Medicine Administration Policy and Procedure

in conjunction with

Medical Conditions Policy

September 2021

Part of the Safeguarding Umbrella

Approved by Governing Body

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1. Introduction

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children may require medicines on a longterm basis, e.g. children with well-controlled epilepsy. Others may require medicines in particular circumstances, e.g. children with severe allergies who may need an adrenaline injection.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children and others are not put at risk.

An individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

Access to Education and Associated Services

Some children with medical needs are protected from discrimination under the Equality Act 2010. The Equality Act defines a person as having a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their abilities to carry out normal day to day activities.

Schools/settings must not discriminate against disabled pupils in relation to their access to education and associated services and should make reasonable adjustments for disabled children, including those with medical needs, at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.

2. Support for Children with Medical Needs

Parents have the prime responsibility for their child's health and should provide schools/settings with information about their child's medical condition. Parents and the child if appropriate should obtain details from their child's GP or paediatrician, if needed. The school nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

There is no legal duty that requires staff to administer medicines. Some schools have developed roles for support staff that build the administration of medicines into their job description or contract of employment. Schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

Staff managing the administration of medicines and those who administer medicines must receive appropriate training and support from health professionals. There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks. For details of training to support staff supporting children with medical needs, see paragraph headed 'Staff Training' under 'Drawing up a Healthcare Plan'.
Some children with medical needs have complex health needs that require more support than regular medicine. It is important to seek medical advice about each child's individual needs.

3. Roles and Responsibilities

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close cooperation between

schools/settings, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

3.1 Parents and Carers

It only requires one parent to agree to or request that medicines are administered. Where parents disagree over medical support the school should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

Parents should be given the opportunity to provide the school with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the head and SENCo, reach agreement on the school's role in supporting their child's medical needs. Ideally, the head and SENCo should always seek parental agreement before passing on information about their child's health to other staff.

3.2 The Headteacher and SENCo

The headteacher and SENCo should make sure that all parents and staff are aware of the policy and procedures for dealing with medical needs. They should also make sure that the appropriate systems for information sharing are followed. The policy should make it clear that parents should keep children at home when they are acutely unwell as well as covering the approach to taking medicines at school.

For a child with medical needs, the headteacher and SENCo will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head and SENCo should seek advice from the school nursing team, the child's GP or other medical advisers and, if appropriate, the Health Safety and Well-being team.

If staff follow documented procedures, they should be fully covered by the Council's public liability insurance if a parent subsequently makes a complaint.

3.3 Other Staff

Staff will be 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 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 should be 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. It is important that they are also provided with training and advice.

3.4 School Staff Giving Medicines

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 affects of the medicines and what to do if they occur.

3.5 Health Services

The school nursing team should help schools draw up individual health care plans for children with medical needs and may be able to supplement information already provided by parents and the child's GP. They may also be able to advise on training for school staff on administering medicines, or take responsibility for other aspects of support.

Any exchange of information between a GP and a school or setting should normally be with the consent of the child (if appropriate) or the parent. Usually consent will be given, as it is in the best interests of children for their medical needs to be understood by school staff.

Some children with medical needs receive dedicated support from specialist nurses or community children's nurses. These nurses can provide advice on the medical needs of an individual child, particularly when a medical condition has just been diagnosed and the child is adjusting to new routines.

4. Prescribed Medicines and Controlled Drugs

Medicines should only be taken to school/settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

Schools/settings should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin).

Any 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 and this guidance document.

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.

Schools/settings 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.

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 (details should be on the label).

4.1 Non Prescription Medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case – a note to this

effect should be recorded on the Parental/Headteacher Agreement for school to administer medicine (Appendix 1).

Where a non-prescribed medicine is administered to a child it must be recorded on the Record of Medicine Administered to an Individual Child (Appendix 1) and the parents informed. If a child suffers regularly from 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-containing medicine unless prescribed by a doctor.

5. Short Term and Long Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school/setting. This will usually be for a short period only, e.g. to finish a course of antibiotics. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school/setting where it would be detrimental to a child's health if it were not administered during the day.

It is important to have sufficient information about the medical condition of any child with long-term medical needs. Schools/settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments regularly special arrangements may also be necessary.

It is helpful to develop a written health care plan for such children involving the parents and relevant health professionals. This can include:

- details of a child's condition
- special requirements, 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

6. Drawing up a Health Care Plan

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary – see Appendix 1: Parental/Headteacher Agreement for School/Setting to Administer Medicine.

It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

Staff should judge each child's needs individually as children vary in their ability to cope with poor health or a particular medical condition.

In addition to input from the school health service, the child's GP or other health care professionals, those who may need to contribute to a health care plan include: the headteacher; the SENCO; the parent or carer; the child (if appropriate); class teacher/head of year; care assistant or support staff; staff trained to administer medicines.

6.1 Co-ordinating Information

Coordinating and sharing information on an individual pupil with medical needs, particularly in secondary schools, can be difficult. The headteacher should decide which member of staff has specific responsibility for this role. This person can be a first contact for parents and staff and liaise with external agencies.

