

Managing Medicines in York Schools, Early Years and Out of School settings

LA Guidance based on DfES Managing Medicines
in Schools & Early Years Settings March 2005
reference 1448-2005DCL-EN (updated Nov 2007)

Specialist Teaching Team
Physical Disability and Medical Needs Team

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Foreword

This guidance reflects a collaborative agreement between City of York Council Learning, Culture and Children's Services, York Hospitals Foundation Trust, North Yorkshire and York Primary Care Trust, the Teaching Unions and UNISON. It reflects the DfES guidance Managing Medicines in Schools & Early Years Settings document, which was produced in March 2005 reference 1448-2005DCL-EN (updated Nov 2007). Heads of establishments are advised to refer to the DfES (now DCSF) publication by visiting the website <http://www.dcsf.gov.uk> for a downloadable version.

The purpose of this guidance is to define City of York Local Authority policy for managing medication in schools and other settings and to help heads of establishments draw up policies and put in place effective management systems to support individual children with medical needs.

Most children/young people will, at some time, have a medical condition that may affect their participation in education/other activities. For many this will be short term perhaps finishing a course of medication. However, some children have complex, longer term or permanent medical needs and may require medicines on a long term basis. Some children may require medicines only in particular circumstances eg because of severe allergic reactions and some may need special or modified diets to keep them well. Some children may need an individual health care plan to identify the necessary safety measures to support the child and ensure they and others are not put at risk.

It is recommended that school governing bodies adopt this guidance by minuting their acceptance, by keeping the subject as a standard item for review during their meetings and by using it as a basis for training staff. Headteachers and heads of settings are also

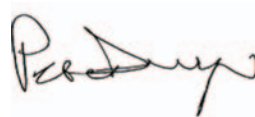
urged to ensure that the document is shared within their establishments so that all staff, volunteers and others working in schools and settings are aware of its existence and content.

It is recognised that the administration of medicines by teachers and school staff is not part of standard contracts. This is a voluntary role and staff who provide for pupils with medical needs, or who volunteer to administer medication, need support from the headteacher and from parents; they need access to information, training and reassurance about legal liability. Close co-operation between schools, parents, health professionals and other agencies will provide a suitably supportive environment for pupils with medical needs.

This will enable pupils to maximise their access to education within the school setting.

City of York Local Authority is committed to improving the life chances of children, young people and their families in the city.

This guidance will help schools and settings ensure that their policies and practices are accessible to all.



January 2009

What should headteachers, heads of settings/managers do?

1. Review any existing school/setting policy in line with this and DCSF (formerly DfES) guidance and establish clear policies and arrangements for:
 - the administration of:
 - non prescription medicines
 - prescription medicines
 - pupil self administration - access to medicines
 - assisting children with chronic or complex medical needs
 - employee training and record keeping
 - emergency procedures - detailed arrangements, roles and responsibilities
 - safe storage of medicines
 - record keeping - consent, individual health care plans etc
 - off-site activities and home to school transport
 - disposal, hygiene and infection control
 - risk assessment and risk management procedures
2. Appoint a 'designated person' with responsibility for children with medical needs.
3. Draw up policy statements to make sure that everyone is aware of their own roles and responsibilities, in particular:
 - parents/carers
 - the employer/governing body
 - headteacher or head of setting/registered person
 - teachers and other school/setting staff
 - GP and other health professionals.
4. Make sure that the governing body formally agrees the policy and minutes their agreement.
5. Make sure that there is effective communication with all relevant parties (employees, parents, pupils) to make them aware of the school policy.
6. Make sure that all relevant employees and volunteers are trained to a proficient standard (and receive regular refresher training) for their specific role.
7. Where appropriate, draw up individual health care plans for children with significant or complex needs (in line with this policy) including food management arrangements where applicable.
8. Review individual health care plans annually or more often if a child's condition changes.
9. Regularly review school/setting policy and arrangements at least yearly. A policy template has been provided – Appendix B.

Please note - the principles and guidance contained in this document are intended to apply to schools/early years and other settings and the reader should bear this in mind. In the main, the terminology of school/setting is interchangeable as is the use of child/pupil, parent/carer and the use of headteacher/head of setting.

1 Drawing up a school policy

This guidance sets out City of York Local Authority policy for supporting pupils with medical needs as required by The Health and Safety at Work etc Act 1974. This requires all employers to define their organisation and arrangements for managing health and safety in a written policy. Where the LA is the employer, the school's governing body should follow City of York Local Authority policies and procedures. Where the LA is not the employer (eg in Voluntary Aided or Foundation Schools) the governing body is legally responsible for writing the policy. Governing Bodies of these schools may wish to adopt the City of York Local Authority policy/guidance.

For day nurseries, out of school clubs, holiday clubs and play schemes, the registered person, which may be the Local Authority, is responsible for all health and safety matters. The Early Years Foundation Stage Statutory Framework 2008 makes it clear that day care providers should have a clearly understood policy on the administration of medicines. We would advise all providers to follow City of York Local Authority policy/guidance. OFSTED also sets out the issues that providers need to think through in determining a policy.

Some care or health staff may be employed by a local health trust or voluntary organisation. In such circumstances, please agree appropriate shared governance arrangements.

Schools and other settings may wish to develop their own detailed policies and procedures for supporting children with medical needs that draw on the City of York Local Authority policy/guidance and the DCSF document provided. Please make sure that you communicate the appropriate parts of your policy to staff, parents and children so that they will be clear about how the school will respond.

(See Appendix B - School Policy template)

It is City of York Local Authority policy to maximise the inclusion of pupils with medical needs in as full a range of educational opportunities as possible. To promote this, schools should assist parents and health professionals by co-operating in agreed procedures to administer medicines when necessary and reasonably practicable. Equally, parents should co-operate with City of York Local Authority to meet this objective.

Recommended further reading and information:

- DCSF Guidance 'Managing Medicines in Schools and Early Years Settings' March 2005 Ref 1448-2005DCL-EN (updated Nov 2007) www.teachernet.gov.uk/wholeschool/healthandsafety/medical/?99298311b0406
- 'The Handling of Medicines in Social Care' available to download: <http://www.rpsgb.org.uk/pdfs/handlingmedsocialcare.pdf>.
- City of York Local Authority policy/guidance documents available at webstore: <http://editorial.webstore-ed.net/>
- Risk assessments - H&S policy and procedures
- First aid - LCCS 28
- Hazardous substances - LCCS 26
- Educational visits - LCCS 11
- Personal protective equipment - LCCS 16

1.1 Access to education and associated services

Children with medical needs have the same rights of admission to a school or setting as other children. Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA 1995, amended 2001). The DDA defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) **must not** discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including school trips, school clubs and activities¹. Schools should be making reasonable adjustments for disabled children including those with medical needs in their policies, practices and procedures.

