.

## 6.0 Record Keeping

Written records for all medicines administered are kept centrally in the school office. (see appendix example)

## 7.0 Safety Management

All medicines may be harmful to anyone for whom they are not appropriate. Where a school or setting agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

### 7.1 Storing Medicines

Large volumes of medicines are not stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, name and dose of medicine and the frequency of administration. This is easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds the key. The head is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Occasionally children may be permitted to carry their own inhalers. Other non-emergency medicines are kept in a secure place not accessible to children. 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.

## **7.2 Access to Medicines**

Children need to have immediate access to their medicines when required. The school may make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed.

## **7.3 Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They 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. Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or pediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

## **7.4 Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **8.0 Emergency Procedures**

Arrangements for dealing with emergency situations are set out in the school's first aid policy. Individual health care plans include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

## **9.0 Educational Visits**

Medical needs are planned for as part of the school's risk assessment for each visit. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. 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 health care plans should be taken on visits in the event of the information being needed in an emergency.

## **10.0 Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. All adults should be aware of issues of privacy and dignity for children with particular needs. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

## **11.0 ROLES and RESPONSIBILITIES**

### **11.1 Parents and Carers**

It only requires one parent or carer to agree to or request that medicines are administered. The school will administer the medicine in line with the consent given and in accordance with the prescriber's instructions. Parents are responsible for providing the school with sufficient up-to-date information about their child's medical needs if treatment or special care are needed.

### 11.2 The Employer

The Local Authority provides insurance cover for injury to staff acting within the scope of their employment. Keeping accurate records is helpful in such cases. Employers should support staff to use their best endeavours 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 employer is responsible for making sure that staff have appropriate training to support children with medical needs. The school nurse is used for relevant training.

### 11.3 The Governing Body

The school governing body are responsible for ensuring the school has a health and safety policy including managing the administration of medicines and supporting children with complex health needs.

### 11.4 The Head Teacher

The headteacher is responsible for putting the employer's policy into practice and for developing detailed procedures. Day to day decisions will normally fall to the head or to whosoever they delegate this to, as set out in their policy. The employer **must** ensure that staff receives proper support and training where necessary. Equally, there is a contractual duty on head teachers to ensure that their staff receives the training. As the manager of staff it is likely to be the head teacher who will agree when and how such training takes place. The head should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. For a child with medical needs, the head will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head should seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the employer. If staff follow documented procedures, they should be fully covered by their employer's public liability insurance should a parent make a complaint.

### 11.5 Teachers and Other Staff

Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group should be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information. All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover is arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties. 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.

### 11.6 Health Services

The main health contact for schools is the school nurse who provides guidance on medical conditions and, in some cases, specialist support for a child with medical needs. The school nurse helps draw up individual health care plans for pupils with medical needs.

## 12.0 COMMON MEDICAL CONDITIONS

### ASTHMA

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. **Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Whilst **Preventers** (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours. Children with asthma have immediate access to their reliever inhalers when they need them. Inhalers are stored in the school office and are readily accessible and clearly marked with the child's name. Inhalers are available during physical

education, sports activities and educational visits. For a child with severe asthma, the health care professional may prescribe a spare inhaler to be carried by the individual.

## **DIABETES**

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes). The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone. Parents and health care professionals provide information to schools, to be incorporated into the individual health care plan. Catering staff are alerted to any child's particular dietary requirements.

## **EPILEPSY**

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Parents and health care professionals provide information to schools, to be incorporated into the individual health care plan. Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Training in the administration of rectal diazepam is needed and will be available from local health services. Staying with the child afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal diazepam. Instructions for use **must** come from the prescribing doctor. Arrangements are for two adults, at least one of the same gender as the child, to be present for such treatment, this minimises the potential for accusations of abuse.

## **ANAPHYLAXIS**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets). The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.** Relevant staffs are trained in the use of these devices. In cases of doubt it is better to give the injection than to hold back. Adrenaline devices are stored in the office and classroom. They are kept safely and not locked for quick access. Parents and health care professionals provide information to schools, to be incorporated into the individual health care plan for those with severe reactions to allergens. Catering staff are alerted to any child's particular dietary requirements. Parents may ask for the head to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic children are taken.

## **13.0 Monitoring and Evaluation**

SLT will continuously monitor the effectiveness of all health and safety procedures. Action points will be agreed and discussed with staff. The Headteacher will include health and safety developments in their Head's report to the board of governors.

**Appendix 1**

**Confirmation of the Head's agreement to administer medicine**

Name of school setting: Dorothy Barley Junior Academy

It is agreed that ..... (Name Child) will receive:

Quantity and name of medicine.....

Time medicine to be administered.....

(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 parents).

Date:.....

Signed:.....

Ms C Leicester  
Headteacher

## Appendix 2

### 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 \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of  
staff \_\_\_\_\_

Staff initials \_\_\_\_\_



### Appendix 3

#### 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

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Name of Child:

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Date of Birth:

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Group/Class/Form:

---

Medical condition/illness:

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#### MEDICINE

Name/Type of Medicine (as described on the container):

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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)

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Procedures to take in an Emergency:

---

Signed Parent/Carer

---

Date

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Appendix 4 Medicines Administration Log

DBJA Administration of Medicines Log							
Insert child's name here	Date of birth	Date/s given	Medication type and medical condition	Administration details: dose/time/frequency	Person administering	Signed (staff)	SLT check and date