Staff who may need to deal with an emergency will need to know about a child's medical needs. The head should make sure that supply staff know about any medical needs.

6.2 Off-Site Education or Work Placements

Schools are responsible for ensuring that work placements are suitable for students with a particular medical condition. Schools are also responsible for children with medical needs who, as part of key stage 4 provision, are educated off-site through another provider, e.g. the voluntary sector or a further education college. Schools should consider whether it is necessary to carry out a risk assessment before a child is educated off-site or has work experience.

Where students have special medical needs the school will need to ensure that such risk assessments take into account those needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

6.3 Training

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies.

Staff should not give medicines without appropriate training from health professionals. When staff agree to assist a child with medical needs appropriate training should be arranged in collaboration with local health services.

In addition, staff supporting children with medical needs should attend the in-service training course 'Raising Awareness of Chronic Medical Conditions: Asthma, Diabetes and Epilepsy'.

6.4 Confidentiality

The head and staff should always treat medical information confidentially. The head should 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.

7. Managing Common Conditions

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

Separate guidance on management of these conditions is available from Educator Solutions. These guidance documents provide basic information about these conditions but it is beyond their scope

to provide more detailed medical advice and it is important that the needs of children are assessed on an individual basis.

Staff supporting children with medical needs should attend applicable training courses.

8. 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:

- ask the child their name and match it to the name on the medicine
- check the prescribed dose
- check the expiry date
- follow the 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 a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a relevant health professional.

Schools should also arrange for **two** members of staff to complete and sign the form Record of Medicine Administered to an Individual Child (Appendix 2) each time they give medicine to a child.

8.1 Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop they should be 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. Health professionals need to assess, with parents and children, the appropriate time to make this transition. However, there may be circumstances where it is not appropriate for a child of any age to self-manage.

If children can take their medicines themselves, staff may only need to supervise. The policy should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber regarding the individual child. A parental consent form should be used in these circumstances.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept safely. However, children could access them for self-medication if it is agreed that it is appropriate.

8.2 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 the child's health care plan. Parents should be informed of the refusal on the same day.

9. Record Keeping

Parents should tell the school/setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

In all cases it is necessary to check that written details include: name of child; name of medicine; dose; method of administration; time/frequency of administration; any side effects; expiry date.

Parents should be given form: Parental/Headteacher Agreement for School/Setting to Administer Medicine (see Appendix 1) to record details of medicines in a standard format. This form confirms, with the parents, that a member of staff will administer medicine to their child.
Schools/settings must keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. Record of Medicine Administered to an Individual Child (see Appendix 2) must be used.

10. Educational Visits and Sporting Activities

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

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 visits should always be aware of any medical needs and relevant emergency procedures. Copies of health care plans should be taken on visits in the event of the information being needed in an emergency.

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 school health service or the child's GP.

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. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. 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. Home to School Transport

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Individual transport health care plans will need input from parents and the responsible

medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

Schools do not always make relevant information from health care plans available to the Travel and Transport Services team. Schools should make every effort to provide relevant information to this team so that risks to pupils are minimised during home to school transport.

All drivers and escorts should have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some pupils are at risk of severe allergic reactions. These risks can be minimised by not allowing anyone to eat on vehicles. All escorts should also be trained in the use of an adrenaline pen for emergencies where appropriate.

12. Dealing with Medicines Safely

12.1 Storing Medicines and Access

Large volumes of medicines should not be 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. Where a child needs two or more prescribed medicines, each should be in a separate container.

Children should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Many schools allow children to carry their own inhalers. Other non-emergency medicines should generally be 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.

Children need to have immediate access to their medicines when required. The school/setting may want to 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. This should be considered as part of the policy about children carrying their own medicines.

12.2 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 paediatrician. Collection and disposal of the boxes should be arranged with the district council’s environmental services.

12.3 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. See also guidance on Infection control and controlling hazardous substances on Educator Solutions.

12.4 Emergency Procedures

All schools/settings should have arrangements in place for dealing with emergency situations. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. In remote areas a school should make arrangements with a local health professional for emergency cover.

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.

Appendix 1

Parental/School Agreement for School to administer medicine

The school will not give your child medicine unless you complete and sign this form.

Date	
Child's name	
Class	
Name and strength of medicine	
How much to give	
When to be given	
Any other instructions	
Medicines must be in the original container as dispensed by the pharmacy.	
The school assumes all contact details are up-to-date and correct.	

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

Parent's signature Date:

Print name

Confirmation of school agreement to administer medicine

School Signatory Date:

Appendix 2

Record of medicine administered to an individual child	
Name of School	Falcon Junior School
Name of Child	
Class	
Date medicine provided by parent	
Quantity received	
Name of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials (1)			
Staff initials (2)			

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials (1)			
Staff initials (2)			

Continuation of sheet for ……………………………………………(name of child)

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials (1)			
Staff initials (2)			

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials (1)			
Staff initials (2)			

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials (1)			
Staff initials (2)			

Date			
Time given			
Dose given			
Any reactions			
Name of member of staff			
Staff initials (1)			
Staff initials (2)			