Administration of Medicines in Schools and Early Years Settings

HS-S-32

For compliance with:
• Health & Safety at Work etc Act 1974 • The Management of Health & Safety at Work Regulations 1999 • Children and Families Act 2014

This document applies to:
• Head Teachers, Governors, Managers who have responsibilities as set out in the Health & Safety Policy. • Any staff who have a level of responsibility for managing the administration of medication in schools/early years settings. • All staff who are involved in overseeing/managing/administering medication in schools/early years settings.

Review History

This standard will be reviewed every three years or following legislative changes

Date	Version	Summary of changes	Amended by:
20.1.12	1	Creation of document and ratified by Learning & Partnership Consultative Group	KB
31.12.13	1	Annual review and transfer to new template	KB
22.8.17	1	Review and addition of information relating to Human Medicines (Amendment) Regulations 2017	KB
29.01.19	1	Additional clarity that schools cannot hold 'general use' antihistamines.	KB
3.10.19	1	Additional detail in relation to emergency medication and inclusion of schools/ settings ability to hold 'generic use' pain relief. Update of home to school transport arrangements	KB
8.8.24	1	Review and minor updates (incl. templates)	SL

Uncontrolled when printed

Brighton & Hove City Council

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Section 1 Summary of management responsibilities

To comply with this standard you are required, where applicable, to have the following in place. This list can be used as a quick checklist by managers or headteachers to help ensure all relevant arrangements are in place:

- Consider the liability of staff administering medication
- Ensure staff are aware they are indemnified
- Ensure the administration of medicines policy meets equalities requirements
- Develop an administrations of medicines policy
- Develop and operate a robust procedure for the administration of medicines
- Store medication safely
- Dispose of medication safely
- Develop individual care plans
- Consider administration of medicines during offsite activities and educational trips
- Ensure staff have appropriate training
- Maintain appropriate records

The health and safety team are aware that some associated documents are in an inaccessible format and cannot be used by some staff. We are working on a solution to remedy this, but requests can be made for an accessible version if needed.

Introduction

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

This standard has been written to help schools and early years' settings develop policies on managing individual children's medical needs in relation to the administration of medication. It is based on (and should be read in conjunction with) Supporting pupils at school with medical conditions. Early years settings should also continue to apply the Early years foundation stage statutory framework (for group and school-based providers)

Some children have complex medical needs that require intervention to ensure their ongoing comfort and wellbeing and/or to prevent life threatening circumstances. To enable these children to have access to school/services, staff may need to carry out medical procedures. Separate and specific guidance has been produced for non-medical staff in undertaking medical interventions. These are available within the Health & Safety (H&S) Resource pages on BEEM.

Appendices of this PDF standard have been saved as a separate Word document to enable schools/ early years settings to complete and adapt forms/ templates for local use, so that they match local circumstances and approaches. A list of the documents available are listed within Section 5 Further Information.

Section 2 Responsibilities

Chief Executive

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

Corporate Director, Families Children & Learning

The Corporate Director, Families Children & Learning has a responsibility to support schools and settings by clarifying their responsibilities for the administering of medication.

The H&S Team, on behalf of the Corporate Director, Families Children & Learning, monitors the implementation of this standard through the H&S audit programme.

Headteachers, Governing Bodies and Early Years Settings Managers

Headteachers, governing bodies and settings managers will:

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

basis;

- Ensure that medicines are stored, handled and administered correctly.

Employees

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

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

Section 3 Actions Required

A. Consider the liability of staff administering medicines

Although there is no legal duty on staff to administer medicines, in the event of an emergency **all** members of staff are under a duty of care to assist a child. Section 3 (5) of The Children's Act 1989 recognises that school staff might need to react in an emergency. The key principle is that they should act reasonably. Civil law has evolved the concept of 'in loco parentis' - this means in civil cases judges may use case law precedent to decide whether school staff have acted as a reasonably prudent parent would.

