



North Tyneside Council

Children, Young People and Learning Directorate

**Policy for Managing Medicines
in Schools and Early Years Settings**

November 2010

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1

Introduction

Most children* will, at some time, have medical needs that require a course of medication. Such needs may entail short-term medication (e.g. antibiotics), medication prescribed on a long-term basis (e.g. for epilepsy), or medication required in case of an emergency (e.g. severe allergic reactions).

Most children with medical needs can attend a school or setting regularly and take part in normal activities. Indeed, opportunities for attending a school or setting must be considered, in line with the Disability Discrimination Act (2005). Positive responses by schools and settings to a child's medical needs will not only benefit the child directly, but can also positively influence the attitude of his/her peers.

The present policy outlines North Tyneside Council's commitment to promoting and enabling all schools to:

- i. Review their current policies and procedures on administering and managing medicines.
- ii. Put in place effective management systems to help support individual children who require the administration of medication.
- iii. Meet the requirements of the Equality Duty (2011).

This policy should be read in conjunction with the following: 'Managing Medicines in Schools and Early Years Settings DfES/DOH (2005) which provides detailed guidance on good practice; North Tyneside Council's 'Inclusive Education Strategy' (2010-2015); The Equality Duty, 'Schools and the Disability Equality Duty', DRC (2006), National Service Framework for Children, Young People and Maternity Services : Standard 10, DOH (2006) the handbook 'Managing Complex Health Needs' in Schools and Early Years Settings' (DfES/Council for Disabled Children (2007) and the guidance for schools and setting on supporting children and young people with toileting difficulties. This policy replaces the Council's previous guidance Guidelines in the Administration of Medication to Pupils (2007).

Note *the term 'Children' used throughout this policy also includes young people.

2

The Legal Framework

2.1 Duty of Care

Local Authorities and staff in schools, have a 'duty of care' to make sure that all children in their charge are healthy and safe. The duty of care also extends to administering medicines where necessary and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site e.g. visits, field trips.

2.2 Staff administering medicine

Whilst there is no legal duty that requires schools to administer medicines a number of schools are developing roles for their support staff that build the administration of medicines into their job descriptions. Schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties. This will also support schools in meeting their 'reasonable adjustments' duties in relation to the Disability Discrimination Act 2005, School Accessibility Plans and Disability Equality Schemes.

Where staff agree to administer medication in accordance with the Council's

policy and individual school and settings guidelines, they are included within the Council's liability insurance provision in the event of any legal action by parents/carers on behalf of their child.

2.3 Admissions

Children with medical needs have the **same rights** of admission to a school or setting as other children. In certain circumstances however, e.g. where there is a risk to the health and safety of staff or other children, alternative arrangements may have to be made to meet a child's learning needs.

2.4 SEN & Disability Act (SENDA) 2001

Local authorities, schools and settings have a duty:

- i) Not to discriminate against or treat children with disabilities less favourably than those who are not disabled, without justification.
- ii) To make reasonable adjustments to ensure disabled children are not put at a substantial disadvantage in comparison to those who are not disabled.
- iii) To plan to increase access to the school or setting, the curriculum and provide written materials in alternative formats.

As some medical conditions may be classed as a disability, the Council would expect schools and settings to have considered arrangements that can **reasonably** be made to support children presenting with such needs. This would include children who require the administration of medication.

2.5 Health & Safety at work Act 1974/Regulations 1999

Employers of staff in schools must do all that is reasonably practicable to ensure the health, safety and welfare of employees. The employer must also make sure that others, such as children and visitors are not put at risk. Most schools will, at some time, have children on roll with medical needs requiring medication. In some cases, children with medical needs may be more at risk than other children (e.g. during school trips) and staff may need to take additional steps to safeguard the health and safety of such children. Individual procedures for identified children may be required in some cases.

2.6 Early Years Foundation Stage 2007

Early Years providers must promote the good health of children, take necessary steps to prevent the spread of infection and take appropriate action when they are ill. They must:

- Implement an effective policy on administering medicines.
- Keep written records of all prescribed medicines administered to children and inform parents/carers.
- Obtain prior written permission for each and every medicine from parents/carers before any medication is given.

2.7 Care Standards Act 2000

The national standards for under 8s day care require that the registered person in an early years setting has a clear policy regarding the administration of medicines which is understood by all staff and discussed with parents/carers. Training must be provided for, and such training must be specific to the individual child concerned.

2.8 Medicines Act 1968

Anyone may administer a prescribed medicine, with written consent, to a third party, so long as it is in accordance with the prescriber's instructions.