Schools are also under a duty to plan strategically to increase access to schools over time. This should include planning in anticipation of the admission of a disabled pupil with medical needs so that they can access the school premises, the curriculum and the provision of written materials in alternative formats to ensure accessibility.

Early years settings not constituted as schools, including childminders and other private, voluntary and statutory provision are covered by Part 3 of the DDA. Part 3 duties cover the refusal to provide a service, offering a lower standard of service or offering a service on worse terms to a disabled child². This includes disabled children with medical needs. Like schools, early years settings should be making reasonable adjustments for disabled children including those with medical needs. However, unlike schools, the reasonable adjustments by early years settings include alterations to the physical environment as they are not covered by the Part 4 planning duties.

1.2 Short-term medical needs

Many children may need to take medicines during the day. This will usually be for a short period only, perhaps to finish a course of antibiotics. Allowing children to do this will minimise their absence. However, such medicines should only be taken to school/settings where it would be detrimental to a child's health if it were not administered during the school day.

1.3 Long-term medical needs

Schools/settings need to know about any particular needs before a child is admitted or when they first develop a medical need. Schools and settings are advised to develop a written **individual health care plan** for such children, involving the headteacher, parents and relevant health professionals. Detailed guidance about developing an **individual health care plan** is included later in this document. It may also be necessary to make special arrangements for children who attend hospital appointments on a regular basis.

1.4 Prescribed medicines

Only essential medicines should be taken into school/settings. That is, only if it would be detrimental to a child's health if they were not administered. Schools/settings should only accept medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. There may be exceptions made in the case of non-prescriptions medicines as described in para 1.6.

It would be helpful, where clinically appropriate, if medicines are prescribed so that they can be taken out of school hours. Please encourage parents to ask the prescriber about this.

¹ The Special Educational Needs and Disability Act 2001 (which amends the DDA 1995) explains the duties schools have and shows responsible bodies how they might meet the duties that apply to them under Part 4 of the DDA.

² The Equality and Human Rights Commission, formerly the Disability Rights Commission (DRC), issued a Code of Practice covering Rights of Access to Goods, Facilities, Services and Premises, under Part 3 of the DDA.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. Schools and settings should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions without confirmation from the prescriber. (Form 3 may need to be re-written or amended.)

1.5 Controlled drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, eg methylphenidate. Schools and settings must provide **secure storage** facilities for controlled drugs and disposal should be in line with these general policy guidelines.

Any member of staff (with appropriate training) 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.

Schools and other settings are allowed to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

However, misuse of a controlled drug, such as passing it to another child for use, is an offence. Schools should have clear policies for dealing with this issue which should include informing relevant parents and where necessary, the police.

1.6 Non-prescription medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from a parent. Where the head agrees to administer a non-prescribed medicine it **must**³ be in accordance with the

employer's policy. The employer's policy should set out the circumstances under which staff may administer non-prescribed medicines. 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 in the written parental agreement for the school/setting to administer medicine. A short written agreement with a parent may be all that is necessary (**Form 3**). The Early Years Foundation Stage Statutory Framework states that non-prescription medication, eg pain and fever relief or teething gel may be administered, but only with the prior written consent of the parent and only when there is a health reason to do so. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as **Form 5 or 6** and the parents informed. If a child suffers regularly from frequent or acute pain the parent should be encouraged to refer the matter to the child's GP.

Paracetamol must be stored in a secure place and not in first aid boxes.

A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

1.7 Arrangements for administering medicine

No child under 16 should be given medicines without a parent's written consent. A young person who is over sixteen years of age may give consent to any surgical, medical or dental treatment, however schools/settings are advised to continue to use **Form 3**, accepting the young person's consent if appropriate. If there are any special religious and/or cultural beliefs which may affect any medical care that the child needs, particularly in the event of an emergency, this will be included in the individual health care plan (**Form 2**).

If in doubt about any procedure, staff should not administer the medicines but check with the parent or a health professional before

Throughout this document '**must**' refers to a legal/statutory duty.

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 health professional attached to the school or setting.

Early years settings **must** keep written records each time medicines are given. Schools should also arrange for staff to complete and sign a record each time they give medicine to a child. **Form 5 or 6** can be used for this purpose. Good records help demonstrate that staff have exercised a duty of care. In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult.

1.8 Self administration by pupils

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 and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

When pupils are able to take responsibility for self-administration of medicines it must be part of the written agreement with the child's parent and the school. In addition to parental consent, medical advice (if appropriate) with regard to self-administration by the pupil should be taken into consideration and noted in the written agreement. However, this should not be considered as an alternative to parental consent (**Form 7**). In some circumstances it will be necessary for children to keep their medicines on their person at all times eg reliever inhalers, hypo treatment.

1.9 Administration by staff

Volunteers (teachers/others) may indicate their willingness to administer medication though it must be clear that they are not required to do this. In some cases there may be support staff

for whom it is a contractual duty to administer medicine and who have been trained accordingly. Schools should keep a record of the names of persons who administer medicine (**Form 8**).

1.10 Practice/procedures and record keeping

School staff should adhere to the following standard practice when administering medicines. They must:

- check the written instructions received by the school and confirm with details on the medicine container
- check the prescribed dosage
- check the expiry date of the medicine (Note: it may be helpful to remind parents if the expiry date is approaching)
- check the timing/frequency details
- check record of last dosage given (to avoid double dosage)
- measure out the prescribed dose
- check the child's name on the medicine again
- complete the written record of dosage given, including date, time and signature
- medication should be given in a situation where privacy and confidentiality may be maintained, unless in an emergency. Facilities are often needed for the pupil to rest and recover.

If the member of staff is in any doubt about any of the details, they should check with the child's parent (or doctor) before giving the medication.

A record will be kept of all medicines received, including quantity, even if they are not subsequently administered. A record will also be kept of medicines which are collected and/or disposed of (**Form 3**).

Schools/settings must keep a written record each time medicines are given. In some circumstances such as the administration of rectal diazepam, it is good practice to have the

dosage and administration witnessed by a second person (**Forms 5 & 6**). This also applies to off-site activities eg residential trips etc.

Staff involved with the administration of medicines should be alert to any excessive requests for medication by children or by parents on their behalf. In any cases of doubt, schools should seek advice from the School Health Service.

1.11 Refusing medication

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records using **Form 5 or 6** and follow agreed procedures. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

The following procedure is recommended:

- The parent/carer should be advised by phone and/or in writing
- If the parent/carer is not available and the child is at risk, a medical practitioner should be contacted. The parent/carer should be informed as soon as possible
- A signed, dated entry should be made in the school/setting medicine record book
- A meeting should be arranged with the parent/carer if a child refuses for a period of one week. The meeting should be documented.

1.12 Sporting activities

Most pupils with medical conditions can take part in the PE curriculum and extra curricular sport. The school should be sufficiently flexible for all pupils to take part in ways appropriate to their own abilities.

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. Any restrictions on the pupil's

ability to take part in PE should be incorporated in their individual health care plan.

