

Health and Safety Handbook for Schools

PG505

Guidance on Medication in schools

Section 5 : General School Safety

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Guidance Note PG505

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1.0 The Law

- 1.1 Under the Health & Safety at Work etc. Act 1974 the employer is responsible for making sure that a school has a health and safety policy. This should include procedures for supporting children with medical needs including managing prescribed medication.
- 1.2 The Children's Act 1989 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare.
- 1.3 The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation.
- 1.4 The Disability Discrimination Act (DDA) requires that the body responsible for a school must not discriminate against a disabled person. Any children with medical needs who are also disabled will be protected under this act.
- 1.5 Under the DDA a person is defined as having a disability "*if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities*". The Act includes a list of conditions which automatically mean a person with the condition is disabled under the DDA. Only a court of law can decide whether or not somebody has a condition causing them to be disabled under the DDA (a medical practitioner can not decide whether or not a person is disabled).
- 1.6 Under the DDA, a responsible body discriminates against a disabled person if for a reason which relates to the person's disability, it treats him less favourably than it treats or would treat others to whom that reason does not or would not apply; and it cannot show that the treatment in question is justified.
- 1.7 A teacher or other member of staff in a school or college who looks after pupils and students in place of the parent (in **loco parentis**), must treat and take care of the pupil as a "*careful parent*" would. If a request is made in relation to a pupil's medical needs then consideration should be given to whether or not the request is what would be expected of a reasonable parent in the same circumstances.

2.0 Introduction

- 2.1 Most pupils may need to take medication at some time whilst they are at school. All schools should have a clear, written policy on managing medication in school and have effective management systems to support individual pupils with medical needs.

- 2.2** The school must ensure there it has a school policy and procedures so that no person is placed at risk from the storage, administration and disposal of medication.

The governing body of a school has a legal duty to make arrangements to ensure that pupils with medical needs are able to attend school with as little disruption as possible. This might be through staff members who volunteer to administer medication or training support staff so that they are able to manage medication. This will involve the governing body possibly employing someone whose specific role is to administer medication. This applies to mainstream and special schools.

- 2.3** A school that has appropriate procedures will be better placed to enable pupils attending school who require medication to continue their education with as little disruption as possible.
- 2.4** Unless so directed by the terms of their employment contract, no member of staff should feel compelled to be responsible for the administration of medication to pupils. For most teachers the task is purely voluntary, however support staff might have contracts or job descriptions that make the administration of medication part of their role.

3.0 School policy and procedures

Under health and safety legislation, schools are required to implement systems of work that will ensure the safety, not only of staff, but also of any other person affected by the school's activities. This includes the administering and storage of medication .

3.1 A school's policy should include the following;

- A statement that the School accepts responsibility for members of staff who volunteer to give, or supervise children (including sixth formers) taking, prescribed medicine during the school day;
- the circumstances – if any – in which pupils may take non-prescription medicine such as painkillers (analgesics)
- the school's policy on assisting pupils with long-term or complex medical needs;
- the need for prior written agreement from a parent or guardian for any medication, prescription or non-prescription, to be given to a pupil;
- the requirement for any member of staff giving medicine to check: the pupil's name; that there are written instructions provided by the parent or doctor; the prescribed dose and the expiry date of the medicine. If staff are in doubt they should not give the medication until these things have been checked and the full details known.
- when and where pupils can carry and take their own medication;
- staff training for dealing with medical needs;
- record keeping;
- storage and access to medication;
- emergency procedures.

