

Managing Medicines Policy

Our 'Managing Medicines' policy sets out the steps which we take to ensure full access to learning for all our children who have medical needs and are able to attend school.

Short term need for medication

1.1. At some time during a pupil's school life, he/she may need to take medication – e.g. to finish a course of antibiotics or apply a lotion and to minimise the amount of time a pupil is away from school, it may be necessary to continue the treatment of antibiotics or lotion after the pupil returns to school to finish the course of medication. Where this happens it is advised that the parent requests that the prescription is such that the pupil does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose. If the dose-frequency requires the child to take medication during the school day, in the short term, the parent will need to come to school to administer.

2. Long term need for medication

2.1. The school will only administer prescription medication when this is necessary in order to assist pupils with long-term or complex medical needs and where it would be detrimental to a pupil's health if the medicine was not administered during the 'school day'. In such circumstances, school and parents/carers will complete a Health care Plan; a parental agreement form for the school to administer medicine; and a form confirming the head's agreement to administer medicine. The school will decide which member(s) of staff will administer the medicine. We only allow medications onto the premises that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. We do not administer non-prescribed medicines.

3. Practical arrangements to ensure safety

3.1. Medicines must be provided in an original container (as dispensed by the pharmacist) and include the prescriber's instructions for administration. Prescribers should be encouraged to provide two prescriptions for a child's medication, where appropriate and practicable: one for home and one for use in the school, avoiding the need for the repacking or re labelling of medicines by parents. Any medication brought into school must be clearly marked with the name of the pupil and the recommended dosage. It must be kept secure, unless there are valid reasons for the pupil to keep that medication with them (e.g. asthma inhaler).

3.2. The SCHOOL will not ACCEPT MEDICINES THAT HAVE BEEN REMOVED FROM THEIR ORIGINAL CONTAINER NOR MAKE CHANGES TO DOSAGE ON PARENTAL INSTRUCTION.

3.3. Medicines are stored in the school office in a locked container.

3.4. Any member of staff giving medicine should check: the pupil's name; that there are written instructions provided by the parent or doctor; and the prescribed dose and the expiry date of the medicine.

- 3.5. If there is any doubt about these details, or they are not provided, then medication should not be given until the full details are known. Medication should not be administered until full information is provided.
- 3.6. Each time a pupil is given medication a record should be made, including the date, time, what was administered and, if necessary, details of any problems, which the person administering the medication should sign. A pro forma is kept in school for this purpose.
- 3.7. Staff should avoid bringing medication to school. Any medication which it is necessary to bring into school should be locked away and inaccessible to pupils.

4. Responsibility

- 4.1. The School accepts responsibility for members of staff who volunteer to give, or supervise children taking, prescribed medicine during the school day. The administering of medicine in school is a voluntary role for individual members of staff. Those who undertake this role and/or provide support to pupils with medical needs require sufficient training, information and instruction from the Headteacher and the child's parent/carer. Staff who volunteer to assist with the administering of medication and have been authorised by the Headteacher to undertake this task will be covered under the school's employer's liability insurance.

5. Asthma, Epilepsy, Diabetes, Anaphylaxis

- 5.1. We follow the guidance given in managing Medicines in Schools and Early Years Settings DES/DFH 2005 including the practical advice relating to Asthma, Epilepsy, Diabetes and Anaphylaxis.
- 5.2. Schools should encourage young people to take control of their medication and illness from a young age. The ages that children are able to take control of their medicines varies enormously. It should however be considered that in some circumstances a young person might not ever mature enough to take medical responsibility for themselves at school. As young people grow, develop and mature they should be encouraged to participate in decisions about their medications and to take responsibility.
- 5.3. If pupils are able to take medication themselves, then staff may only need to supervise. If a child is responsible enough to carry a particular medicine eg an inhaler, permission from a parent /carer is needed. The school needs to ensure that the safety of other pupils is not compromised in this situation.
- 5.4. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to pupils and should not be locked away.

6. Confidentiality

- 6.1 Staff always treat medical information confidentially. There should be agreement with the child and parents about who else should have access to records and other information about the child.