B. Ensure staff are aware they are indemnified

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

C. Ensure the administration of medicines policy meets equalities requirements

Children with special educational needs must have their needs met and they will normally be in mainstream schools/settings. The Local Authority must ensure that the child is educated in a mainstream school/setting unless:

- a parent/guardian indicates that they do not want their child educated in a mainstream school/setting;
- it is incompatible with the efficient education of other children and reasonable adjustments cannot be made.

It is unlawful for any school/setting to discriminate against disabled children/young persons (current or prospective) in relation to all education and associated services, for them and prospective children/young persons. This includes all aspects of school/setting life, including extracurricular activities and school/setting trips. Discrimination can be:

- If a school/setting treats a disabled child/young person or prospective child/young person less favourably than another because of their disability.
- If a school/settings have failed to take "reasonable steps" which lead to a disabled child/young persons and prospective child/young persons being placed at a "substantial disadvantage" compared to non-disabled children/young persons.

The key tests are that policies, procedures and practices do not lead directly to less favourable treatment or substantial disadvantage and that they provide the school/setting with the flexibility required to respond to individual needs as they arise.

D. Develop an administration of medicines policy

Many schools/settings administer medicines to pupils and there is a need to organise this within a well-defined framework. This is necessary to ensure that there are no errors in the administration, handling and storage of medicines, and to ensure that the school/setting and BHCC can demonstrate that they have taken all reasonable steps to administer medicines in a safe and proper manner.

Schools and settings should develop their own policies to cover the needs of their own establishment. The governing body/setting management are strongly advised to conform to these guidelines when developing a policy. The school nurse, doctor and specialist voluntary bodies may also be able to provide additional background information for schools/settings.

When deciding on the policy for the school/setting, the headteacher/governing body/manager has two options:

1. to administer medicines that are required by all pupils;
2. selective administration of medicines, like only to children/young people with medical conditions that, if not managed would limit their access to education or those children/young people where the school/setting would be considered in breach of disability legislation.

The policy needs to be clear and shared with all parents/guardians. This could be communicated via the school prospectus/setting handbook or published on establishment websites.

The policy should include the following:

- Procedures for managing prescription (pharmacy only) medicines which need to be taken during the school/setting day;

- Procedures for managing prescription (pharmacy only) medicines on off-site visits;
- Emergency Procedures;
- Cover arrangements in case of staff absence or staff turnover and briefing for supply teachers;
- A clear statement on the roles and responsibilities of staff managing, administering and supervising the administration of medicines, (including a named person who has overall responsibility for policy implementation);
- A clear statement on parental responsibilities in respect of their child's needs;
- How the school/setting will maintain confidentiality as appropriate, when provided with information about a child/young person's medical needs;
- The need for prior written agreement from parents for any medicines to be given to a child;
- The circumstances in which children may take any non-prescription (over the counter (OTC)) medicines (if the school allows this);
- How the school/setting will assist children with long term or complex medical needs;
- A statement on children carrying/taking medication themselves;
- Staff training in administering medication and dealing with medical needs;
- Record keeping;
- Monitoring of individual healthcare plans;
- Storage and access to medication;
- Risk assessment and management procedures.

See the appendices of this document for template documents. The following sections outline specific issues that need to be considered within the school/setting's policy.

Confidentiality of the pupil/student

The individual child and family have a right to confidentiality. Privacy and the need for prompt, effective care are to be balanced with sensitivity. Ideally, the headteacher/manager should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a pupil and may be necessary to ensure the ongoing safety and health of a child whilst in school.

Consider whether to administer non-prescribed medication

The school/setting need to decide their policy on whether to administer medication, and if so, whether to administer only prescribed medication and/or non-prescription medication (over the counter (OTC)). Whatever the school/settings stance, the administration of medicines policy must clearly state the school/settings position.

Administration of non-prescribed medication should only occur if it is in the child's best interest to have such medication and the medication can be administered safely within the school/setting. Non-prescription medication (OTC) that may be required to treat minor or self-limiting conditions can be obtained in a pharmacy or supermarket. GPs or other healthcare professionals are not required to authorise school or nursery staff to administer them. However the child's parent/carer must provide written permission for that particular medication to be given.