- 3.2** It should clearly state that parents should provide the school with full information regarding their child's medical needs. It should encourage staff to report any deterioration in a child's health to the Headteacher who can then inform the parent.
- 3.3** Schools should always establish a written record of the details of any pupil with special medical requirements at the earliest opportunity; if possible this should be done before the pupil starts or returns to school. This should be in the form of a health care plan (see Appendix 1). In cases where pupils have short term and relatively straight forward medical needs it might be sufficient to record the information in an abbreviated form of the health care plan.
- 3.4** Any instructions to the school should be in writing and should be clear, specific and include as much detail as necessary.
- 3.5** The parent or guardian's agreement to the health care plan should be signed and they should be provided with a copy of the plan if requested.
- 3.6** Any changes to a health care plan must be agreed with the parent or guardian and should be recorded in writing.
- 3.7** All school employees who look after pupils should be aware of the school's policy and should be informed what the school's general procedures are in relation to any pupil with medical requirements.

4.0 Responsibilities

4.1 Leeds City Council

Leeds City Council has a responsibility to ensure that each school has a health and safety policy. The school should also have a medication policy which should include procedures for assisting and supporting pupils with medical needs, including managing medication.

4.2 Governing body

The school governing body should ensure that their school has developed its policy to assist pupils with medical needs and that staff involved with administration of medication have had the appropriate training. They must also arrange for staff to have epi-pen training where this is required.

4.3 Headteacher

The Headteacher is responsible for implementing the school's policy and procedures and should ensure that all parents are aware of these. Where staff volunteer to assist, the Headteacher must ensure that they receive suitable and sufficient information, instruction and training to be able to undertake this function in a safe and effective manner. This also applies to staff who volunteer to be reserves to cover for absence.

The Headteacher should ensure that a written health care plan for each child with medical needs is drawn up in conjunction with the parent and School Medical Officer or GP. Where there is concern that a child's needs may not be

able to be met by a school, or the parent's expectations appear unreasonable, the Headteacher should seek further advice from the school nurse, child's GP, Education Leeds and other medical advisers.

Where a Headteacher wishes to share information with other staff within a school they should first seek permission from the child's parent or guardian or the child, if the child is mature enough. Parents' culture and religious views should be respected at all times.

The Headteacher is responsible for making sure that medicines are stored safely.

4.4 Parents

The prime responsibility for a child's health rests with the parent or guardian; they are responsible for making sure their child is well enough to attend school.

The parent/guardian, or pupil if they are mature enough, should provide the school with sufficient information about the pupil's medical condition. This should be undertaken in conjunction with the child's GP or paediatrician, as appropriate. Where a child is acutely unwell it is advised that the parent keep him/her at home, and parents should be advised about this on a regular basis by newsletters.

If pupils become unwell at school they should be collected as soon as possible. It is vital to have relevant home and emergency contact telephone numbers. These details must be regularly updated.

4.5 Staff administering medication

The administering of medicine in school is a voluntary role for individual members of staff except where this is stated in the job description. Those who undertake this role and/or provide support to pupils with medical needs require sufficient training, information and instruction from their Headteacher and the child's parent/guardian. Training and advice can be obtained from the local NHS Trust.

Where an alternative or ancillary member of staff is with a pupil with medical needs the Headteacher must ensure that they have received the requisite level of training, information and instruction.

Staff who volunteer to assist with the administering of medication and have been authorised by the Headteacher to undertake this task will be covered under the school's employer's liability insurance.

Further information on administering medication is provided in Section 5.5

4.6 Teachers and other school staff

A teacher who has a pupil with medical needs in his/her class should understand the nature of the child's condition and when and where that pupil requires additional attention.

In particular, staff should be aware if any emergency is likely to occur and what measures they should take if one does. These measures should be in writing and be readily accessible.

Other school staff such as lunchtime assistants or support staff who may, at certain times, be responsible for children with medical conditions should be provided with sufficient support and advice.

Information and advice should also be provided to the school's first aiders if the pupil's medical condition has implications for any first aid treatment which may be given.

4.7 School transport escorts

It should not be necessary, in normal circumstances, for escorts to be trained to administer any form of medication.

Where the school transport service transports children with medical needs to and from school and escorts supervise them, the escorts should be provided with suitable and sufficient information in respect of the medical conditions and medications of the children in their care.

This information should be provided via the school transport office in consultation with the school Headteacher and the pupil's parent.