1.12.1 MedicAlert® - bracelets/necklaces

These are worn to alert others to a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, staff should consider whether, in certain circumstances, it would be appropriate to remove them temporarily and have them kept safe by the person in charge of the activity. In such cases, staff need to be alert to the significance of these bracelets/necklaces and be clear to whom they belong when removing and taking charge of them.

1.13 Educational visits

It is good practice for schools to encourage pupils with medical needs to take part in safely managed visits. Schools may need to take additional safety measures as identified through pre-visit risk assessments. When educational visits are planned, medicines should be packed in hand luggage for ease of accessibility during the journey. Emergency food supplies, as identified in the individual health care plan, should be available for children with diabetes in case of unforeseen delays.

Schools/settings are advised to refer to City of York Local Authority guidance for educational visits for further assistance. In any cases of doubt please contact the Educational Visits Advisor, Tel: 554509 for further advice.

1.13.1 Journeys abroad and exchange visits

If children are involved in journeys abroad, arrangements will be made to ensure that all receiving parties have a clear understanding of the child's medical needs. In some circumstances it may be necessary to provide translated documentation.

1.13.2 Work experience or off-site education

The headteacher/organising body should make sure that any placement is suitable for a student with a particular medical condition. Encourage students to share relevant medical

information with employers. Complete a risk assessment for all student/pupil placements. The organising body (either school or Trident) has the primary duty of care to assess the suitability of all off-site provision. Equally there is a responsibility on the provider to undertake a risk assessment to identify significant risks and necessary control measures when children/young people are on site.

1.14 School transport

Most pupils with medical needs do not require supervision on school transport. If supervision is necessary whilst travelling on Local Authority transport, this will usually be identified in the child's Statement of Special Educational Needs. Where appropriate and with parental agreement, individual health care plans will be shared with home-school transport escorts and respite care providers. Drivers and escorts should know what to do in case of a medical emergency. Roles and responsibilities should be very clear.

2 Roles and responsibilities

It is important that the responsibility for children's medication is clearly defined and that each person involved with pupils with medical needs is aware of what is expected of them. Close co-operation between schools, parents, health professionals and other agencies is essential to ensure that any necessary medical interventions during school activities are carried out safely and correctly. Schools need to agree and record their individual arrangements to provide appropriate medical support for each pupil who needs it via prior discussion with their parents and relevant health professions.

2.1 Parents and carers

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.

It only requires one parent to agree or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school or other setting has day-to-day contact. It is important that professionals understand who has parental responsibility for a child. The Children Act 1989 introduced the concept of parental responsibility. Further guidance in respect of 'parental responsibility' can be found in the DCSF document (see further reading).

Parents are responsible for providing sufficient information about their child's medical condition and any treatment or special care needed at school, at the admission stage. When moving schools, they must keep the school informed of any new or changing needs.

If there are any special religious and/or cultural

beliefs which may affect any medical care that the child needs, particularly in the event of an emergency, it is the responsibility of the parent to inform the school and confirm this in writing. Such information should be kept in the child's personal file (or individual health care plan if there is one in place) at school for as long as necessary.

Parents and school management need to reach agreement on the school's role in helping with their child's medical needs. Ideally, the headteacher should seek parental agreement before passing on information about their child's health to other school staff, but it should be acknowledged that sharing information is important if staff and parents are to ensure the best care for a pupil.

We have provided a guidance note for parents (**Form 10**). Schools may wish to reproduce this as a supporting document to distribute with the school's own policy or publicity. Alternatively, schools/settings may copy extracts for use in documents developed by schools, eg policy documents, brochures, newsletters.

2.2 The employer

The employer is legally bound to set health and safety policy as required by The Health and Safety at Work Act 1974. Where the LA is the employer, it has delegated responsibility for the detailed and day-to-day implementation and monitoring of its policy to the headteacher or head of setting. Where the governing body or other body is the employer, they may still wish to follow this policy and we recommend that they do so.

The employer is responsible for making sure that all employees and volunteers involved in implementing this policy have adequate training to carry out the work safely and correctly.

Employers should also ensure that there are appropriate systems for sharing information about children's medical needs in each school or other setting for which they are responsible.

Generally speaking, the administration of medicines is the responsibility of parents. There is no statutory or contractual duty for headteachers or teaching staff to carry out these responsibilities. However, the administration of medicines may be included in the contractual duties of some support staff. So, to comply with this policy, schools must secure the services of:

- volunteers from existing teaching or support staff
- employees with specific contractual duties to undertake this work
- other persons as agreed in accordance with this policy.

2.3 The governing body/management committees

The governing body has a general responsibility for all of the school's policies and for putting them into practice effectively, even when it is not the employer. Each governing body will generally want to take account of the views of the headteacher, staff and parents in developing the policy on supporting pupils with medical needs. In City of York Local Authority schools, the governing body must make sure that any local arrangements comply with City of York Local Authority Health and Safety policies and procedures. **Every school must have a designated teacher/member of staff with responsibility for children with medical needs.**

2.4 The headteacher/head of setting

The headteacher is responsible for carrying out and monitoring the employer's/governing body's policy in practice and for developing detailed procedures. When teachers/employees volunteer to give pupils help with their medical needs, the headteacher should, where appropriate, agree that they can do this, and must make sure that they receive proper support and training wherever necessary. The headteacher is accountable for local decisions

about the school's role in administering medication.

The headteacher should make sure that all parents are aware of the school's policy and procedures for dealing with medical needs. The policy needs to make it clear that parents should keep their children at home if they are acutely unwell. It should also cover the school's approach to administering medication at school.

For each child with medical needs, the headteacher must agree with the parents exactly what support the school can provide. The headteacher needs to formally agree to administer medication (**Form 4**). Where there is a concern about whether the school can meet a pupil's needs, or the expectations of the parents appear unreasonable, the headteacher can seek further advice from the School Health Service, the child's GP, or the Local Authority's Specialist Teaching Team (see contacts).

The school/setting must ask parents for relevant information about their child at enrolment. Parents must be aware of their role in providing this information and keeping it up to date (**Form 10**).

2.5 Teachers and other school/setting staff

Where headteachers agree to administer medication in the school/setting, they are covered by the authority's employers liability insurance. In the event of a claim, provided they have acted in accordance with this guidance, employees involved in the administration of medicines benefit from the same cover. Employers outside the Local Authority must make sure that their insurance arrangements provide full cover in respect of actions which could be taken by staff in the course of their employment. If staff follow documented procedures they will be fully covered by their employer's public liability insurance in the event of a complaint by a parent/carer.

As the administration of medicines is considered to be an act of '**taking reasonable care**' of the pupil, staff agreeing

to administer medication can be reassured about the protection their employer would provide (provided they follow City of York guidance). In practice, this means that City of York Local Authority, not the employee, would meet the cost of damages should a claim for alleged negligence be successful.

NB: It is important that headteachers/managers make this clear before asking staff to volunteer.

