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MEDICATION AND MEDICAL CARE ADMINISTRATION POLICY

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Writing and Reviewing Medication and Medical Care Administration Policy

Medication and medical care administration relates to other policies including;

- Inclusion Policies
- Safe Guarding Policies
- Risk Assessments

Medication and Medical Care Administration Policy has been written by the school; building on the DCSF and LA Guidelines. This policy should be read in conjunction with *DfES guide 1448 - 2005 DCL-EN, published in March 2005. *This DfES guidance book supersedes other guidance produced to date. The policy is in line with the Education Act 1993, The Special Educational Needs and Disability Act (SENDA) 2001 and the Disability Discrimination Act (DDA) 1995.

Rationale

To ensure that all children are able to attend school regularly and that the administration of medication or medical care does not present a barrier to this.

This policy will sit alongside the health and safety policy and sets out how the school will plan to ensure that all children who require the administration of medication or medical care, will be supported.

Purpose

- to ensure the health and safety of pupils
- to ensure appropriate safeguarding protocols have been agreed and adhered to for the safety of pupils and adults
- to agree appropriate safe working practices
- to give clarity to individuals and their responsibilities and role to ensure safe medication and medical care
- to ensure appropriate accountabilities are clearly understood by all

Broad Guidelines

School will inform the various people of their roles and responsibilities (see DFES guideline, pages 67-70 for definitions). They are:-

Parent/carers with parental responsibility

- Must take responsibility for making sure that their child is well enough to attend school and take part in all learning activities. This includes group, class-based activities, organised trips and visits.
- Should ensure their child's school has contact numbers and arrangements are in place should a child become unwell.
- One parent is required to agree to or request, in writing, that medicines be administered.
- Should provide the Headteacher with sufficient information about their child's medical condition, medication and treatment or special care needed. (Proforma 1).
- Will reach an agreement with the Headteacher on the school role in helping with their child's medical needs. (Proforma 2).
- Should ascertain whether prescribed medication can be taken outside the school day. Parents should ask the prescribing doctor or dentist about this.
- Will confirm their agreement to the sharing of information with other staff to ensure the best care for their child.
- Should be aware of those infectious diseases which should result in not sending their child to school.
- Parents and carers should be aware, there is no contractual obligation for teachers, Headteacher to administer medication.

The Governing Body

- Will ensure that the health and safety policy is in place and regularly reviewed.
- Will, where necessary, ensure that risk assessments are carried out.
- Will also ensure this policy is up to date and compliant with relevant legislation and guidance.
- Will ensure that staff training needs are identified and appropriate training sourced.
- Will consider adding the phrase 'to assist in the specific medical and care needs of children when specific training has been undertaken' to the level 3 teaching assistant job description. This should be included under the support for the curriculum (specialist support).
- Will be aware that giving medication does **not** form part of the contractual duties of Headteacher or teachers.

The Headteacher

- Is responsible for implementing the agreed policy and ensuring that medical needs of children are correctly planned and policy and procedures followed.
- Should ensure that all staff are aware of the health and safety policy and the policy relating to medication in school.
- Will agree with the parents/carers, exactly how the school will support the child. Will seek further advice when required, from the school health adviser, the school paediatrician, other medical advisers or the LEA.
- Will identify at least two members of staff (one for actual, one for back up) who will be responsible for administering medication and ensure they are supported and provided with training. (Proforma 2,3). These persons should be named in an **individual health care plan**. (Proforma 1).
- Will ensure parents/carers are aware of the policy and procedures for dealing with medical needs, possibly through school prospectus.

Teachers/Staff

- Who work regularly with children with significant or complex health care needs, should understand the nature of the condition, and when and where the child may need extra attention.
- Should be aware of the likelihood of an emergency arising and must know what action to take should one occur (this applies to all staff, including supply teachers and mid-day assistants).

Staff have a common law duty of care to children in the school. They are in 'loco-parentis' and should therefore take the steps that a reasonable parent would take to promote or maintain the health of a child in their care and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.

Support Staff

- May have the administration of medication as part of their contractual 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.

- Whose duties include this role, must ensure that each and every intermittent or regular medication given is in accordance with the policy and procedures set out.
- Who administer medication must be named. The named person will assist in drawing up an **individual health care plan**, (Proforma 1) for those children who require it. (See DfES guidance on drawing up an **individual health care plan**).