4.8 The Health Service

The local health authority has a statutory duty to purchase services to meet local needs. These services are provided by the local National Health Service (NHS) Trust.

The main contact with schools is likely to be via the School Health Service, school nurse or doctor, who may be able to help a school draw up individual health care plans for pupils with medical needs or may be able to supplement information provided by the child's parent or GP. The school nurse or doctor will be able to advise on training for staff willing to administer medication or take responsibility for other aspects of support.

4.9 The General Practitioner (GP)

Most parents will register their child with a GP. The GP has a duty of confidentiality to their patients and should only exchange information with the school with the consent of the child's parent or guardian or the child, if the child is mature enough. In some cases parents may agree for a GP to liaise directly with a school, in others it will be via the School Health Service (schools should seek advice from the School Medical Officer).

In some instances a parent or child may not wish the GP to provide a school with any information in respect of their child's condition. In these cases the GP will observe such confidentiality and must comply with the parent's or child's wishes.

5.0 Provision of medication

5.1 Short term needs:- prescribed medicines

Medicines should only be taken to school when essential; where it would be detrimental to a pupil's health if the medicine was not administered during the 'school day'. At some time during a pupil's school life they may need to take medication – e.g. to finish a course of antibiotics or apply a lotion and to minimise the amount of time a pupil is away from school, it may be necessary to continue the treatment of antibiotics or lotion after the pupil returns to school to finish the course of medication. Where this happens it is advised that the parent requests that the prescription is such that the pupil does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose. The school policy should encourage parents to request such a prescription.

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

SCHOOLS SHOULD NEVER ACCEPT MEDICINES THAT HAVE BEEN REMOVED FROM THEIR ORIGINAL CONTAINER NOR MAKE CHANGES TO DOSAGE ON PARENTAL INSTRUCTION.

5.2 Long-term medical needs

Schools must have sufficient information about the medical condition of any pupil with long-term medical needs.

The parent or guardian should supply such information either prior to a pupil attending school or as soon as the condition becomes known.

Schools should allow pupils who can be trusted to manage their own medication from an early age, although parents must give their consent and the pupil should be supervised when taking it.

The school policy should identify in what circumstances pupils can carry their own medicine. Any teacher who may come into contact with such a pupil should be provided with suitable and sufficient information regarding the pupil's condition and the medicine they are taking.

5.3 Non-prescription medicines

Schools should only allow medications onto the premises that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Schools should not enter into an agreement to administer non-prescribed medicines on a regular basis.

Staff should never give a non-prescribed medicine to a pupil unless there is a specific prior written permission from the parents. Such written consent will need to state the medicine and the dose to be taken. The parent should supply the medicine in the original packaging. Where the head agrees for staff to administer a non-prescribed medicine it must be in accordance with the policy. The policy must set out the circumstances under which staff may administer non-prescribed medicines.

Where non-prescription medicine has been given, a strict system must be in place to ensure that a record is made of who received the medicine, what dose was given, who gave the medicine and when. A written note should also be sent to the child's parent on the same day the medicine is given. It should inform them that a specified non-prescription medicine has been given, at what time and at what dose. The pupil must be supervised whilst s/he takes any non-prescription medicine.

If a pupil suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the pupil's GP.

NO pupil under the age of 16 should be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

The UK Medicines Control Agency has recommended that children under 16 should not be given aspirin, because of its links with Reye's syndrome, the rare but potentially fatal disorder found almost exclusively in children and adolescents.

The use of aspirin by children under 12 has been banned in the United Kingdom since 1986, and the Committee on Safety of Medicines warned that it should also be avoided in children up to 15 if they were feverish.

5.4 Clinical Decisions

In the absence of clear guidance from a medical professional, it is not advised that any member of school staff makes a clinical decision with regard to the needs of a pupil unless in extreme circumstances.

