

# Medicines in Schools Policy



## Mission Statement

At St Joseph's we welcome all  
as members of our school family.  
We learn and care for each other as brothers and  
sisters; enriched by the teachings of Jesus.

We encourage creativity;  
valuing our unique talents and skills as gifts from  
God.

Working alongside pupils and parents\*/carers,  
we can all succeed and realise great things.

Serving the communities within the Parish of St  
Joseph's and St John the Baptist and beyond,  
we reach out to all.

We respect each other, our different cultures and  
faiths; celebrating our richness and diversity.

Through worship and prayer we show our love;  
striving to achieve our very best.

## Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities. This is more likely to be short term e.g. completion of a course of antibiotics. Other pupils have medical conditions that, if not managed, could limit their access to education and are regarded as having 'medical needs'. Many children with medical needs are able to attend school regularly and with support, take part in most school activities.

This policy has been written in line with the Brighton & Hove City Council (BHCC) 'Administration of Medicines in Schools and Early Years Settings' (HS-S-32) in order to manage individual children's medical needs in relation to the administration of medication. All appendices mentioned

in this policy can be found in form HS-S-32. This document will also help ensure compliance with the Medical Standard of the National Service Framework for Children.

Some children have complex medical needs that require intervention to ensure their ongoing comfort and wellbeing and/or to prevent life threatening circumstances. To enable these children to have access to school, staff may need to carry out medical procedures. Separate and specific guidance has been produced for non medical staff in undertaking medical interventions. These are all available on the Administration of Medicines & Personal Care pages on the Wave and should be followed (and training sort where appropriate) if this situation arises in school.

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## **Responsibilities**

### **BHCC Chief Executive**

The BHCC Chief Executive is responsible for ensuring that procedures for the administration of medication and infection control are prepared and in place. In practice this responsibility is devolved to managers, head teachers and supervisors, with the support and guidance of the Health & Safety Team.

### **Director of Children's Services**

The Director of Children's Services has a responsibility to support schools and settings by clarifying their responsibilities for the administering of medication. The Health & Safety team, on behalf of the Director of Children's Services, monitors the implementation of this standard through the health and safety audit programme.

### **Head teachers and Governing Bodies**

Head teachers and governing bodies will:

- Review the individual establishment policy on the administration of medicines and support children with complex medical needs in line with document HS-S-32;
- Implement effective management procedures to manage individual children's medical needs;
- Nominate sufficient staff within the school to manage the process of administering medicines as part of their duties;
- Ensure staff (whether as part of their job description or as a voluntary role) are appropriately trained to support children with medical needs and to administer medication safely;
- Ensure that all staff are informed about the action to be taken in the event of a medical emergency;
- Implement a management system for effective information sharing within the school and healthcare professionals;
- Agree with parents the support that can be provided on an individual basis;
- Ensure that medicines are stored and handled correctly.

### **Employees**

Employees have a duty to protect their own health and safety, and of others who may be effected by their acts or omissions. In the context of this, their duty is carried out by:

- Following instructions, procedures and administering medication in a safe manner in accordance with training and supervision;
  - Using protective equipment and controls (if required) in a safe and proper manner not likely to cause themselves or others any harm;
  - Co-operating in the implementation of this standard and its associated guidance;
  - Reporting problems or defects with equipment or control measures and notifying managers of any changes that may affect risks to health.
  - Reporting any medication errors/incidents (including overdosing/giving the wrong amount, administering the wrong medication or failing to administer medication when it was required etc)
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## **Legalities**

### **Liability of Staff Administering Medicines**

Although there is no legal duty on staff to administer medicines, in the event of an emergency all members of staff are under a duty of care to assist a child. Section 3 (5) of The Children's Act recognises that school staff might need to react in an emergency. The key principle is that they should act reasonably. Civil law has evolved the concept of 'in loco parentis' - this means in civil cases judges may use case law precedent to decide whether school staff have acted as a reasonably prudent parent would.

### **Indemnification of Staff**

In order to give reassurance to staff who assist with administering medication, Brighton and Hove City Council (BHCC) agrees to fully indemnify its staff administering medication in schools providing the medicines are being administered in accordance with the procedures detailed within this policy. Staff must have been appropriately trained and be acting in accordance with the training they have received. In the most unlikely event of any civil action for damages being taken against an individual, the council will accept responsibility. Any member of staff will be fully supported throughout the process should an allegation be made.