Procedures

Short term health care needs

- Where children are well enough to attend school, but are required to take prescribed medication, parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. **It is recommended that in cases of recovery from short-term illness, only two days of medication should be taken at school.**
- Parents must complete a request form and undertake delivery and collection of medicines, (i.e., themselves or their adult representatives). (Proforma 2).

Long-term health care needs

- The school will endeavour to ensure information, including all relevant aspects of a child's medical history, is collected when they enrol or their circumstances change.
- For children with long-term health care needs, an **individual health care plan** will be drawn up in consultation with parents/carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures. (Proformas 1, 2, 4).
- For children transported to school by taxi, mini-bus or bus, it is recommended that their plan will contain information about how medication will be delivered to school.
- The school will emphasise, in writing, the need for parents/carers to share information relating to changes to medical needs with staff.
- Long term medication documentation will be held on the child's personal file.

Non-prescribed medication

- Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Where the head agrees to the administration of a non-prescribed medicine, it must be in accordance with procedures outlined in this policy.

- No child under 16 should be given medication without his or her parents/carers written consent. **A pupil under 16 should never be given aspirin or medicines containing ibuprofen, unless prescribed by a doctor.**
- Parents/carers are requested not to allow children to bring non-prescribed medication (i.e. Calpol, paracetamol) in school. The school cannot be held responsible for pupils self-medicating.
- If a child suffers intermittently from acute pain, such as migraine or period pain, the parents/carers with **school consent**, may authorise the supply of appropriate painkillers for their child's use with written, signed instructions about when the child should take the medicine. A similar arrangement can be made for children with hayfever. A member of staff **must** be aware that the child has taken medication, record it and must inform the parents/carers, in writing, on the day painkillers are taken.
- If a child suffers regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the child's GP.

Self management

- It is good practice to enable children to manage their own medication. If a child can take medication him or herself, staff will supervise this. The school policy sets out how children may carry and store their own medication after signed agreement from parents/carers (Proforma 2)
- All staff involved will be made aware of the child's medical needs and relevant emergency procedures.
- Some children may require immediate access to medication before or during exercise.
- Staff involved in sporting activities will be made aware of any relevant medical conditions and appropriate medical procedures. Any restrictions on a child's ability to participate will be recorded on their **individual health care plan**.

Generally, staff should not take children to hospitals in their own car. An ambulance should be called.

Intimate or Invasive Treatment

- Some staff are understandably reluctant to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse.

- Parents/carers, headteachers/head of setting will respect such concerns and should not put any pressure on staff to assist treatment, unless they are entirely willing.
- Each school has a school health adviser and school paediatrician it can approach for advice.
- The headteacher and governing body will arrange for appropriate training for staff with the appropriate health professional.
- The school should arrange for two adults, to be present for the administration of intimate or invasive treatment. Two adults will also often ease practical administration of treatment. (Proforma 3).
- Staff should protect the dignity of the child as far as possible, even in emergencies.

Hygiene and Infection Control

- All staff should be familiar with normal precautions for avoiding infection and must 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.

Special arrangements for children/staff with medical needs

- All children should participate on trips and managed outings, wherever safety permits.
- Additional staff arrangements may need to be made and if necessary, a risk assessment carried out.
- Arrangements for taking medication on outside trips may involve additional staff being advised of any medical needs and relevant emergency procedures.
- A copy of the **individual health care plan** (children and individual staff) should be taken on visits.
- If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the schools health service or the child's GP. See DfES guidance on planning educational visits.

Record Keeping

Records set out how medicines are managed, recorded and administered. This establishes a clear audit trail. (Proforma 2, 3).

- Parents/carers/individual staff must supply information about medication that needs to be administered in the school/setting.
- Parents/carers/individual staff should let the school/setting know of any changes to the prescription.
- School should ensure proformas are used to provide clarity and consistency.
- The school is not legally required to keep a record of medicines given to children and staff involved; however, it is good practice to do so.
- Where possible in schools, medical information will be recorded in SIMs STAR (scholarpack), background tab. It is recommended that this field is only updated for long-term illnesses or conditions.
- The school will ensure that information is transferred to any receiving school/setting and brought to the attention of the appropriate member of staff.

Storing Medication, including Controlled Drugs

- School should not store large volumes of medication.
- Headteacher may request that the parent or child brings the required dose each day or uses a weekly dispenser which is clearly labelled with the child's name and contains the dose to be administered for each day of the week.
- When the school stores medicines, staff should ensure that the supplied medication is labelled with:
 - the name of the child and their date of birth
 - the name and strength of the medicine
 - the dose needed by the child
 - the frequency of administration
 - any additional requirements - whether it needs to be taken with food, for example
 - the date of issue & the expiry date
 - the date it was dispensed

and a measuring spoon or dropper must be supplied if appropriate.