The local NHS would consider it a misuse of GP time to provide an appointment for a child with the sole purpose of acquiring a prescription for an OTC medicine, to satisfy the ruling of a nursery or school. If the administration of non-prescribed medication is permitted, the process for its administration should be the same as for prescribed medication.

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

Consider whether to administer prescribed medicines

Medicines should only be taken to a school/setting where it would be detrimental to a child's health if they were not administered during the school/setting day. Medicines may be prescribed by a doctor, dentist and other prescribers such as nurse prescribers and pharmacist prescribers. Medicines containing aspirin should also only be given if prescribed by a doctor.

The medicines should always be provided in the original container and include the prescribed instructions for administration - schools/settings should never accept medicines that have been taken out of the original container or make changes to dosages on parental instruction. In the case of non-prescription medications (OTC), the 'prescribed instructions' would be the manufacturers recommended dose stated on the original container. It would be beneficial, where clinically appropriate, if medicines are prescribed in dose frequencies which enable them to be taken out of school/setting hours and parents should be encouraged through the school/setting policy to request this.

Early Years Settings

The Statutory Framework for the Early Years Foundation Stage outlines the following in relation to medicines:

"Providers must promote the good health, including the oral health, of the children they look after".

"They must have a procedure, which must be discussed with parents and/or carers, for taking appropriate action if children are ill or infectious. This procedure must also cover the necessary steps to prevent the spread of infection".

Providers must have and implement a policy, and procedures, for administering medicines to children. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.

Staff must have training if the administration of medicine requires medical or technical knowledge. Prescription (pharmacy only) medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

Medicine (both prescription (pharmacy only) and non-prescription (OTC)) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable.

Short term medication e.g. antibiotics

Many children/young people may need to take medication during the school/setting day at some time during their time in school/setting, for example to finish a course of antibiotics or to apply a medicated lotion. To allow a child/young person to do this will minimise the time they need to be absent.

However, medicines should only be taken to school or early years setting where it would be detrimental to a child's health if it were not administered during the school/setting day. Ideally, the medication could be prescribed in dose frequencies which enables it to be taken outside the school/setting day, i.e. three times per day (breakfast, dinner, and bedtime).

Controlled drugs

Any authorised member of staff may administer a controlled drug to a child/young person for whom it has been prescribed and should do so in accordance the prescriber's instructions.

A child/young person who has been prescribed a controlled drug may legally have it in their possession if they are competent to look after it, but monitoring arrangements may be necessary. Otherwise, it is permissible for schools/settings to look after a controlled drug, where it is agreed that it will be administered to the child to whom it has been prescribed.

Controlled drugs must be kept in a locked non-portable container and only named staff should be given access, but remain easily accessible by relevant staff in an emergency. A record should be kept for audit and safety purposes. When administering controlled drugs, two members of staff must sign the record of administration form (an example is provided in Appendix F.) When a controlled drug is no longer required, it must be returned to the parent/guardian who will arrange safe disposal. If this is not possible, the drug should be returned to the dispensing pharmacist.

Misuse of a controlled drug, such as passing to another child/young person for use is an offence and schools/settings must have a policy for dealing with drug misuse.

Self-Management

It is good practice to allow a child/young person who is able, to administer their own medication - staff will then only need to supervise. This decision should be made by the parents in conjunction with the child/young person's healthcare professional and the school/setting.

The school/setting policy should state whether child/young persons can carry and administer (where appropriate), their own medication, bearing in mind the safety of other children/young people and medical advice from their healthcare professional. A school/setting may decide that no child/young person can carry their own medication. Where it is permitted a parental consent slip must be completed (an example is available in Appendix E.)

Health care plans/protocols for pupils with long-term/complex medical needs

The school/setting must have sufficient background information about the medical condition of a child/young person with long term medical needs, preferably before they join the school/setting or when they first develop a medical condition. If a child/young person's medical needs are not fully supported, their academic attainments can be negatively affected. It is recommended that a health care plan or a protocol involving parents/carers and relevant health professionals is developed. Pupils should also be involved whenever appropriate. See Section H for details on developing a care plan.