Any instructions given to schools in relation to a pupil's medical requirements should be specific and clear enough to avoid the need of requiring school staff to make any judgements about what medication to administer. If necessary the school should arrange a multi-agency meeting with appropriate health care

professionals where clear instructions can be obtained and a pupil risk assessment can be determined.

If a child's medical needs are such that the dosage, or method of administration of any medication might vary depending on other factors, schools should be provided with explanative charts, diagrams or other printed guidance wherever possible.

If any medical problems arise which are not covered by a pupil's Health Care Plan, or any instances where the details on the Health Care Plan are found to be unclear, the school should contact the pupil's parent or guardian, or seek medical advice before taking any further action unless doing so would put the child at risk.

5.5 Administering medicine

Member of staff have no contractual obligation to give medicine, supervise a pupil taking medicine or assist in any treatment of a pupil requiring medicine unless specifically set out in their contract of employment under their job description.

Staff may volunteer to give medicine and assist with treatment. In this case they should be provided with suitable and sufficient training to enable them to carry out their voluntary duties safely and responsibly and should include training on the administering of i.e. eye and nose drops. Such training can be arranged in conjunction with the local Health Trust. The school should maintain a written record of which member of staff has volunteered to administer which medication and what training each member of staff has received.

Any member of staff giving medicine should check

- the pupil's name;
- that there are written instructions provided by the parent or doctor;
- the prescribed dose and the expiry date of the medicine.

If there is any doubt about these details, or they are not provided, then medication should not be given until the full details are known. Medication should not be administered until full information is provided.

Each time a pupil is given medication a record should be made, including the date, time, what was administered and, if necessary, details of any problems, which the person administering the medication should sign.

Where invasive or intimate treatments are required then the person carrying out such a treatment should be of the same gender as the pupil receiving the treatment. One additional adult should be present whilst the treatment is carried out unless intimate care procedures indicate otherwise. Those persons who volunteer to provide intimate or invasive treatments must be suitably trained. Please refer to the intimate care guidance available on Leeds City Council "Infobase" (Quicklink D199).

Training and advice can be obtained from the local NHS Trust

Where invasive or intimate treatments are required but no member of staff volunteers to provide it, the Headteacher and parents must respect the staff's wishes not to do so and not put any pressure on them to assist in such treatment.

It will then be necessary to refer to the local Health Trust for advice on how to continue providing treatment.

Under no circumstances should any person employed by the school administer medication if they have not received requisite training or authorisation from their Headteacher. If a pupil is at severe risk because their medication cannot be given, the Headteacher must ensure that there are suitable emergency arrangements in place.

Do not give medicine to any pupil under the age of 16 without their parent's written consent.

6.0 Self Management

Schools should encourage young people to take control of their medication and illness from a young age. The ages that children are able to take control of their medicines varies enormously. It should however be considered that in some circumstances a young person might not ever mature enough to take medical responsibility for themselves at school. As young people grow, develop and mature they should be encouraged to participate in decisions about their medications and to take responsibility.

If pupils are able to take medication themselves, then staff may only need to supervise. The school policy should include whether pupils may carry and administer (where appropriate) their own medication, and the safety of other pupils.

Where pupils are prescribed controlled drugs staff need to be aware that these need to be kept in safe custody. Pupils should be able to access these for self-medication if it is agreed that it is appropriate.

7.0 Refusal to take medicine

No person can be forced to take medicine should they refuse.

If a pupil refuses to take medicine and the information provided by the pupil's parent and/or GP suggests that the pupil is at great risk if they do not take their medication, the parents should be contacted immediately. If a parent cannot be contacted medical advice and/or call the emergency services should be called.

Where the information provided indicates that the pupil will not be at great risk if they do not take their medication, but the parent has informed the school that their child should receive their medication, the parent should be contacted as soon as possible.

Parents/ primary carer/ guardian should be communicated with directly and not via a note sent home with the pupil. Records of the conversations should be kept and the school may wish to follow this up with a letter.