- Where the child requires more than one medication, each should be separately labelled, but should be stored together in one labelled container. (Proforma 2).
- The Headteacher is responsible for making sure that medication is stored safely.
- The child should know where their own medication is located.

It is not safe practice to follow re-labelled/re-written instructions, or to receive and use re-packaged medicines, other than as originally dispensed.

- A few medications such as asthma inhalers, must not be locked away and should be readily available to the child.
- Many schools allow children to carry their own inhalers. The headteacher will discuss whether this is appropriate with the child's parents/carers, taking into account the child's age and level of personal responsibility and this will be recorded on school's individual Asthma Management Card.
- Other medications will generally be kept in the school office which is not accessible to children. A locked drawer, cabinet or fridge is used.
- The use of controlled drugs in school/setting is sometimes essential. School should keep 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.
- Any named member of staff may administer a controlled drug to the child for whom it has been prescribed. 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 and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required, to arrange for safe disposal.
- Misuse of a controlled drug, such as passing it to another child for use, is a serious offence. Schools should have a drug policy in place for dealing with drug misuse.
- Some medications need to be refrigerated. Medication can be kept in a refrigerator containing food, but should be kept in an airtight container and clearly labelled. The school should restrict access to a refrigerator containing medicines.
- Staff who need to take medicines in school should make sure medicine is kept in a secure place which is not accessible to children (store cupboard/high shelf).

Access to medication

- Pupils must have access to their medication when required. (Proforma 1, 2).
- The school may want to make special arrangements for emergency medication that it keeps for certain children.
- It is also important to make sure that medication is only accessible to those for whom it is prescribed.

Disposal of medicines

- Parents/carers will collect medicines at the end of the dosage period.
- Parents/carers are responsible for the safe disposal of date expired medication (by returning to the local pharmacy or dispensing pharmacist). Expiry dates on medicines will be checked on a half termly basis by a named member of staff.

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. The procedures may either be set out in the policy or in an **individual child's health care plan**.
- Parents should be informed of the refusal on the same day.
- If a refusal to take medicine results in an emergency, the school emergency procedures should be followed.

Safety Management

- All medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer medication, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the control of Substances Hazardous to Health Regulations. (COSHH - 2002).

Emergency Procedures

Generally, staff should not take children to hospitals in their own car. An ambulance should be called.

- All staff must know emergency procedures, including how to call an ambulance. (Proforma 4).
- All staff must also know who is responsible for carrying out emergency procedures.
- A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- **Individual health care plans** should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency. (Proforma 1).