E. Develop a robust procedure for the administration of medication

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

When administering medicines, the following precautions must be considered:

Consent and instructions

A child/young person under the age of 16 must not be given any medication (prescription or non-prescription) without written parental consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

All prescribed medicines that are to be administered in school/setting must be accompanied by written instructions from the healthcare professional, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage. This is usually described on the dispensing pharmacy label.

If the school/setting policy permits the administration of non-prescribed medication, these must also be accompanied by written instructions from the parent, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage. Note – dosage volume and frequency should reflect that which is stated on the original packaging of the medicine.

This information should be provided on the parental consent form (Appendix D). Each time there is a variation in the pattern of dosage a new form should be completed. If necessary the school nurses can assist with the completion of the form. For children who have statements of special educational need, a revised form should be obtained as part of the annual review procedure.

Preventing administration errors

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

- Name of child/young person
- Name of medication;
- Dose (ml or tabs etc);
- Method of administration;
- Time and frequency of administration;
- Other treatment;
- Any side effects
- Expiry date.

Non-prescribed (OTC) medicines should also be brought into school in the original container which will include the 'prescribed instructions' (the manufacturers recommended dose stated on the original container).

Where a pupil/child has a number of medications, it is useful to store these together, preferably in individual containers which are clearly labelled with the child's name. It is recommended that nursery, infant and primary school aged children should never carry medicine to and from schools/settings. Medicine must be handed over by the parent/guardian as soon as the child arrives at the school/setting.

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

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

Only one member of staff **at any one time** should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses to avoid the risk of interruption before the procedure is completed. If more than one person administers drugs, a system must be arranged to avoid the risk of double dosing, e.g. a rota, routine consultation of the 'Administered Medication Record Book' before any dose is given, etc.

Intimate administration

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

A consent form for the administration of rectal diazepam that must be completed by the child's paediatrician is shown in Appendix I.

For the protection of both staff and child/young person a second willing member of staff must be present while intimate procedures are being followed. Appropriate personal protective clothing, like gloves, must be worn during the administration of medicines/catheterisation procedure, and so forth.

The process for administering 'intimate' medication/undertaking such procedures must be documented (e.g. within a care plan) to ensure consistency, continued dignity of the pupil/child and to protect staff. Please refer to the 'Delivery of Medical Interventions Guide HS-G-28' and related documents for more information on intimate care procedures (available on the Health & Safety Resource pages on BEEM.)

Medication administered in an emergency

It is essential that where children/young persons have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition, emergency symptoms and procedures, and take appropriate action. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do. Training and advice on recognition of symptoms can usually be offered by the healthcare professionals.

All schools/settings should devise an emergency action plan for such situations after liaising with healthcare professionals. This has implications for school/setting journeys, educational visits and other out of school/setting activities. Planning should take into account access to a telephone in an emergency, which might involve the use of mobile phones, in order to summon medical assistance or an ambulance. There may be occasions when individual children have to be excluded from certain activities if appropriate safeguards or arrangements cannot be guaranteed.

Where a controlled drug has been prescribed, staff should be aware that these need to be kept in a secure container. However, a child/young person can access them for self-medication if it is agreed that it is appropriate.

Keeping 'Spare' Emergency Medication: Salbutamol Inhalers

Since 1 October 2014 UK schools have been allowed to purchase a salbutamol inhaler and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) without a prescription for use in emergencies when a child with asthma cannot access their own inhaler.

The Government has produced detailed Guidance on the use of emergency salbutamol inhalers in schools. The guide includes arrangements for the supply, storage, care and disposal of the inhaler, supporting children who can use an inhaler and responding to asthma symptoms and an asthma attack.

Keeping 'Spare' Adrenaline Injectors (AAIs)

The Human Medicines (Amendment) Regulations 2017 cover the manufacture, import, distribution, sale, supply, labelling and advertising of medicines. In 2017 they were amended to allow schools in the UK to purchase spare adrenaline injectors (AAIs) from a pharmaceutical supplier without prescription to be kept on site. AAIs deliver a potentially life-saving dose of adrenaline in the event of a severe allergic reaction (anaphylaxis). The Government has produced detailed Guidance on the use of adrenaline auto-injectors in schools to cover this.