The indemnity above applies to all City of York Local Authority (including voluntary aided) and also extends to protect volunteers and others who are authorised and approved by schools.

NB: Foundation Schools will need to contact their own insurers to obtain information regarding the above. Other settings such as early years/nurseries etc will need to check with their respective insurers.

Teachers' conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to do this and indeed many are happy to do so. Schools and other settings must give sufficient information and training to any member of staff who volunteers to accept this responsibility so that they are competent to administer the procedures confidently. He/she should be aware of possible side effects of the medication and what to do if they occur. The type of training required will depend on the individual case.

Teachers should take the same care that a reasonable, responsible and careful parent would take in similar circumstances, while they are responsible for the care and control of children. In all circumstances, particularly in emergencies, teachers and other staff are expected to use their best endeavours. **The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.**

Some school staff are naturally concerned about their ability to support a pupil with a medical need, particularly if it can be potentially life threatening. Teachers who have pupils with medical needs in their care should understand

the nature of the condition, and when and where the pupil may need extra attention. The pupil's parents and health professionals should provide this information. Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Schools should arrange back up cover in case of staff absence, where specialist procedures by identified members of staff are required. Schools should also be aware that at different times of the day different staff might be responsible for the pupil (eg Playground Assistants). It is important to include them in any training, if appropriate.

2.6 The General Practitioner (GP)

GPs are part of the Primary Health Care Teams. Most parents will register their child with a local GP practice. GPs have a duty of confidentiality to their patients. Any exchange of information between GPs and schools should be with consent of the child (if he/she is considered to have sufficient knowledge and understanding) or that of the parents. In some cases parents may want their GP to directly advise teachers about their child's medical need. More often, GPs may prefer to do this via liaison with the School Health Service.

2.7 Primary Care and NHS Trusts

PCTs have a statutory duty to purchase services to meet local needs. PCTs and National Health Service (NHS) Trusts may provide these services. PCTs, Local Authority and school governing bodies are expected to work in co-operation to determine need, to plan and to co-ordinate local provision within the resources available.

2.8 Other health professionals

The main contact for schools is likely to be **the school nurse**, whilst early years settings link with a **health visitor**. **Please refer to Appendix A for agreed pathways to access support and training.**

All schools have a named school nurse assigned to them. A school nurse is a specialist practitioner and trained nurse working across health and education. School nurses also provide a link between school, home and the community for the benefit of the child or young person. See Contacts list.

Other health professionals may be involved in the care of children with medical needs. These could include a community paediatrician, for example, who may be directly involved in the care of the child, and who will also be able to provide advice to the school or other setting. There are specialist nursing support services for children with respiratory difficulties, epilepsy and diabetes, and a children's community nursing team who provide support for children with complex medical conditions.

Most NHS Trusts with School Health Services have pharmacists, often referred to as Community Services Pharmacists. They can provide advice on storage, handling and disposal of medication.

2.9 Other pupil/peer groups

In some cases it may be appropriate to raise the awareness of other pupils/peers to an individual's medical needs (with agreement of all parties). This would need to be handled sensitively but could be useful, for example where a child has a severe food allergy, in outlining the role that others can play such as not sharing food or alerting staff if the child is in difficulty. This would be a supportive role rather than a responsibility but could prove beneficial to explore, depending upon the individual circumstances.

3 Dealing with medicines safely

3.1 Safety management

All medicines may be harmful if given to someone for whom they are not prescribed. Safe management of medicines is therefore imperative and is a legal duty set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

3.2 Storage

Schools or other settings should not store large volumes of medicines. 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 and in the original container in which dispensed.

Medicines must be kept in the container supplied by the pharmacist or doctor which must be clearly labelled with the:

- name of the child
- name and strength of medication
- dose
- time, frequency and method of administration
- date of issue
- storage details
- expiry date.

There may occasionally be variances to the advice above regarding storage and dosage e.g. insulin. This would be clearly identified in the Individual Health Care Plan or Emergency Treatment Plan.

Schools should inform parents that it is a parental responsibility to ensure medicines do not exceed their expiry date. Instructions regarding any specific requirements for the disposal of equipment/waste product eg syringes, gloves, should be kept with the medication and equipment.

NB: Under no circumstances should any medicine be transferred into another container for keeping/storage.

Medicines should be locked away, with the key being readily available to appropriate members of staff to ensure access in case of emergency. The exceptions to this may be:

- a) medicines for asthma, diabetes and anaphylaxis. These medicines may be needed in emergency situations when immediate access would be essential. In some cases children would carry their own medication e.g. inhalers for asthma, insulin or hypo treatment for diabetes and adrenaline injector pens for anaphylaxis in line with their individual health care plan.
- b) medicines needing refrigeration. The refrigerator should itself be in a secure location to compensate for the impracticability of locking it. If this is not possible medicines should be kept in a locked box in the refrigerator. Schools can obtain advice on safe storage, temperatures, light, life span etc from Pharmacists in local chemists.

3.3 Disposal of medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Parents should also collect medicines at the end of each term. It is advisable to keep a record of collected medicines using Form 3. If however medicines are not collected, they should be returned to a pharmacy for safe disposal and a record kept.

3.4 Hygiene and infection control

All staff should be familiar with 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 bodily fluids and disposing of dressings or equipment.

3.5 Emergency procedures

As part of general risk management processes all schools and other settings should have arrangements in place for dealing with emergency situations. Other children should know what to do in the event of an emergency, such as telling another member of staff. All staff should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need. Communication systems should be tested including contacting parents (**Form 1**).

A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent arrives. This member of staff should make medical staff aware of any religious or cultural wishes, eg regarding blood transfusions. It is the health professionals who are responsible for taking any decisions on medical treatment when the parents are not available.

Staff should never take children to hospital in their own car. It is safer to call and wait for an ambulance (keeping in regular telephone contact with the ambulance service) than to risk a car journey when conditions could rapidly deteriorate.

For serious medical conditions, **individual health care plans** should include detailed instructions about how to manage a child in an emergency and should clearly identify individual responsibilities. The emergency instructions should include:

- a clear procedure for summoning an ambulance
- access to telephones and clear instructions on what and what not to do
- a contingency plan in case the normal routine for treatment breaks down, eg the trained staff members are absent.

When a child becomes unwell at school or is injured (other than minor injuries) schools usually arrange for them to be looked after safely and comfortably and contact the parent to collect them. It is then the responsibility of the parent to accompany the child to their GP

surgery or to hospital. In cases of accident and emergency, teachers must always be prepared to help, as they and other school staff in charge of pupils have their general legal duty of care to act as any reasonably prudent parent would. Qualified medical treatment should be secured in emergencies at the earliest opportunity. Medical emergencies make significant emotional demands upon those involved and it is important that suitable and timely support is available. Report all incidents and accidents in line with current City of York Incident Reporting Policy and Procedures.