### **Equalities Act Requirements of this Policy**

The Act states that children with special educational needs should have their needs met and that they will normally be in mainstream schools. Unless a parent indicates that they do not want their child educated in a mainstream school, the Local Authority must ensure that the child is educated in a mainstream school unless it is incompatible with the efficient education of other children and reasonable adjustments cannot be made. It is unlawful for any school to discriminate against disabled children (current or prospective) in relation to all education and associated services for children and prospective children- in essence, all aspects of school life, including extracurricular activities and school trips. A disabled child can be discriminated against in two ways:

- If a school treats a disabled child or prospective child less favourably than another because of his or her disability
  - If a school has failed to take "reasonable steps" which lead to a disabled child and prospective persons being placed at a "substantial disadvantage" compared to non-disabled children.
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## **Policy Guidelines and Procedures**

The Governing Body and Head Teacher of St Joseph's Catholic Primary School have decided to administer medicines, both prescription and non-prescription medicines, within the school. The procedures for this process are listed below.

### **Procedures for the administration of medication**

It is important for the school to have adequate facilities when administering medication. Only staff who are willing and have been appropriately trained will administer medicines. If staff are not willing to administer treatment it is essential that appropriate aid is summoned urgently by telephoning for an ambulance (dial 999).

When administering medicines at St Joseph's Catholic Primary School, the following precautions will be taken:

#### ***Consent and instructions***

A child will not be given any medication without parental consent. All *prescribed* medicines that are to be administered in school will be accompanied by written instructions from the healthcare professional, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage.

For the administration of *non-prescribed* medication, the school will obtain written instructions from the parent, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage. This information will be provided on the parental consent form. Each time there is a variation in the pattern of dosage a new form will be completed. If necessary the school nurse can assist with the completion of the form.

For children who have statements of special educational need, a revised form will be obtained as part of the annual review procedure.

#### ***Preventing administration errors***

Medicines should be brought to school in the original container as dispensed by a pharmacist and should include the following written information:

- Name of child/young person
- Name of medication;
- Dose;
- Method of administration;
- Time and frequency of administration;
- Other treatment;
- Any side effects
- Expiry date

Where a child has a number of medications, these will be stored together, in individual containers which are clearly labelled with the child's name. Children should never carry medicine to and from schools. Medicine must be handed over by the parent/guardian as soon as the child arrives at the school.

Medication will only be given to the named child. Pupils will not be given medication that has been prescribed for another pupil. Parents are responsible for ensuring that there is sufficient medication to be used in the school and that the medication has not passed its expiry date.

Where there is any doubt about the correct dosage to be administered, advice will be obtained from the child's healthcare professional before the medicine is administered.

Only one member of staff at any one time will administer medicines (to avoid the risk of double dosing). (Staff authorised and who are happy to administer medicines, are included on the last page of this policy). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers drugs, a system must be arranged to avoid the risk of double dosing, staff must consult the 'Administered Medication Record Book' before any dose is given, etc.

### ***Intimate administration***

Some children require types of treatment which school staff may feel reluctant for professional or other reasons to provide, for example, the administration of rectal Diazepam, assistance with catheters or the use of equipment for children with tracheostomies. These procedures must be carried out with the approval of the head teacher and in accordance with instructions issued by the relevant healthcare professional.

A consent form for the administration of rectal diazepam that must be completed by the child's paediatrician.

For the protection of both staff and child a second willing member of staff must be present while intimate procedures are being followed (staff authorised and who are happy to administer this are included on the last page of this policy). Appropriate personal protective clothing, e.g. gloves, must be worn during the administration of medicines/catheterisation procedure, etc. The process for administering 'intimate' medication/undertaking such procedures must be documented (e.g. within a care plan) to ensure consistency, continued dignity of the child and to protect staff.

### ***Medication administered in an emergency***

It is essential that where children have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take appropriate action. Training and advice on recognition of symptoms can usually be offered by the healthcare professionals. All schools should devise an emergency action plan for such situations after liaising with healthcare professionals, etc. This has implications for school journeys, educational visits and other out of school activities. Planning should take into account access to a telephone in an emergency, which might involve the use of mobile phones, in order to summon medical assistance or an ambulance. There may be occasions when individual children have to be excluded from certain activities if appropriate safeguards cannot be guaranteed. Where a controlled drug has been prescribed, staff should be aware that these need to be kept in a secure container. However, a child can access them for self-medication if it is agreed that it is appropriate.

### ***Refusing medication***

If a child refuses to take their medication, they should not be forced to do so and a note should be made in the administration of medicines record. The parents/guardian should be informed of the refusal on the same day. If the refusal results in an emergency, the school emergency procedures should be followed. These procedures should be set out in the policy and/or the health care plan for the individual child.

***Hygiene/infection control***

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff have access to and should wear protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in HS-S-11 First Aid Standard and HS-S-14 Infection Control Standard & Guidance.