Documenting the Schools Policy on 'Spare' Emergency Medication

Where schools choose to keep either a spare salbutamol inhaler and/or an AAI, the following needs to be included within the school Administration of Medicines Policy:

- Where and how the salbutamol inhaler / AAI will be stored.
- Who and how the salbutamol inhaler / AAI will be checked to ensure it is in date.
- Who will administer it in an emergency.

- What training staff have received to ensure they are competent to administer the salbutamol inhaler/ AAI.
- How the school will ensure it is only used for children that have been prescribed their own salbutamol inhaler / AAI, and there is written consent from the pupil's parent/carer for use of the spare AAI.
- How the salbutamol inhaler / AAI will be disposed of.

The following guidance can be used to inform the schools Administration of Medicines Policy and provides information on the aspects listed above:

- The governments guidance on how schools can use an emergency salbutamol inhaler.
- The governments guidance on schools management of AAI.
- 'Spare Pens in Schools' (a website developed by a working group consisting of British Society for Allergy & Clinical Immunology (BSACI), Paediatric Allergy Group, Royal College of Paediatrics and Child Health (RCPCH), The Anaphylaxis Campaign and Allergy UK) provides detailed guidance on schools management of AAIs.

'Spare' Antihistamines are Not Permitted

Schools should NOT hold antihistamines such as Piriton for general use.

Children under 16 should not be given any prescription (pharmacy only) or non-prescription (OTC) medicines without their parent/carer's written consent. This is reflected in the DfE Guidance Supporting children at schools with medical conditions (Dec 2015). A lack of parental consent, when taken with the additional issues outlined below could give rise to significant liability for any school which did administer this type of medication in these circumstances.

The position regarding the use of 'general' antihistamines can be contrasted with the very specific legislation and guidance around the use of general epi-pens and inhalers in schools. In the absence of some similarly prescriptive guidance regarding the use of antihistamines, it is the council's view that schools must not hold a stock of antihistamines for general use.

Outline of why schools must not hold and administer 'spare' antihistamines:

- There is potential liability where medication is given without parental consent and in particular where there are restrictions based on religious grounds or where a pupil may not be permitted it for other medical reasons (which may or may not be known by the school).
- Piriton would not be deemed the most appropriate first medication given to a child in an emergency situation due to its potential sedative effect which may mask other symptoms.
- In the case of anaphylaxis, as Piriton is an oral medication there is a risk of choking due to restricted airway.
- Notwithstanding the two previous bullet points, in the event that there is an instruction from a 999 call handler to administer an antihistamine, only where the school holds it for that named child and where consent has been gained can it be administered. The instruction of a 999 call handler does not take the place of a prescription or parental consent.

Schools and Early Years Settings Holding their Own Supply of Children's Paracetamol (e.g. Calpol)

Pain relief is not considered an emergency medication; however it is recognised that is schools and early years settings, children may experience pain or discomfort that could be eased with the administration of children's paracetamol whilst awaiting collection by their parent/ guardian, or whilst awaiting the arrival of a paramedic/ ambulance. As outlined in this Standard, it is for each school and early years setting to decide whether they will administer non-prescription (OTC) medication, including over the counter pain relief. Where schools adopt a policy to administer children's pain relief they can choose to either:

- Require parents/ guardians to provide medicine for their child(ren) which will be labelled and stored for the sole use of their child, parental consent to administer is obtained in writing and that there is a clear agreement for the return or disposal of the medication.

- or for the school/ setting to purchase and store a supply of pain relief that is available to be administered to any child/ pupil only where consent has been obtained.