4 Drawing up an individual care plan

4.1 Individual health care planning

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 such as **Form 3** and **Form 4**.

Writing an **individual health care plan** should not be an onerous task, although each plan will contain different levels of detail according to individual need. The plan should clarify the help that can be provided. It should include details of symptoms, daily care requirements, detailed emergency procedures and family / medical contact details. If there are any special religious and/or cultural beliefs which may affect any medical care that the child needs, particularly in the event of an emergency, this should be included in the individual health care plan. The plan should also formalise how medicines will be transported to school.

Where there are long-term medical needs for a child, an individual health care plan will be completed, using **Form 2**. School/setting should involve parents and other relevant parties such as:

- Headteacher or head of setting
- Child (if appropriate)
- Class Teacher/Form Tutor/Head of Year
- Staff who are nominated to administer medicines
- Staff who are trained in emergency procedures
- Specialist teacher for PD/medical needs
- Health professionals (when appropriate and in line with local agreement).

All individual health care plans should be reviewed on a regular basis. It is recommended that this is carried out **annually** and as and when the school is notified of changes to the

child's condition. In Early Years settings it may be appropriate to review individual health care plans on a 6 monthly basis. Where a child moves schools, relevant information should be passed on as appropriate. Parents and the school share the responsibility to make sure that this happens.

Each school/setting should develop the documentation in a way that will work for them whilst working within the parameters set out in this guidance. To assist schools/settings, we have provided a selection of model forms in **Appendix C**. It may be necessary to complete several forms for one child eg a health care plan, parent/headteacher agreement.

4.2 Common conditions

Some children suffer from chronic medical conditions which may require urgent action to prevent a possible life-threatening situation from developing. The following chronic or potentially life-threatening medical conditions are commonly found amongst the school age population:

- Anaphylaxis (severe allergic reaction)
- Epilepsy
- Asthma
- Diabetes.

In these cases it will usually be necessary to draw up an **individual health care plan**. However, schools should bear in mind the following:

- An Emergency Treatment Plan is required for children with **Anaphylaxis** requiring Epipen treatment, **Epilepsy** requiring rescue medication and **Diabetes**; the appropriate specialist nurse, paediatrician, GP or other health professional will initiate this. Advice and training will be provided following the pathway in Appendix A.
- only children with severe **Asthma** will require an Emergency Treatment Plan.

4.3 Less common conditions and more complex needs

It is beyond the scope of this document to cover every medical condition that may be encountered. However, schools should follow the principles of this guidance and develop relevant health care plans where necessary. In exceptional and/or complex cases, Emergency Treatment Plans will be initiated and written by health care professionals, then shared with schools and settings. It is anticipated that the 'named' health professional will be contacted if an Emergency Treatment Plan has been actioned so that appropriate de-briefing can occur.

4.4 Intimate or invasive treatment

Some employees are understandably reluctant to volunteer to administer intimate or invasive treatment (eg rectal diazepam) because of the nature of the treatment, or fears about accusations of abuse. Parents and headteachers must respect such concerns and should not put undue pressure on staff to assist in treatment. It is essential for schools to arrange for two adults, one of whom should be the same gender as the pupil, to be present for the administration of intimate or invasive treatment – this will often ease practical administration of treatment as well as minimise the potential for accusations of abuse. Staff should protect the dignity of the pupil as far as possible.

5 Training of staff

5.1 Staff training

In accordance with the *National Service Framework for Children, Young People and Maternity Services*, all schools and educational settings will have access to training provided by health professionals on medical conditions. Further details on this can be found in Section 10, *Standard 10 of Medicines Management for Children and Young People* (DH, 2004).

The headteacher/head of setting should be satisfied that any training received by their staff is sufficient for its purpose. City of York schools and settings are advised to follow the agreed pathways to access training which can be found in **Appendix A**. Where appropriate, the health care professional delivering the training will confirm the proficiency of the trainee in pupil specific medical procedures, will provide a record of training received (**Form 8**) and will recommend a refresher-training period in accordance with the agreed pathways in **Appendix A**.

Volunteers or named persons who will undertake administration of **Epipen**, **rectal diazepam** or **buccal midazolam** for children's Emergency Treatment Plans should hold an Appointed Person Emergency First Aid certificate. First aid training should also be available for those volunteers involved with Emergency Action Plans for children with **diabetes** who wish to undertake it.

Many voluntary organisations specialising in particular medical conditions provide advice or produce school packs advising teachers on how to support pupils. Occasionally parents may offer to train staff in school and although this may seem reasonable it should be avoided as this may invalidate staff indemnity under the employer's public liability insurance. City of York schools and settings are encouraged to follow the agreed pathways outlined in **Appendix A** to access training.

Schools/settings should complete detailed training records for all staff members who receive specific training and, where possible, a minimum of two people should be trained in each case to allow for absences (**Form 8**). Please be aware that at different times of the day, different staff might be responsible for the pupil (eg Playground Assistants). It is important to include them in the training, if appropriate.

Training for first aiders in early years settings must include recognising and responding appropriately to the emergency needs of babies and children with chronic medical conditions.

Note: *This guidance document is applicable to activities on and off-site, and schools/settings must put suitable controls in place regardless of actual location.*

5.2 Confidentiality

The headteacher and staff should always treat medical information confidentially. The headteacher should agree with the student where appropriate, or otherwise the parent, who else should have access to records and other information about the student. It is essential that relevant staff are informed on a strictly need to know basis. However, there may be circumstances where a significant number of staff would need to be informed of a child's condition eg anaphylaxis.

9 Contacts

Physical Disability/medical needs support

Sue Perutz
Specialist Teaching Team, SEN services
Mill House, North Street
YORK YO1 6JD
Tel: 01904 554256

Specialist Nurse Practitioners

Allergies/Asthma:

Julie Naylor **Tel: 725943**

Diabetes:

Kate Poole **Tel: 721317**

Epilepsy:

Sue Dziurzynska **Tel: 725943**

School Nursing Team

Kath Yeoman
York Hospital
Wigginton Rd
York YO31 8HE
Tel: 721022

Community Paediatrician Team

Dr Barbara Stewart
York Hospital
Wigginton Rd
York YO31 8HE
Tel: 01904 721342

Health Visiting Teams Contact the Health Visitor team at your local Children's Centre

This guidance reflects a collaborative agreement between City of York Council Learning, Culture and Children's Services, York Hospitals Foundation Trust, North Yorkshire and York Primary Care Trust, the Teaching Unions and UNISON.