8.0 Epi Pens and asthma inhalers

There are two aspects of medical care that some school staff have been able to manage without undue concern about imposition or impracticality. Children and adults who have a sudden and severe allergic reaction to a foodstuff; insect bite or other external irritant may become ill quite quickly. Epi pens are considered to be a risk free treatment. If staff are correctly trained to administer the Epi pen they are a one shot injection that cannot do any harm and at the worst they have no effect.

Schools are expected to have some provision for the emergency treatment of anaphylaxis. First aid treatment can include the appropriate use of epi pens. Staff might be happy to volunteer to specifically administer epi pens.

If staff are not prepared to administer epi pens this needs to be made clear to parents of individuals involved. These issues need to be covered within the medication policy. Epi pens need to be covered within the medication policy.

Epi pens need to be stored in a dry area with a constant temperatures they are fragile and can become ineffective if they are knocked or become too cold. Where possible a minimum of two epi pens should be kept on site in the event that one fails. The use by date of each pen should also be monitored to ensure they are within the effective date for use.

As asthma affects between 10% and 17% of the general school population and has a variety of degrees of severity. It is important that the parent / guardian informs the school if their child requires and inhaler. Older pupils are able to self administer their own medication and parents / guardians should be part of this process.

Inhalers for younger pupils who are unable to administer their own medication should be kept in a safe place and labelled in the same manner as any other medication. In the case of an asthma attack the inhaler would need to be administered urgently so the school must have an emergency procedure so that all staff are aware of the location of all inhalers. The storage of inhalers need to be well managed and the distance between where the pupil is situated and where the inhalers are stored must also be considered. Parents / guardians should request an extra inhaler from their family doctor so that this can be left at the school premises. Schools must not allow inhalers for one pupil to be used by another and must only allow each inhaler to be used by the pupil it is prescribed for.

9.0 Health care plan

To ensure that each child with medical needs receives the appropriate support in school, and that all persons who may come into contact with the pupil have access to sufficient information, the Headteacher should ensure that a written health care plan is drawn up. This should be done in conjunction with the parent

and School Medical Officer or GP etc. It should give details of the pupil's condition, daily care requirements, emergency action to take and when to take it, who is responsible in an emergency (including reserve(s)) and any follow up care that may be needed.

Input into the health care plan should be sought from everyone with whom the pupil is likely to have contact – e.g. class teacher, form tutor, year head, care assistant, school staff who have agreed to administer medication, school health service, escorts/schools transport service.

The plan should be provided to all staff that will have contact with the pupil including, for example, lunchtime supervisory assistants. As the medical information contained within the plan is confidential, the level of information provided to various staff should be carefully planned so that, for example, a Lunchtime Assistant knows what to do in an emergency but is not party to the specific reason for doing it if the parent, guardian, or pupil does not want their medical condition to be generally known.

The plan should also identify what particular training needs will be required for anyone volunteering to administer medicine.

The plan should reflect not only the physical needs of the pupil but the emotional needs as well. However, the Headteacher must not make value judgements about any medication prescribed, even though the child may appear to be unable to cope with taking his/her medicine. In those instances the Headteacher will need to discuss his/her concerns with the pupil's parent and/or health care professionals.

The plan should always identify what action should be taken in the event of the unexpected, e.g. an injury. If a pupil who accesses medication in school requires hospital or clinical treatment as a result of some incident always take the care plan, and the medication with them to hospital, or ensure that the parent takes them. Note this in the records.

10 School trips and sporting activities

10.1 School trips

Pupils with medical needs should be encouraged to participate in school trips as long as the safety of the pupil, other pupils and/or staff is not placed at significant risk.

It may be necessary for a school to take additional measures for outside visits. This may include:

- additional staff supervision;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets.

When planning trips and visits which will include a pupil or pupils with medical needs, all persons supervising the trip should be made aware of the pupils'

medical needs and any emergency procedures that may be needed (unless the parent/guardian does not give their prior consent to do this).