Where schools/ settings opt to purchase and store their own supply of Children's Paracetamol **the following controls must be in place:**

- Due to the risk of potential allergic reaction or exacerbation of a medical condition(s) such as asthma, **only paracetamol based pain relief** can be held by the school for 'general' use. Paracetamol in very limited circumstances can be harmful.
- All requirements outlined in this Standard in terms of storage, administration, record keeping, disposal etc must be followed.
- Consent **must have been obtained in writing** in relation to the principal of administering paracetamol (recording any known health risks etc.) and verbal consent gained immediately prior to administration **in all circumstances**.
- The manufacturer's instructions on administering will be followed.
- The quantity held should be as little as is reasonably practicable and be stored securely and accessible only by authorised person(s).
- Information about the dose given and when it was administered must be given to the parent/ guardian/ Paramedic.

Refusing medication

If a child/young person refuses to take their medication, they should not be forced to and a note should be made in the administration of medicines record. The parents/guardian should be informed of the refusal on the same day, or **immediately if these are medically important/emergency medication**.

If the refusal results in an emergency, the school/setting emergency procedures should be followed. These procedures should be set out in the administration of medicines policy and/or the individual health care plan for the child/young person.

Hygiene/infection control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. There is no need to wear gloves when administering medications but staff should have access to and wear protective disposable gloves when dealing with spillages of liquid medicines, blood or other body fluids, and when handling dressings or medical equipment.

Further information is contained in HS-S–11 First Aid Standard and HS-S-14 Infection Control Standard & Guidance, both available in the Health & Safety Resource pages in BEEM.

F. Store medication safely

Schools should not store large amounts of medication. The headteacher/setting manager can choose to request that the required dose be brought in each day (e.g. for non-prescribed medication where schools/settings chose to administer it). Aside from an emergency salbutamol inhaler / AAI (if the school wish to hold one), staff should only store, supervise and administer medicine that has been prescribed for an individual child/young person.

Medicines should always be provided in the original container and include the prescriber's instructions and name of the child/young person. If a pupil requires two or more prescribed medicines, each should be in its original container and can be stored together (e.g. in a clear zip lock bag or lidded box.).

Pupils should know who to contact if they need their medication. The head teacher/manager is responsible for ensuring that medicines are stored in accordance with the product instructions and safely away from children/young people.

All emergency medicines, e.g. asthma inhalers, AAIs, should be easily accessible however they should be kept secure. The location of the medicines should be carefully considered (e.g. through risk assessment) to allow quick access whilst preventing non-authorised persons (including children/pupils) from gaining access.

All non-emergency medicines must be kept in a locked cabinet used only for that purpose. Controlled drugs must be kept in a locked non portable container and only named staff should have access. The name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. In cases of emergency the key must be readily available to all members of staff to ensure access.

Some medicines need to be refrigerated and may only be kept in a refrigerator containing food if they are in an airtight container and are clearly labelled. There should be restricted access to a refrigerator holding medicines.

School nurses or other healthcare professionals can advise on the design and positioning of safe storage for medicines. They can also offer advice on suitable temperatures required for certain items, possible damage by exposure to light and the life span of certain medication.

G. Dispose of medicines safely

School/setting staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of out of date/expired medicines. The healthcare professional or school nurse may be able to safely dispose of any medicines that are not collected. A model log in/out form is available in Appendix J.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the relevant healthcare professional. Sharp boxes should be stored out of reach of children/ young people but readily accessible when in use. Collection and disposal should be arranged with the registered special waste contractor.

H. Develop individual health care plans for pupils/children with medical needs

Schools with pupils who have medical needs will find it useful to develop individual health care plans to identify necessary safety measures that need to

be put in place to fully support the pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality.

The aim of a health care plan is to identify the support a child/young person with medical needs requires. Not all children/young people with medical needs will require an individual plan. An agreement with parents may be all that is necessary and an example of this form is included in Appendix C.

Early years settings should not solely rely on documentation from parents/guardians or professional bodies working with the child instead of developing their own individual health care plan for the child.