We wish to thank the following colleagues for their contributions:

Debbie Adair	Inclusion Dev. Worker, Early Years and Childcare Services
Jacqui Benson	School Nurse team
Maxine Benson	Inclusion Dev. Worker, Early Years and Childcare Services
Susan Coulter	Team Leader, Specialist Teaching Team
Jill Crampton	Modern Matron, Paediatric Ward and Children's Assessment Unit
Tara Cox	PCT commissioner
Sue Dale	Principal Pharmacist, NYYPCT
Jacqui Dawson	Health Visitor Manager, NYYPCT
Kate Draffin	Manager, The Glen Family Centre
Sue Dziurzynska	Epilepsy Specialist Nurse
Cliff Fitzgerald	CYC Health and Safety Advisor
George Gilmore	Headteacher, Applefields School
Mary Griffiths	Specialist Teacher Physical Disability / Medical Needs
Bridget Hunt	SENCO Fishergate Primary School
Julie Naylor	Allergies/ Asthma specialist nurse
Sue Perutz	Specialist Teacher Physical Disability / Medical Needs
Kate Poole	Diabetes Specialist Nurse
Jo Riley	Nurse practitioner, The Glen Family Centre
Jackie Richardson	UNISON representative
Barbara Stewart	Consultant Paediatrician and Clinical lead for School Health
Sandra Sweeney	Senior Pharmacist, NYYPCT
Kate Wood	Manager, The Glen Family Centre
Kath Yeoman	School Nursing Team

6 Appendix A Pathways to access support and training

Level 1a

Awareness raising – Local authority guidance and school/setting policy

School/setting is aware of their responsibilities in relation to managing medicines

Provider: LA – contact Physical Disability and Medical Needs Team

Tel: 01904 554332

Level 1b

Awareness raising – School/setting staff

Staff are aware of the educational implications of the 4 chronic medical conditions: Asthma, Anaphylaxis, Diabetes, Epilepsy. Other conditions will be covered on request.

Staff know how to draw up individual health care plans.

Provider: LA – contact Physical Disability and Medical Needs Team

Tel: 01904 554332

Level 2

Volunteer/ Named person – ‘Appointed Person Emergency First Aid training’

Designated persons who will undertake administration of Epipen, rectal diazepam or buccal midazolam for children’s Emergency Treatment Plans should hold an ‘Appointed Person Emergency First Aid certificate’. First aid training should be available for volunteers involved with Emergency Action Plans for children with diabetes who wish to undertake it.

Level 3

Children with complex needs as identified by a health professional

A small number of children with severe asthma, anaphylaxis requiring treatment by Epipen, diabetes or complex epilepsy requiring rectal diazepam or buccal midazolam will require an Emergency Treatment Plan. This will be initiated by a health professional. Training packages for pupil specific training are currently being developed for September 2009.

In the meantime, in line with national guidance, advice about current training arrangements from local health services should be sought from:

Early years settings

Contact the Health Visitor team at your local Children’s Centre

Schools

Contact the School Nurse team

Tel: 01904 721022

7 Appendix B School policy template

POLICY FOR THE ADMINISTRATION OF MEDICINES

INTRODUCTION

(Name of school/setting) is committed to reducing the barriers to participation in activities and learning experiences for all children (*pupils/young people*). This policy sets out the steps which *(name of school/setting)* will take to ensure full access to learning for all children who have medical needs and are able to attend *(name of school/setting)*.

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

The *Headteacher/Head of Setting* will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so. There is no legal duty which requires school staff to administer medication; this is purely a voluntary role. If staff follow documented procedures, they are fully covered by their employer's public liability insurance.

(Name of school/setting) will ensure that staff receive proper support and training where necessary. The headteacher or teacher in charge will agree when and how such training takes place, in their capacity as a line manager. *(name of school/setting)* will access support and training via the agreed City of York pathways outlined in **Appendix A**.

All practices and procedures referred to in this document reflect the collaborative agreement reached between City of York Council Learning,

Culture and Children's Services, York Hospitals Foundation Trust, North Yorkshire and York Primary Care Trust, Teaching Unions and UNISON. The policy is based on the DfES 2005 (now DCFS) publication 'Managing Medicines in Schools and Early Years Settings,' updated in November 2007.

This policy is available (on request/on school website).

This policy has been agreed by (the Governors) and is reviewed annually.

signed

(Chair of Governors)

signed

(Headteacher/Manager)

date

1. Prescribed Medicines

Medicines should only be brought into (*school/setting*) when essential. Where possible parents/carers are encouraged to ask doctors to prescribe medication in dose frequencies which can be taken outside school hours.

It is the responsibility of parents/carers to supply written information about the medication their child needs to take in *school/setting*. Staff should check that any details provided by parents/carers are consistent with instructions on the container or on the consent form. Medicines will not be accepted anywhere in school/setting without prior agreement of the Headteacher/Head of Setting. Complete written and signed instructions from parent/carer are required (**Form 3 and 4**).

Medicines must always be provided in the original container as dispensed by a pharmacist and handed directly to the Headteacher/Head of Setting or to a nominated person authorised by the Headteacher/Head of Setting. Each item of medication must include the prescriber's instructions for administration. Medicines that have been taken out of the container as originally dispensed will not be accepted. Parental requests for changes to dosages will not be made without receiving a new supply which is correctly labelled or a written request from the doctor. This will require an amendment to Form 3.

Parents/carers or the child's doctor should provide the following details as a minimum:

- Name of child
- Name and strength of medication
- Dosage
- Time, frequency and method of administration
- Length of treatment
- Date of issue
- Expiry date
- Possible side-effects

- Storage details
- Other treatment

Surplus or out-of-date medication will be returned to parent/carers for safe disposal.

2. Controlled Drugs

The *school/setting* agrees in principle to the administration of controlled drugs (eg methylphenidate), provided that the correct procedures are followed, as outlined in this policy and in accordance with the Misuse of Drugs Act.

The controlled drug will be kept in a locked non-portable container and only named staff will have access to it. A record will be kept for audit and safety purposes, as for other medication.

Misuse of a controlled drug, such as passing it to another child for use, is an offence. If this occurs (*name of school/setting*) will inform parents and, where necessary, the police.

3. Non-prescribed Medicines

[delete as appropriate]

Option 1

(Name of school/setting) discourages the use of non-prescribed medication and will not give non-prescription over the counter medicines.

Option 2

(Name of school/setting) discourages the use of non-prescribed medication but if medication is required, eg for headache, toothache or period pains, pain relief in the form of paracetamol may be administered by the Headteacher/Head of Setting and/or other volunteer members of staff who are willing to be involved.

The administration of a non-prescribed medicine must¹ be in accordance with the school's/setting's policy, for which specific prior written agreement with parents is necessary (**Form 3**).

Paracetamol is the only non-prescribed pain-relieving drug which will be purchased and supplied by the school/setting and given to

Throughout this document '**must**' refers to a legal/statutory duty.

pupils, with parental consent. Parents/carers will be informed of the school's policy and must give (or withhold) their consent in writing to the administration of paracetamol according to the policy, when their child is admitted to the school.

Paracetamol may be given in either liquid or tablet form, in a dose appropriate to the pupil's age according to the instructions on the container. If the paracetamol is purchased and supplied by the school/setting, only one dose may be given during the school day. If a pupil makes a second request, the *Headteacher/head of setting* should reconsider whether the pupil is well enough to remain in school and consult with parents/carers regarding further dosages. The storage and administration of paracetamol should be in accordance with the advice given relating to prescribed medication (see 2 above).