The location to be visited should be made aware that persons with medical needs are included in the party, if this is practicable and if the parents have consented (e.g. on a visit to a museum an appropriate member of the museum staff be made aware of any potential difficulties that may arise – such as a member of the party being epileptic). Where it is unlikely that any difficulties will occur there is no need to inform the place to be visited.

If a pupil's medical condition will be aggravated by the place being visited they should not be permitted to go – or take them to an alternative place.

If there is any doubt regarding a school trip the school should discuss the trip with the parent and also, if necessary, seek medical advice.

10.2 Sporting activities

Most pupils with medical needs should be able to participate in sporting activities either as part of the curriculum or as an extra-curriculum activity.

However, some children will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards.

Any members of staff supervising pupils involved in P.E. and sporting activities must be aware of the relevant medical conditions and emergency procedures for any pupil with a medical condition who is participating in the lesson or activity either actively or as an observer. For extra-curriculum activity or after hour P.E. lessons, where a pupil with a medical need is participating, the level of supervision should be assessed, and it may need to be increased.

11.0 Storage & disposal of medicines

11.1 Storage of medicines

Medicines may cause harm to anyone for whom they were not prescribed. They may also be harmful for the person for whom they were prescribed if that person takes an incorrect dose. Some medicines are poisons, others can become poisons when they react with other substances.

The Control of Substances Hazardous to Health (COSHH) Regulations require that no person is placed at risk from the use of any hazardous substances. A medicine is a hazardous substance, to those administering the medication and those who may inadvertently be exposed to it.

Where a medicine may be thought to be non toxic or non poisonous, it should still be classed as being toxic to avoid any confusion.

Managers are required to assess the risks presented by a hazardous substance to any person who may come into contact with it. Then, having assessed the risk, they should determine the method or methods by which that risk may be removed, reduced or controlled.

The primary consideration is to eliminate the risk completely. This may be done by not allowing medicines into the school and, for example, requiring pupil to be placed on 3 x daily doses rather than 4 x daily doses if appropriate.

If the hazardous substance cannot be eliminated from the school the next requirement is to substitute it for a less hazardous substance if one exists. Schools should encourage GP's, via the School Health Service, to prescribe less toxic alternatives if the medicine has to be taken at school.

If there is no means of eliminating or substituting the hazardous substance controls to reduce any risk of harm to the lowest level that is possible should be implemented.

All controlled drugs must be kept in an approved (meet with the requirements of the misuse of drugs regulations) lockable receptacle. This must be locked at all times except when being accessed for the storage of medication or the administration to the named recipient.

Lockable receptacles must be:

- Of robust construction
- Made of steel
- Securely bolted to the floor or wall
- Kept in a room or building that is alarm protected.

Ideally it should be locked by a key and a combination lock together. This will allow a master key to be fastened to the inside of the receptacle and only the head teacher to have the combination code to unlock in an emergency. The integrity of using only a combination lock can not be guaranteed.

Keys, should be kept to a minimum and only held by individuals who have legitimate authority to access the medicine cabinet. These should never be given to an unauthorised person, left on hooks, in desks or out on display.

- Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual pupil.
- Medicines should be stored strictly in accordance with product instructions
- Pupils should know where their own medicines are stored and who holds the key.
- All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to pupils and should not be locked away.
- Few medicines need to be refrigerated. These can be kept in a refrigerator with food but they must be in an air tight container and clearly labelled. There should be restricted access to a refrigerator holding medication. When the staff room is not occupied – depending on the risk assessment undertaken by the Headteacher – the room or

the fridge should be locked so that access is denied to everyone except those authorised by the Headteacher.

- Medicine should be stored in original containers which are labelled with:
 - the name of the person for whom the medicine is prescribed;
 - the name and constituents (if known) of the medicine;
 - the prescribed dose;
 - the time the prescribed dose is to be taken;
 - who to contact in an emergency;
 - the expiry date of the medicine;
 - the name of the person or organisation responsible for prescribing the medicine;
 - any likely side effects for the person taking the medicine (e.g. harmful or toxic if swallowed, harmful by inhalation, harmful if in contact with the skin or eyes).