The health care plan clarifies for staff, parents and the child/young person, the help that can be provided. The plan may include:

- The medical condition, its triggers, signs, symptoms and treatments;
- Special requirements, e.g. dietary needs/ allergens;
- Medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues;
- What constitutes an emergency and what to do/not to do and who to contact;
- Specific support for the pupil's educational, social and emotional needs;
- Procedures to be followed when transporting the child/young person (e.g. off-site visits or home to school/setting transport);
- Information sharing and record keeping;
- The role the staff can play.

It is important for the school/setting to be guided by the child/young person's healthcare professional. An agreement between the school/setting and parents will be necessary on the frequency of review of the plan and it is recommended that this takes place at least once per year.

Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child/young person. In addition to the school/setting health service and the child/young person's healthcare professional, those who may need to contribute to a health care plan are:

- Headteacher/ setting Manager;
- Parent/guardian;
- Child/young person (if appropriate);
- Class teacher (primary schools/settings)/tutor/head of year (secondary schools/settings);
- Teaching assistant or support staff (if applicable);
- SENCO;
- Staff who are trained to administer medicines;
- Staff who are trained in emergency procedures.

Co-ordinating and sharing information on an individual child/young person with medical needs, particularly in a secondary school, can be difficult. The headteacher should nominate a responsible person who has specific responsibility for this role. This person would be the first point of contact for parents, staff and external agencies.

The health care plan may identify the need for specific staff to have further information about a medical condition or training in administering a particular type of medication or dealing with emergencies. Medicines may not be administered unless staff have received appropriate and current training. The timescales between training should be advised by healthcare professionals and recorded – an example form is provided in Appendix H.

An example health care plan (Appendix B) and protocol for the administering of medication (Appendix C) have been provided.

I. Consider administration of medicines during offsite activities and educational visits

It is good practice for schools/settings to encourage children/young people with medical needs to participate in safely managed visits. The group leader, in liaison with the head teacher/manager, should consider the reasonable adjustments to be made to enable child/young persons with medical needs to participate fully and safely on the activity. This can be undertaken through risk assessment.

It may be decided that further control measures are necessary e.g. an additional adult to accompany an individual child/young person. Arrangements for taking any necessary medication will need to be considered as well as the storage requirements. All staff supervising off-site activities or educational visits should be aware of any medical needs and the relevant emergency procedures. Where appropriate and with the pupil/child's parent/guardians consent, this information may also need to be shared with any volunteer on the trip.

A copy of the individual health care plan should be taken on visits in the event of the information being needed. If staff are concerned about whether they can provide for a child/young person's safety or the safety of other child/young persons, they should consult with the parents, relevant healthcare professionals and the Outdoor Education Adviser.

Work experience

Schools have a primary duty of care for children/young people and have a responsibility to ensure that work experience placements are suitable for children/young people with medical needs. The school is also responsible for children/young people with medical needs who are educated off-site through another provider e.g. further education college.

The school must assess the suitability of all off-site provision including college or work placements. This will include the work activity, issues such as travel to and from the placement and supervision during non-teaching/work time or breaks

and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when children/young people below the minimum school/setting leaving age are on site.

Schools that organise work experience must meet minimum standards for the management of risk and the risk assessment of placement providers. These minimum standards are set out by the Health and Safety Executive (HSE) on their Website: Work-experience organisers.

The school must ensure that students placed with employers for work experience are not subject to unacceptable risks, that the provider is aware of the pupils medical needs (parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers or colleges).

Sporting Activities

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

Home to school/setting transport

Most children/young people with medical needs do not require supervision on school/setting transport but escorts should be provided where a need has been identified (e.g. in an Education, Health Care Plan.) Where home to school/setting transport is being provided, the council must take reasonable care to ensure that children/young people are safe during the journey.