In addition, prior to administration the member of staff should ensure that:

- The medication has not passed its expiry date
- The pupil has not taken any other medication within the last six hours.

If there is any doubt, medication should not be administered.

It is important to record the name of the pupil and the time and date of administration for each dose of paracetamol that is given (**Form 5**).

Aspirin and aspirin containing preparations must not be given to pupils under the age of 16 unless it is on the prescription of a doctor.

4. Self-Management/Administration (*name of school/setting*) encourages children, where appropriate, to manage their own medication, under the supervision or with the knowledge of staff and following procedures laid out in their individual health care plan. This may include carrying their medication securely on their person, or collecting it from a lockable facility. The safety of other pupils will always be considered (**Form 7**).

Parents/carers will be asked to confirm in

writing if they wish their child to carry their medication with them in school.

Early years settings, Early years and Foundation Stage, Key Stage 1

Asthma inhalers will be kept within the classroom, in a designated container which is recognised by all staff and the children concerned. A designated member of staff will take this container to other locations in the building when children move between areas.

Key Stage 2 and above

Children are encouraged to carry their own asthma inhalers, if appropriate.

5. Short Term Medical Needs

Medicines should only be taken to *school/setting* when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. In certain circumstances, eg completing a course of antibiotics, parents may apply to the (*Headteacher/head of setting*), using **Form 3**.

6. Long Term Medical Needs/Individual Health Care Plan

Where there are long-term medical needs requiring medication, an Individual Health Care Plan will be completed, using **Form 2**. (Name of school/setting) will involve parents and other relevant parties such as:

- Headteacher or head of setting
- Child (if appropriate)
- Class Teacher/Form Tutor/Head of Year
- Staff who are nominated to administer medicines
- Staff who are trained in emergency procedures
- Specialist teacher for Physical Disability/Medical needs
- Health professionals (when appropriate and in line with local agreement).

In the case of long term medication, (*Name of school/setting*) will agree with parents/carers how often they should jointly review the individual health care plan. This will be at least once a year, or when circumstances change.

In exceptional and/or complex cases, Emergency Treatment Plans will be initiated and

written by health care professionals, then shared with schools and settings. The 'named' health professional will be contacted if an Emergency Treatment Plan has been actioned so that appropriate de-briefing can occur.

If there are any special religious and/or cultural beliefs which may affect any medical care that the child needs, particularly in the event of an emergency, this will be included in the individual health care plan **(Form 2)**.

7. Dealing with medicines safely

7.1 Storage

(name of school/setting) will ensure that all emergency medicines such as asthma inhalers and adrenaline pens are readily available to children and not locked away. Whenever possible children are encouraged to carry their own inhalers.

Medicines are stored strictly in accordance with the product instructions (paying particular note to temperature) and in the original container in which it was dispensed. Medicines which need to be refrigerated are kept in a refrigerator in *(specify location/s)*.

(NB Cupboards should be well constructed and lockable and should generally be in a room not accessible to children. Medicines can be stored in a refrigerator containing food provided they are in an airtight container and clearly labeled. There should be restricted access to a refrigerator storing medicines.)

Children are told where their own medicines are stored and who holds the key.

Staff should be aware of the implications for safe storage of their own medicines.

7.2 Administration of Medicines

No child under 16 can be given medication by staff employed by the school or setting, without their parent/carer's written consent.

Staff giving medicines will routinely check

1. the child's name
2. prescribed dose
3. expiry date
4. written instructions provided by the

prescriber the child's parent/carer.

7.3 Record Keeping

Schools/ setting will keep a record of medicines given to children and the staff involved. *This is a legal requirement for early years settings.*

(Forms 5 & 6) This will also apply to off-site activities eg residential trips etc.

A record will be kept of all medicines received, including quantity, even if they are not subsequently administered.

7.4 Refusing Medication

If a child refuses their medication, *school/setting* staff will not force them to take it but will note it in the records. The *school/setting* will provide parents/carers with details of when medication has been refused or has not been administered for any other reason, on the same day. If a refusal to take medicines results in an emergency, the *school's/setting's* emergency procedures will be followed.

8. Sporting Activities

(school/setting) will ensure staff are aware if a child requires medication as a precautionary measure before taking part in PE or other physical activity, along with any emergency procedures. Inhalers will routinely be taken to PE or other physical activity. Risk assessments will be carried out if considered necessary.

If a child wears a MedicAlert® (eg a bracelet or necklace to alert others to a specific medical condition in case of an emergency) it may be necessary to consider removing it temporarily in certain circumstances, if there is a risk that it could cause injury in games or practical activities. If temporary removal is agreed in the health care plan, staff will be aware of the significance of the MedicAlert® and will keep it safe.

9. Educational Visits

(school/setting) is aware of its responsibilities under the Disability Discrimination Act and will make every effort to continue the administration of medication to a child whilst on trips away from the *school/setting* premises, even if additional arrangements are required.

Appropriate risk-assessments will be

undertaken and agreed with the parent/carer. Arrangements for taking any necessary medicines will be considered. Staff will be made aware of children's medical needs, procedures for the administration of medication and relevant emergency procedures.

Concerns about a child's safety or the safety of others will be discussed with parents/carers and advice sought from the health visitor, school nurse or the child's GP.

9.1 Journeys abroad and exchange visits

If children are involved in journeys abroad, arrangements will be made to ensure that all receiving parties have a clear understanding of the child's medical needs. In some circumstances it may be necessary to provide translated documentation.

10. Home/school transport

If supervision is necessary whilst travelling on Local Authority transport, this will usually be identified in the child's Statement of Special Educational Needs. Where appropriate and with parental agreement, individual health care plans will be shared with home-school transport escorts and respite care providers.

11. Disposal of Medicines

Parents/carers are responsible for disposing of medicines safely, including ensuring that date-expired medicines are returned to the pharmacy for safe disposal. Parents/carers are requested to collect medicines held at the end of each term. A record will be made using **Form 3** of all medicines returned to parents/carers.

If parents/carers do not collect all medicines, they will be taken to the local pharmacy for safe disposal. A record of disposal will be made on **Form 3**.

12. Hygiene/Infection Control

All staff are aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medicines.

Staff will have access to protective, disposable gloves. Extra care will be taken when dealing with spillages of blood or other bodily fluids

and when disposing of dressings or equipment. A sharps container will be used for needles. Parents are responsible for its provision, collection and disposal.

13. Training

(Name of school/setting) will ensure that staff receive proper support and training where necessary. The headteacher or teacher in charge will agree when and how such training takes place, in their capacity as a line manager. *(Name of school/setting)* will access support and training via the agreed City of York pathways outlined in Appendix A.