***Storing medication safely***

The school does not store large amounts of medication. All medication is stored at the school office or refrigerated in the staff room fridge (within an airtight container). The school chooses not to request that the required dose be brought in each day. Staff should only store, supervise and administer medicine that has been prescribed for an individual child or for non-prescribed medicine, that has been authorised (via a consent form) by the parent/guardian. Medicines should always be provided in the original container and include the prescriber's instructions and name of the child (if prescribed) or in the case of non-prescribed medicines, clearly labelled with the child's full name and date of birth. If a pupil requires two or more prescribed medicines, each should be in its separate original container.

Pupils are advised to contact the school office if they need their medication. The head teacher is responsible for ensuring that medicines are stored in accordance with the product instructions and safely away from children. All emergency medicines, e.g. asthma inhalers, epi-pens, should be easily accessible however they should be kept secure. The location of the medicines has been carefully considered. The location is lockable but also provides quick access for staff in an emergency.

All non-emergency medicines are kept in a locked cabinet used only for that purpose. Controlled drugs are kept in a locked non portable container and only named staff have access. The names of the persons responsible for the cabinet or administering medication are stated on the cabinet. In case of emergency the key is readily available to all members of staff to ensure access.

For medicines that need to be refrigerated, the school keeps them within a refrigerator in the staff room within an airtight container that is clearly labelled.

Advice will be sought from the school nurse if any queries arise regarding the safe storage of medicines.

***Disposal of medicines safely***

School staff do not dispose of medicines. Parents will be asked to collect medicines held at school at the end of each term. Parents are responsible for disposal of date expired medicines. The school nurse may be able to safely dispose of any medicines that are not collected. A model log in/out form is available in Appendix I H in form HS-S-32.

Sharps boxes are always used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the relevant healthcare professional. Collection and disposal are arranged with the registered special waste contractor or with the parent/guardian of the child using the sharps.

***Developing individual health care plans for children with medical needs***

For pupils who have medical needs, the school develops individual health care plans to identify necessary safety measures that need to be put in place to fully support the pupil. The aim of a health care plan is to identify the support a child with medical needs requires. Not all children with

medical needs will require an individual plan. An agreement with parents may be all that is necessary and an example of this form is included in Appendix C H in form HS-S-32.

The health care plan clarifies for staff, parents and the child, the help that can be provided. The plan includes:

- Special requirements, e.g. dietary needs;
- Medication and any side effects;
- What constitutes an emergency and what to do/not to do and who to contact
- Procedures to be followed when transporting the child/young person (e.g. off-site visits or home to school/setting transport);
- Information sharing and record keeping;
- The role the staff can play. It is important for the school to be guided by the child's healthcare professional. An agreement between the school and parents will be necessary on the frequency of review of the plan and it is recommended that this takes place at least once per year. Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child. In addition to the school, health service and the child's healthcare professional, those who may need to contribute to a health care plan are:
  - Head teacher;
  - Parent/guardian;
  - Child (if appropriate);
  - Class teacher
  - Teaching assistant or support staff (if applicable);
  - SENCO;
  - Staff who are trained to administer medicines;
  - Staff who are trained in emergency procedures.

Co-ordinating and sharing information on an individual child with medical needs can be difficult. Therefore, the head teacher has nominated the SENCO with support of the Welfare Officer as the people who have specific responsibility for this role. This SENCO with support of the Welfare Officer are the first point of contact for parents, staff and external agencies and it is recommended that training in managing medicines is attended. The health care plan may identify the need for specific staff to have further information about a medical condition or training in administering a particular type of medication or dealing with emergencies. Medicines will not be administered unless staff have received, appropriate and current training. The timescales between training should be advised by healthcare professionals and recorded – an example form is provided in Appendix G H in form HS-S-32.

An example health care plan (Appendix A H in form HS-S-32) and protocol for the administering of medication (Appendix B H in form HS-S-32) have been provided.

### ***Consider administration of medicines during offsite activities and educational visits***

The school encourages children with medical needs to participate in safely managed visits. The group leader, in liaison with the head teacher, will consider the reasonable adjustments to be made to enable children with medical needs to participate fully and safely on any activities. This will be undertaken through risk assessment. It may be decided that further control measures are necessary e.g. an additional adult to accompany an individual child. Arrangements for taking any necessary medication will be considered as well as the storage requirements. All staff supervising off-site activities or educational visits will be made aware of any medical needs and the relevant emergency procedures. A copy of the individual health care plan will be taken on visits in the event of the information being needed. If staff are concerned about whether they can provide for a child's safety or the safety of other children, they will consult with the parents, relevant healthcare professionals and the Outdoor Education Adviser.