The following requirements are outlined in the service specification for Home to School Transport Operators:

- Drivers and Vehicle Passenger Assistants (VPAs) should have received training to better understand the requirements of people with special needs every two years.
- The council and its staff, including vehicle passenger assistants, taxi drivers and bus drivers will not give medicine to children during the school journey because they are not trained to do this.
- Operators shall ensure that all Drivers and VPAs are aware of what action needs to be taken in an emergency, but the Operator must ensure that transport personnel do not administer medication under any circumstance unless authorised to do so by the Council.
- The Operator must ensure that VPAs report to a member of staff at the establishment if passengers fall ill whilst travelling to that destination. If a passenger falls ill whilst travelling home, the VPA must inform the parent/carer/guardian. The driver or escort should dial 999 for an ambulance if the child is in any way in danger.
- The Operator must ensure that Drivers have an awareness of the needs of the Service Users. Through the use of a Pupil Information Sheet completed by parent/carers, the Council will advise the Operator of any particular condition and how to respond to the needs of the individual Service Users concerned, especially with regard to safeguarding and the protection of vulnerable people.

Some children/young people are at risk of severe allergic reactions. This risk can be minimised by not allowing anyone to eat on vehicles. Settings should let drivers know of any relevant allergies which are within their ability to control within the vehicle.

J. Ensure staff have appropriate training

Only staff who are **willing** and have been appropriately **trained** are to administer medicines. This must be with the approval of the headteacher/early years setting manager and in accordance with instructions issued by the paediatrician or GP.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Training in invasive procedures should be conducted by qualified medical personnel. The school nurse is able to provide advice on nursing matters. A consent form for the administration of rectal Diazepam that is to be completed by the child's/young person's paediatrician is shown in Appendix I.

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

It is essential that where children have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take

appropriate action. Training and advice on recognition of symptoms can usually be offered by the school doctor or nurse.

K. **Maintain appropriate records**

Parents are responsible for supplying up-to-date information about their child's medical needs/medication and informing schools about any changes to the prescription, or the support needed. However, the school/setting should check that this is the same information that is provided by the healthcare professional or on the prescribed instructions.

A parental consent form must be obtained before the administration of any medication (an example form is in Appendix D.) Schools/settings may wish to give parents a confirmation note to let them know that a member of staff will assist with medication. An example of this letter is in Appendix G. Early years settings must also ensure parents sign the record book to acknowledge the entry.

Recording administration

When administering medication, staff must complete and sign a record of administration. An example of such a record book/form is in Appendix F.

Any member of staff giving medication should check:

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

Administration centres around the 6 Rights - The right person, right medicine, right route, right dose, right time, and the right to refuse.

Any side effects observed on or after the administration of medication should be recorded and communicated to the parent/ guardian and their care plan reviewed (where one is in place).

Record Retention

It is recommended that services and settings use their discretion when determining the length of time that records are kept. For example, if an incident occurs or a parent indicates that they may take legal action, then it is recommended that the related paperwork is kept for 10 years.

Section 4 Further Information

Website links for common conditions

www.diabetes.org.uk
www.asthma.org.uk/
www.epilepsysociety.org.uk
www.anaphylaxis.org.uk

Health & Safety Standards:

The following related documentation including guidance for headteachers, managers and staff in undertaking medical interventions is available

- HS-S-14 Infection Control Standard and Guidance
- HS-S-11 First Aid Standard
- Risk Assessment Form & Guidance
- Delivery of medical interventions by non medical staff guidance
- Model intimate care and toileting policy
- Intermittent catheterisation
- Nasopharyngeal suctioning
- Risk Assessment Form & Guidance

Schools can access the documents via the Health & Safety Resource pages on BEEM. Early Years staff/ managers and other council services can access them via the Policy and Guidance A-Z pages

External Links

Guidance on Infection Control in Schools and other Childcare Settings which sets out when and for how long children need to be excluded from settings, when treatment/medication is required and where to get further advice can be found at:
Health protection in children and young people settings, including education

Statutory Framework for the Early Years Foundation Stage

Appendices (provided as a separate Word document)

The following templates should be reproduced on school/setting headed paper:
A Model Administration of Medicines Policy
B Health care plan
C Sample protocol for schools administering medicines
D Parental consent form
E Parental consent form for child carrying own medicines
F Record of medicines administered
G Example agreement for administering medicines
H Example staff training record
I Instruction for the administration of rectal Diazepam
J Medicines in/out log
K Record of medication administered to an individual child
L Model letter inviting parents to contribute to individual health care plan development