(Name of school/setting) will work within the CYC 2009 policy '*Managing Medicines in York Schools Early Years and Out of School Settings*' when responding to the needs of children with the following common conditions:

Asthma

Epilepsy

Diabetes

Anaphylaxis

General awareness raising provided through the pathway in Appendix A will cover:

- The employer's policy on administration of medicines
- Tasks staff should not undertake
- Understanding labels and other instructions
- Administration methods eg tablets, liquids, ointments, eye drops, inhalers etc
- Infection control measures
- Side effects or adverse reactions to medicines and medical procedures and how to report this
- Recording the administration or failure to administer eg if a child refuses medicines
- How and when to contact the child's parent, GP, nurse etc
- Safe storage of medicines
- Disposal of waste materials
- Awareness of policies on infectious diseases
- Awareness of policies on admitting children with or recovering from illnesses

Child specific training will be accessed via the agreed pathway in Appendix A.

8 Appendix C Example Forms

Form 1 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:

3. State that the postcode is:

4. Give exact location of the child in the school/setting:

5. Give your name:

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

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

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

Put a completed copy of this form by the telephone

Form 2 Individual Health Care Plan

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

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Form 2 Individual Health Care Plan Continued

Describe medical needs and give details of child's symptoms

Daily care requirements (eg before sport/at lunchtime)

Medicine is stored in:

Medicine will be administered by:

Form 2 Individual Health Care Plan Continued

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

Are there any special religious and/or cultural beliefs which may affect any medical needs?

Follow up care

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

Form copied to

- School records (electronic database)
- Pupil file
- Parents/carers
- Others...

Form 3 Parent/carer agreement for school/setting to administer medicine

Original / amended Valid from:

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 school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Name/type of medicine (as described on the container)

Quantity received (eg half bottle)

Dosage and method:

Timing:

Special precautions

Date dispensed:

Expiry date:

Are there any side effects that the school/setting needs to know about?

Procedures to take in an emergency:

Self administration:

Form 3 Parent/carer agreement for school/setting to administer medicine Continued

Planned review date:

Person to initiate review:

Contact Details:

Name:

Daytime telephone no.

Relationship to child:

Address:

I will deliver the medicines personally to:

OR

I have school permission for my son/daughter to carry their own medicine to school

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

Parent/carer's signature

Print name

Date

Surplus/unused medicines:

The following quantity

of the above medicine was collected by:

Name:

Signed:

Date:

The above medicine was not collected.

It was taken to

Chemist for safe disposal.

Date:

Initial:

Form 4 Head teacher/Head of setting agreement to administer medicine

Name of school/setting

It is agreed that _____ (name)

will receive medicine in school at stated in Form 3. The arrangements for dosage, frequency and supervision are detailed on Form 3.

This arrangement will continue until either the end of the course or until notified by parents.

Any changes to dosage will only be made in accordance with instructions on the dispensed container or written instruction from a doctor.

Date _____

Signed _____

(The Head teacher/Head of setting/named member of staff)

A copy of this Document should be kept in the child's school record and archived along with the record.

This record should be kept in accordance with City of York Council guidance on document retention.

Form 5 Record of medicine administered to an individual child

Name of school/setting

Name of child

Group/class/form

Name and strength of medicine

Dose and frequency of medicine

Expiry date

Date medicine provided by parent/carer

Quantity received

Quantity returned

Staff signature:

Signature of parent/carer:

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 medicine administered to an individual child Continued

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 6 Record of medicines administered to all children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Form 7 Request for child to carry his/her medicine during the school day

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Name of School/Setting:

Child's Name: _____

Group/Class/Form: _____

Address: _____

Name of Medicine: _____

Procedures to be taken in an emergency: _____

Contact Information

Name: _____

Daytime Phone No: _____

Relationship to child: _____

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

Signed: _____

Date: _____

Form 8 Staff training record – administration of medicines

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 9 Authorisation for the administration of rectal diazepam

Name of school/setting

Child's name

Date of birth

Home address

G.P.

Hospital consultant

should be given Rectal Diazepam mg.

If he has a *prolonged epileptic seizure lasting over minutes

or

*serial seizures lasting over minutes.

An Ambulance should be called for *

or

If the seizure has not resolved *after minutes. (*please enter as appropriate)

Doctor's signature

Parent/carer's signature

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 will be documented in the Individual Health Care Plan following advice from relevant outside agencies (the child's GP, Consultant and/or Epilepsy Specialist Nurse) This should be 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

A copy of the Managing Medicines in School Policy, which outlines (insert name) School's practices and procedures relating to administering medicines, is available on request.

This handout aims to inform you of your responsibilities with regard to supporting this policy in school.

- Medication will not be accepted without complete written and signed instructions from the parent/carer.
- Medicines should only be brought into school or settings when essential, ie where it would be detrimental to your child's health if the medicine were not administered during the school or setting day.
- Medicines must be handed to a responsible member of staff in the containers in which they were supplied. Only a reasonable amount of medicine should be handed in at any one time.
- Medicine containers should be clearly labelled with:
 - the child's name,**
 - the name of medicine**
 - dosage and frequency**
 - date of dispensing**
 - storage instructions**
 - and expiry date**
- School will not accept unlabelled items of medication.
- School can only follow the instructions on the bottle/packet. Changes to dosage can only be made in accordance with instructions on a the dispensed container or written instruction from a doctor.
- Unused medicine must be collected and taken home when requested.

Other ways in which you can support school are:

- Make sure your child is fit and well enough to attend school.
- Provide full details, in writing, of any health problems he/she may have. Keep the school informed of any changes.
- Provide full written details of any special religious and / or cultural beliefs which may affect any medical care that the child receives, particularly in the event of an emergency.
- All information should be provided as soon as possible, to allow the school sufficient opportunity to plan and prepare how they can meet your child's needs.
- Make every effort to attend meetings requested by the school and cooperate in drawing up the Individual Health Care Plan (if applicable).
- Ensure the school has a telephone number where you can be contacted in emergency. Have you changed your mobile phone?

Thank you in anticipation for noting your responsibilities and helping us maintain the health and safety of all pupils in our care.

Form 11 Self Audit Checklist for Headteachers

Question	Yes/No/N/A	Comments/actions
Are you familiar with the CYC Managing Medicines in York schools, Early Years and Out of School Settings?		
Do you have a record of all children that require medication in school?		
Are you familiar with Appendix A Pathway to Access Awareness Raising and Pupil Specific Training?		
Is your insurance cover adequate?		
Do you have a secure storage area for drugs?		
Do you have a drugs misuse policy?		
Do you have a clear recording/reporting system for administering medication? (Appendix C)		
Are your systems reviewed regularly?		
Are your communication systems for advising staff of children with medical needs adequate?		
Are children with medical needs considered in your emergency planning?		
Have you identified procedure for including all pupils in trips and work experience safely?		
Have you a clear record of any children whose special religious or cultural beliefs affect their medical care?		