APPENDIX I: FORMS

- Form 1:** Healthcare Plan
- Form 2 A:** Parental agreement for school/setting to administer medicines
- Form 2 B:** Parental agreement for school/setting to administer medicines
- Form 3:** Head teacher/Head of setting agreement to administer medication
- Form 4:** Record of medicine administered to an individual
- Form 5:** Record of medicines administered to all children
- Form 6:** Request for child to carry his/her own medicine
- Form 7:** Staff training record - administration of medicines
- Form 8:** Authorisation for administration of rectal diazepam
- Form 9:** Emergency planning - request for an ambulance

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

FORM 1 - Healthcare Plan

Name of School/Setting _____

Pupil's name _____

Group/Class/Form _____

Date of Birth _____

Pupil's Address _____

Medical Diagnosis or Condition _____

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

GP

Name _____ Name _____

Phone No. _____ Phone No. _____

Describe medical needs and give details of pupil's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

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

Follow up care:

Who is responsible in an Emergency: (State if different for off-site activities)

Form copied to:

FORM 2A

Parental agreement for school/setting to administer medicine

The school/setting will not give your child's 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 _____

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

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

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)

Procedures to take in an Emergency: _____

Contact Details

Name:

Daytime Telephone No:

Relationship to Pupil:

Address:

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service that the school/setting is not obliged to undertake.

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

Date:

Signature(s):

Relationship to child:

FORM 2B

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 _____

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be given to school/setting _____

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

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

Agreed review date to be initiated by
[name of member of staff]: _____

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

Parent's signature: _____ Print Name: _____

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

FORM 3

Confirmation of the Head's agreement to administer medicine

Name of School/Setting _____

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

_____ *[name of pupil]* 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]*.

Name: _____

Date: _____

Signed: _____

[The Head teacher/Head of Setting/Named Member of Staff]

Confirmation of staff members' voluntary consent to administer medicine:

Name: _____

Date: _____

Signed: _____

FORM 4

Record of medicine administered to an individual pupil

Name of School/Setting _____

Name of Pupil _____

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 _____

Date	_____	_____	_____
Time Given	_____	_____	_____
Dose Given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Date	_____	_____	_____
Time Given	_____	_____	_____
Dose Given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Date	_____	_____	_____
Time Given	_____	_____	_____
Dose Given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Date	_____	_____	_____
Time Given	_____	_____	_____
Dose Given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____

FORM 5
Record of medicines administered in school/setting to all children

Name of School/Setting _____

Print Name					
Signature of Staff					
Any Reactions					
Dose given					
Name of Medicine					
Time					
Pupil's Name					
Date					

FORM 6

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS / CARERS

If staff have any concerns discuss request with school healthcare professionals

Name of School/Setting: _____

Pupil's Name: _____

Group/Class/Form: _____

Address: _____

Name of Medicine: _____

Procedures to be taken in an emergency: _____

Contact Information

Name: _____

Daytime Phone No: _____

Relationship to pupil: _____

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: _____ Date: _____

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

FORM 7
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 (please state how often)

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested Review Date: _____

FORM 8

Authorisation for the administration of rectal diazepam

Name of School/Setting _____

Pupil's name _____

Date of birth _____

Home address _____

GP _____

Hospital consultant _____

_____ [*name of pupil*] should be given Rectal Diazepam ____ mg. If he/she has a *prolonged epileptic seizure lasting over ____ minutes

OR

*serial seizures lasting over _____ minutes.

An Ambulance should be called for *at the beginning of the seizure

OR

If the seizure has not resolved *after _____ minutes.

(* please delete as appropriate)

Doctor's signature: _____

Parent's signature: _____

Print Name: _____

Date: _____

NB: Authorisation for the Administration of Rectal Diazepam

As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the pupil's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately.

The Authorisation should clearly state:

when the diazepam is to be given e.g. after 5 minutes; and

how much medicine should be given.

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5 or similar

FORM 9 - Contacting Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number

2. Give your location as follows: (insert school/setting address)

3. State that the postcode is

4. Give exact location in the school/setting (insert brief description)

5. Give your name

6. Give name of pupil and a brief description of pupil's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

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

Put a completed copy of this form by the telephone