A medicine may only be administered by a school or setting to the child for whom it has been prescribed, labelled and supplied. No one other than the prescriber may vary the dose and directions for administration. In those rare cases where the dose may vary regularly, printed dose schedules should be available from a relevant health professional.

No child should be given medicines without the consent of their parents/carers. Medicines should be stored securely unless it has been agreed that a child keeps and administers the medication themselves e.g. asthma inhaler. Records of medicines being administered should be maintained and monitored.

2.9 Misuse Of Drugs Act 1971

The supply, administration, possession and storage of certain drugs are controlled by this Act and its associated regulations. This is of relevance to schools and settings where a child has been prescribed a controlled drug. A child who has been prescribed a controlled drug may legally have it in their possession e.g. methylpridate (Ritalin). Any member of staff may administer a controlled drug to a child for whom it has been prescribed in accordance with the prescriber's instructions.

2.10 Non-prescribed Medicines

Non-prescribed medicines **should not** be administered by schools or settings.

2.11 Control of Substances hazardous to Health Regulations 2002

Employers are required to control exposure to hazardous substances to protect both employees and others. As some medicines may be harmful to anyone for whom they are not prescribed, schools must ensure that the risks to the health of staff, children and others are properly controlled.

3 The Importance of Managing Medicines

The Council accepts the view expressed within the guidance 'Managing Medicines in Schools and Early Years Settings' (DfES/DOH 2005) that: "A clear policy understood and accepted by staff, parents and children provides a sound basis for ensuring that children with medical needs receive appropriate care and support in their school or setting. Formal systems and procedures in respect of administering medicines, developed in partnership with parents/carers, staff and health professionals should back up the policy".

4 Key Principles

This policy is based on adherence to the following key principles:-

4.1 Children requiring medication have a right to:-

- Attend a school or early years setting
- Participate in everyday school/setting activities as far as is practical, and not endanger themselves, other children or staff.
- Support that is planned, implemented and monitored within clear and agreed health and safety policies and protocols.
- Contribute to and express their views regarding procedures for the

- administration of medication.
- An agreement or health care plan for the administration of their medication
- A risk assessment
- Give their permission in order for confidential information to be shared
- Support that will promote self-management of medication wherever possible

4.2 Parents and carers have a right to:

- Information, advice and guidance regarding the policies, practices and procedures relating to the administration of medication in a given school or setting.
- Contribute to and express their views regarding procedures for the administration of medication.
- Ensure their child's needs are met within clearly agreed policies and protocols.
- An agreement or health care plan for the administration of medication
- Give their permission in order for confidential information to be shared

4.3 Schools and Settings have a right to:-

- Work within a Council policy that informs the development of policies and protocols for individual schools or settings
- Work within a policy for the administration of medication for their individual school or setting (in maintained and non-maintained)
- Work within an agreement or health care plan for the administration of medication for identified children.
- Information, advice and guidance regarding the medical needs of a child, from parents/carers and relevant health professionals
- Training programmes relating to the administration of medication and associated protocols

5 Roles and Responsibilities

5.1 Close co-operation between schools, settings, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs. It is important that responsibility for child safety is clearly defined and that each person involved in supporting a child requiring medication is aware of what is expected of them.

5.2 Parents and Carers

Parents and carers have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition.

They should, in partnership with the Headteacher of the school, Manager of the setting and relevant health professionals, reach agreement on the role of the school or setting in meeting their child's medical needs in accordance with the managing medicines policy.

They should ensure sufficient within date medication is available during the day for their child.

The agreement of parents/carers should always be sought before a school or setting passes on information about a child's health needs to other staff.

5.3 The Local Authority

The Local Authority will:

- Provide a general policy/framework to guide schools and settings in developing their own policies regarding the management and administration of medication.
- Provide full cover through the Public Liability Insurance scheme for staff who may administer medication.
- Offer training opportunities for staff in the management and administration of medicines and the development of associated policies, in partnership with health professionals.
- Provide information for parents/carers relating to the Council's policy for the management of medication.

5.4 Schools and Settings

The Local Authority expects that schools and settings will:-

- Develop and implement a policy regarding the management and administration of medication.
- Share the policy with staff, governors and parents/carers
- Liaise with parents/carers and relevant health professionals to identify the needs of children requiring medication.
- Provide training and advice for staff administering medication based upon the specific needs of individual children.
- Ensure that they have sufficient members of support staff who are appropriately trained to manage and administer medicines as part of their duties.
- Draw up and implement an agreement or a health care plan in liaison with parents/carers and health professionals, for children who require the administration of medication. This should be based on the outcomes of a risk assessment where appropriate.
- Work in partnership with parent/carers to discuss and agree what support arrangements can be provided for their child.
- Work in partnership with children and young people (where appropriate) to discuss and agree support arrangements
- Monitor and review the implementation of their policy for the management and administration of medicines

5.5. Health Services

The main health service contact for schools is likely to be a Public Health School Nurse. The nurse should be able to offer advice and guidance on medical conditions and in drawing up individual health care plans for children with medical needs. The nurse will also be able to advise on training for school staff on administering medicines. A Health Visitor would normally provide similar support and advice to nursery schools and other early years settings.