It may not always be possible to get all the above information from the original container. If this is so, the pharmacy supplying the medicine or the pharmacy department of the local NHS Trust may be of assistance.

Some medicines can have serious ill health effects on those giving the medicine, produce harmful vapours, some can be corrosive or produce dermatitis; some can sensitise those giving the medicine, some people may already be sensitive to the medication – particularly those who suffer from eczema or asthma. Staff who volunteer to administer medicine which has been assessed as being a sensitiser should be asked if they have respiratory or skin problems. If they have, the Headteacher should seek an alternative volunteer. Volunteers should be provided with suitable personal protection such as disposable gloves, face mask, etc. Should a volunteer become sensitised to a particular medication they should cease to administer it and again the Headteacher should seek an alternative volunteer. Such reactions, however, are rare.

11.2 Disposal of medicines

Under no circumstances should a school dispose of any prescribed medicine or the container from which it came. The parent of the pupil for whom the medicine was provided should collect all empty containers, surplus medicines and out-of-date medicines. They should also collect medicines held at the end of each term. If

parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.

On the very rare occasion that the school has to dispose of any of the above, advice should be sought from the Leeds City Council's Environmental Health Waste Disposal Service before disposal of any items. Pharmaceuticals that are cytostatic or cytotoxic (are defined as any medicinal product that has one or more of the following hazardous properties: Toxic (H6), Carcinogenic (H7),

Mutagenic (H11) or Toxic for Reproduction (H10)) are classed as “hazardous Wastes” under Hazardous Waste Regulations 2005 as such disposal must be in accordance with the requisite Regulations.

11.3. Disposal of sharps

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the pupil's GP or paediatrician. Collection and disposal of the boxes should be arranged with Leeds City Council's Environmental Waste Disposal Unit.

12.0 Further Information

12.1 More information regarding medication in schools – in particular basic information regarding common conditions such as asthma, epilepsy, diabetes and anaphylaxis – is available in the DfES and Department of Health publication “ **Managing medicines in schools and early year settings**” Reference **1448-2005DCL-EN March 2005 –DfES**.

The publication includes forms that can be used as part of the school's policy on administering medication. Copies of the forms are available from Children Leeds' Health Safety and Wellbeing team. The forms in the pack are as follows:

- Healthcare plan for a pupil with medical needs
- Request for school to administer medication
- Confirmation of the Headteacher's agreement to administer medication
- Record of medication administered in school
- Request for pupil to carry his/her own medication
- Staff training record – administration of medical treatment
- Guidelines for the administration of rectal diazepam in epilepsy and febrile convulsions for non-medical/ non-nursing staff
- Emergency planning – request for an ambulance

Leeds City Council - medical needs policy, 2008

Leeds City Council - Intimate care guidelines

Drugs: Guidance for schools (DfES, 2004) Ref: DfES/0092/2004
[http:// www.teachernet.gov.uk/drugs/](http://www.teachernet.gov.uk/drugs/)

Code of Practice for Schools- Disability Discrimination Act 1995:Part 4 (Disability Rights Commission, 2002). Ref: COPSH. <http://www.drc-b.org/thelaw/practice.asp>

Disability Rights commission Tel:08457 622 633

Special Educational Needs Code of Practice (DfES, 2001)

Ref: DfES/0581/2001

www.teachernet.gov.uk/teachinginengland/detail.cfm?id=390

National Service Framework for Children and Young People and Maternity Services:

Medicines and Children and Young People. Website:

www.dh.gov.uk/healthtopics (click on Children's Services).