***Sporting activities***

Most children with medical conditions can participate in sport or extra curricular activities. For many, physical activity can benefit their overall social, mental and physical health and well-being. The school will include any restrictions on a child person's ability to participate in PE in their individual health care plan with clearance obtained from the child's healthcare professional if required. Some children need to take precautionary measures before or during exercise or may need to have immediate access to their medication. If a child suffers a severe adverse medical reaction, clearance will be obtained from their healthcare professional before resuming the activity.

***Home to school transport***

Most children with medical needs do not require supervision on school transport but the school will provide an escort where necessary.

Where home to school transport is being provided, the council must take reasonable care to ensure that children are safe during the journey. Where children have specific medical needs, the driver and/or escort should know what to do in a medical emergency but should not, generally administer medication. Where children have life threatening conditions or a medical need that requires an emergency response, specific health care plans will be carried on vehicles detailing the symptoms that may be displayed and the action to be taken by the driver and/or escort. Before sharing any information, parental consent will be obtained. All drivers and escorts will receive basic first aid training and where appropriate, an awareness session on complex medical needs and the procedures to be followed in an emergency.

Some children are at risk of severe allergic reactions. This risk can be minimised by not allowing anyone to eat on vehicles. It is recommended that all escorts are trained in the use of an adrenaline pen for emergencies, where appropriate

***Ensure staff have appropriate training***

Only staff who are willing and have been appropriately trained will administer medicines. In the school's case all of our office staff have confirmed that they are willing (specific persons are named in the table at the end of this policy). This is with the approval of the head teacher and in accordance with instructions issued by the paediatrician or GP. Training in invasive procedures will be conducted by qualified medical personnel. The school nurse is able to provide advice on nursing matters. A consent form for the administration of rectal Diazepam that is to be completed by the child's paediatrician is shown in Appendix H in form HS-S-32.

It is recommended by the DCFS that schools ensure they have sufficient members of support staff, with appropriate training, to manage medicines as part of their duties and that these duties are included in job descriptions. If staff are not willing to administer treatment it is essential that appropriate aid is summoned urgently by telephoning for an ambulance. In some cases the ambulance crew will be able to administer the medication en route to the nearest hospital. In any event they will be able to radio for advice and give advance warning of the child's condition before arriving at hospital.

It is essential that where children have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take appropriate action. Training and advice on recognition of symptoms can usually be offered by the school doctor or nurse.

***Maintain appropriate records***

Parents are responsible for supplying information about the medication and informing schools about changes to the prescription or the support needed. However, the school will check that this is the same information as that provided by the healthcare professional or on the prescribed instructions.

A parental consent form will be obtained before the administration of any medication (an example form is in Appendix C in form HS-S-32).

### ***Recording administration***

When administering medication, staff will complete and sign a record of administration. An example of such a record book/form is in Appendix E in form HS-S-32. Staff members giving medication will check:

- Pupil's name;
- Written instructions provided by parents;
- Prescribed dose;
- Expiry date;
- That all pupils who are due to receive medication have received their medication

### ***Record Retention***

Records of any medication administered by the school to a pupil, will be kept until that child is 21 years old. (If incident occurs or a parent indicates that they may take legal action, then it is recommended that the related paperwork is kept for 10 years.)

**Staff authorised and who have agreed to administer medicines and medical procedures:**

<b>Staff Member</b>	<b>Staff Name</b>	<b>Procedure Agreed</b>
<b>Welfare Officer</b>	<b>Liz Messenger</b>	<b>Administer prescribed and non-prescribed medicines and diabetes medication. To administer invasive (with relevant training) and intimate procedures. To assist in the development of individual health care plans.</b>
<b>Office Administrator</b>	<b>Becky Hill</b>	<b>Administer prescribed and non-prescribed medicines. To administer invasive (with relevant training) and intimate procedures.</b>
<b>Teaching Assistant</b>	<b>Yvonne Hill</b>	<b>To administer diabetes medication only.</b>
<b>Teaching Assistant</b>	<b>Lynne Cox</b>	<b>To administer diabetes medication only.</b>
<b>Learning Mentor</b>	<b>Vicky Arnold</b>	<b>To administer diabetes medication only.</b>
<b>School Business Manager</b>	<b>Martine Rhodes</b>	<b>Administer prescribed and non-prescribed medicines. To administer invasive (with relevant training) and intimate procedures.</b>
<b>SENCO</b>	<b>Pippa Davies</b>	<b>To develop individual health care plans.</b>

\*Section 576 of the Education Act 1996 defines 'parent' as:

- All natural parents, whether they are married or not
- Any person who, although not a natural parent, has parental responsibility for a child or young person
- Any person who, although not a natural parent, has care of a child or young person (having care of a child or young person means that the child lives with and is looked after by that person, irrespective of what their relationship is).