Many other health professionals may be involved in the care of a child with medical needs e.g. community paediatrician, specialist nurses. They may also be able to provide advice and training to schools and settings in liaison with other health professionals involved with the child.

6

Developing Medicines Policies

- 6.1** A clear policy, understood and accepted by staff, parents/carers and children provides a sound basis for ensuring that children requiring medication receive proper care and support in a school or an early years setting.
- 6.2** The Local Authority expects that all schools and settings have a policy that covers the following:-
- Procedures for managing prescription medicines which need to be taken during the day
 - A clear statement that staff will not be allowed to administer medication without appropriate training
 - Procedures for managing prescription medicines on trips and outings and home school transport
 - A clear statement on the roles and responsibilities of staff managing the administration of medicines or supervising the administration of medicines.
 - A clear statement on parental/carer responsibilities in respect of their child's medical needs
 - The need for prior written agreement from parents/carers for any medicines to be given to a child
 - Policy on children carrying and taking their medicines themselves
 - Staff training in administering medication
 - Record keeping
 - Safe storage of medicines
 - Disposal of medicines - emergency procedures
 - Risk assessment and management procedures
 - Arrangements for monitoring and reviewing the policy

(for detailed guidance refer to 'Managing Medicines in Schools and Early Years Settings' (DfES/DOH, 2005) available via the DfE website

7

Health Care Plans

- 7.1** The main purpose of an individual health care plan is to identify the level of support required for a child with medical needs.

Not all children who require medication will require an individual health care plan. In many cases, a written agreement between the school or setting and parents/carers, with guidance from health professionals, may be all that is necessary.

- 7.2** The Council would expect that where a child requires the administration of medication, schools have:
- A written agreement for the administration of medicines.
- or
- A health care plan for those children presenting with complex health needs.

8

Proforma

- 8.1** A series of proforma are appended to the present document to support schools and settings in planning, implementing and reviewing their current practices and policies with regard to the management of medication.

9

Monitoring and Review of Policy

- 9.1** This policy will be reviewed on a three-yearly cycle or when there are significant changes in legislation or national guidance.

APPENDIX 1

MANAGING MEDICINES

1. PROFORMA

FORM A: Health Care Plan – Managing Medicines

FORM B: Agreement to administer medicine

FORM C: Record of medicines/delivery,
administration and disposal

FORM D: Request for child/young person to carry
own medicine

FORM E: Authorisation for the administration of
emergency medication

FORM F: Individual epilepsy plan

FORM G: Staff training record

FORM A

Health Care Plan – Managing Medicines

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

.....

.....

Medical diagnosis or condition

.....

.....

.....

Family Information/Emergency Contact

1. Parent/Carer

Phone No (home)

(Work)

(Mobile)

2. Emergency Contact(Name)

Phone No (home)

(Work)

(Mobile)

Health Contact

Name

Phone No

G.P.

Name

Phone No

Outline medical needs and give details of child's symptoms

List any regular medication taken by the child

Daily management of medication (including emergency care) e.g. before sport/at lunchtime

Form copied to:

FORM B

AGREEMENT TO ADMINISTER MEDICINE

Note: Medicines must be in the original container as dispensed by the Pharmacy

1. Name of school/setting
2. Name of child
3. Group/class/form
4. Name and strength of medicine
5. Date received
6. Dose and frequency of medicine
(or as printed dosage schedule)
7. Quantity received
(number of doses/volume)
8. Quantity returned
9. Date Returned
10. End date of course of medication

It is agreed that (*name of child*) ----- will receive
(name & dose of medicine) -----
at the following time/s-----

Medication will be *given or supervised* by(*name of member of staff*)

In the event of staff absence, the medication will be given or supervised by (name of member of staff)

It is agreed that (*the parent/carer*) will notify the school/setting of any changes

Agreed review date:

Signature: -----
(Headteacher/Manager of setting)

Date: -----

Signature (named person/s) ----- Date: -----

Signature of Parent/carer -----

Date: -----

Signature of child/young person -----

Date: -----