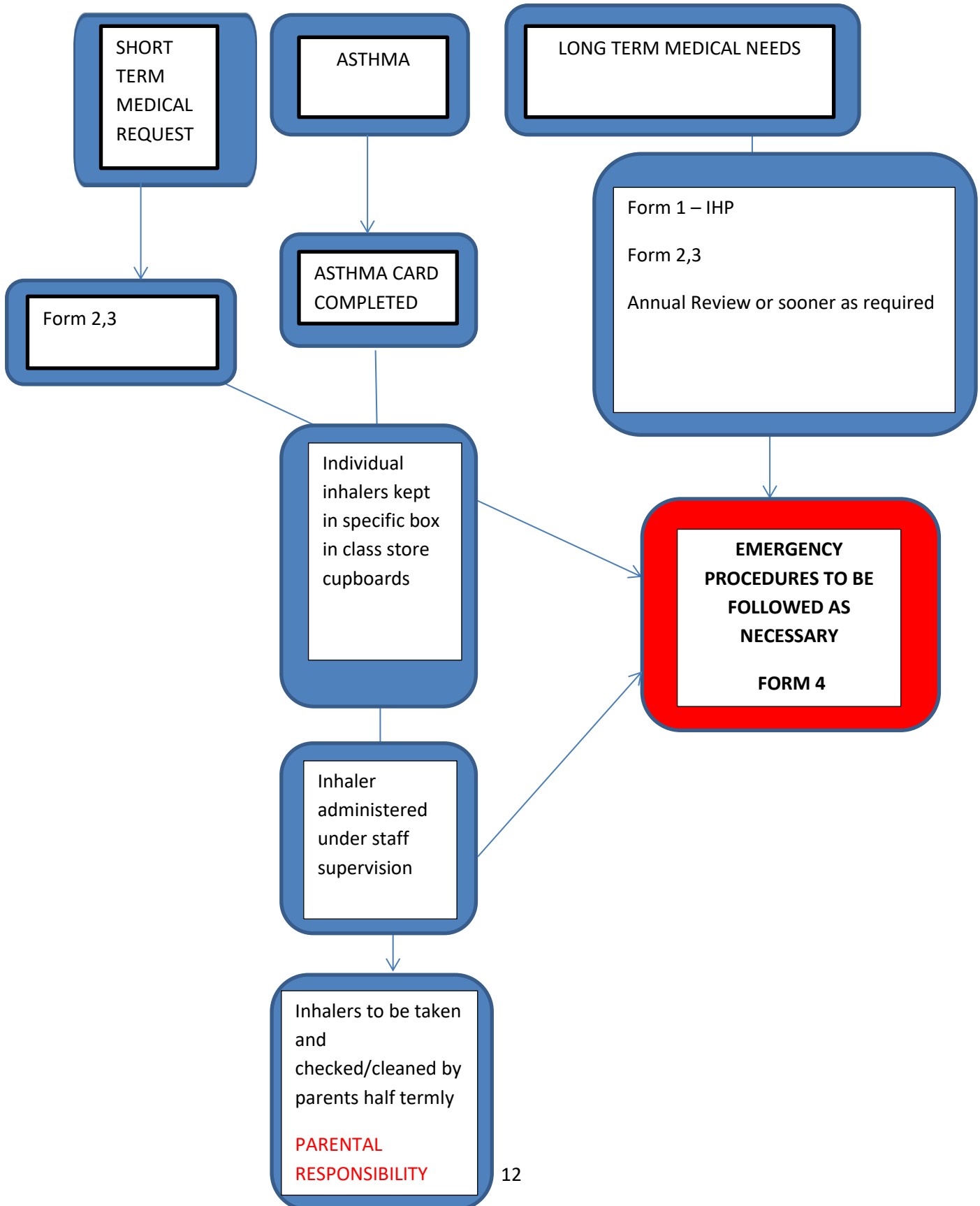
Staff Training

- A health care plan may reveal the need for training. Training can be arranged in conjunction with the PCT via the schools health adviser/paediatrician, or specialist nurse, and is to be organised on a case by case basis by the employer. Training through the CPD for more generic, best practice approaches, is being developed. (Proforma 5)

Confidentiality

- All medical information held is confidential. It should be agreed between the headteacher, child (if appropriate) and parent/carer, who else should have access to records and information about a child.

STATHAM SCHOOL FLOWCHART OF PROCEDURES





FORM 1

Healthcare Plan for a child/member of staff with medical needs

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's/adult's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's/adult's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

FORM 2



Statham Community Primary School

Parental agreement for 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 the staff can administer medicine.

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>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed 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 staff administering medicine in accordance with the school/setting policy. I understand that the dates of expiry are the parent's responsibility. It should also be understood that if on occasion a member of staff is otherwise occupied they will not be responsible if medicine is not given.

Signature _____ Date _____



Statham Community Primary School

Record of medicine administered to an individual child

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 _____

Signature of parent _____

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 initial			



FORM 3

Statham Community Primary School

Record of Medicine administered to all children

TWO STAFF MEMBERS TO BE PRESENT FOR THE ADMINISTRATION OF ALL MEDICINES

Date	Child's Name	Time given	Name of Medicine	Dose given	Any reactions	Signature of Staff	Print Name



FORM 4

EMERGENCY PLANNING

Request an ambulance to Statham Community Primary School - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number - School 01925 752142
2. Your name
3. Your location - Warrington Road, Lymm
4. State what the postcode is - WA13 9BE
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone



FORM 5

STAFF TRAINING RECORD

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

ADDITIONAL GUIDANCE

Supporting Pupils at School with Medical Conditions

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

NHS Headlice Guidance

<http://www.nhs.uk/Conditions/Head-lice/Pages/Introduction.aspx>

NHS Vomiting Guidance

<http://www.nhs.uk/Livewell/Yourchildatschool/Pages/Illness.aspx>

NHS Impetigo Advice

<http://www.nhs.uk/Conditions/Impetigo/Pages/Treatment.aspx>

Guidelines on an outbreak of Scarlet Fever

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322727/HE Interim guidelines for scarlet fever outbreaks in schools and nurseriesFINAL2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322727/HE_Interim_guidelines_for_scarlet_fever_outbreaks_in_schools_and_nurseriesFINAL2.pdf)