Order:DH Publications Tel: 08701 555 45

Council for Disabled Children publication "The Dignity of Risk"

13.0 Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

Asthma UK (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: www.asthma.org.uk

Diabetes UK

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department for Education and Skills

Tel: 0870 000 2288

Website:www.dfes.gov.uk

Department of Health

Tel: (020) 7210 4850

Website:www.dh.gov.uk

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: www.epilepsy.org.uk

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

APPENDIX I: FORMS

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

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

FORM 1 - Healthcare Plan

Name of School/Setting _____

Pupil's name _____

Group/Class/Form _____

Date of Birth _____

Pupil's Address _____

Medical Diagnosis or Condition _____

Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Family contact 2

Family contact 1		Family contact 2	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact

GP

Name _____ Name _____

Phone No. _____ Phone No. _____

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

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

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

Follow up care:

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

Form copied to:

FORM 2A

Parental agreement for school/setting to administer medicine

The school/setting will not give your child's medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine

Name of School/Setting _____

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

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

Date dispensed: _____

Expiry date: _____

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

Dosage and method: _____

Timing: _____

Special Precautions: _____

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

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: _____

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Pupil: _____

Address: _____

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

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

Date: _____

Signature(s): _____

Relationship to child: _____

FORM 2B

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting _____

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry date _____

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

When to be given _____

Any other instructions _____

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

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

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

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

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

Parent's signature: _____ Print Name: _____

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

FORM 3

Confirmation of the Head's agreement to administer medicine

Name of School/Setting _____

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

_____ *[name of pupil]* will be given/supervised whilst he/she
takes their medication by _____ *[name of member of staff].*

This arrangement will continue until _____ *[either end date of
course of medicine or until instructed by parents].*

Date: _____

Signed: _____

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

FORM 4

Record of medicine administered to an individual pupil

Name of School/Setting _____

Name of Pupil _____

Date medicine provided
by parent _____

Group/class/ form _____

Quantity received _____

Name and strength of
medicine _____

Expiry date _____

Quantity returned _____

Dose and frequency of
medicine _____

Staff signature _____

Parent signature _____

Date _____

Time Given _____

Dose Given _____

Name of member of
staff _____

Staff initials _____

Date _____

Time Given _____

Dose Given _____

Name of member of staff _____

Staff initials _____

Date _____

Time Given _____

Dose Given _____

Name of member of staff _____

Staff initials _____

Date _____

Time Given _____

Dose Given _____

Name of member of staff _____

Staff initials _____

Date _____

Time Given _____

Dose Given _____

Name of member of staff _____

Staff initials _____

FORM 5

Record of medicines administered in school/setting to all children

Name of School/Setting _____

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

FORM 6

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS / GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Name of School/Setting: _____

Pupil's Name: _____

Group/Class/Form: _____

Address: _____

Name of Medicine: _____

Procedures to be taken in an emergency: _____

Contact Information

Name: _____

Daytime Phone No: _____

Relationship to pupil: _____

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

Signed: _____ Date: _____

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

FORM 7

Staff training record

Name of School/Setting:

Name:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

I confirm that _____ *[name of member of staff]* has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

Trainer's signature:

Date:

I confirm that I have received the training detailed above.

Staff signature:

Date:

Suggested Review Date:

FORM 8

Authorisation for the administration of rectal diazepam

Name of School/Setting _____

Pupil's name _____

Date of birth _____

Home address _____

GP _____

Hospital consultant _____

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

OR

*serial seizures lasting over _____ minutes.

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

OR

If the seizure has not resolved *after _____ minutes.

(* please delete as appropriate)

Doctor's signature: _____

Parent's signature: _____

Print Name: _____

Date: _____

NB: Authorisation for the Administration of Rectal Diazepam

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

The Authorisation should clearly state:

- when the diazepam is to be given e.g. after 5 minutes; and
- how much medicine should be given.

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

Records of administration should be maintained using Form 5 or similar

FORM 9 - Contacting Emergency Services

Request for an Ambulance

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

1. Your telephone number
2. Give your location as follows: (insert school/setting address)
3. State that the postcode is
4. Give exact location in the school/setting (insert brief description)
5. Give your name
6. Give name of pupil and a brief description of pupil's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

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

Put a completed copy of this form by the telephone