

For compliance with:

- Health & Safety at Work etc Act 1974
- The Management of Health & safety at Work Regulations 1999

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 |
| | | | |

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Contents

| | | |
|------------------|---|-----------|
| Section 1 | Summary of management responsibilities | 2 |
| Section 2 | Responsibilities | 4 |
| Section 3 | Action required | 5 |
| Section 4 | Further Information | 24 |

Section 1 Summary of management responsibilities

To comply with this standard you are required, where applicable to have the following in place.

Responsible for (could be multiple)

What do you need to do?

| | | Head Teacher/ Setting Manager | Staff administering medication | Other staff e.g. SENCO, school nurse etc |
|--------------------------|---|--|--------------------------------------|--|
| <input type="checkbox"/> | A | Consider the liability of staff administering medication | | |
| <input type="checkbox"/> | B | Ensure staff are aware they are indemnified | | |
| <input type="checkbox"/> | C | Ensure the administration of medicines policy meets equalities requirements | | |
| <input type="checkbox"/> | D | Develop an administrations of medicines policy | | |
| <input type="checkbox"/> | E | Develop and operate a robust procedure for the administration of medicines | | |
| <input type="checkbox"/> | F | Store medication safely | | |
| <input type="checkbox"/> | G | Dispose of medication safely | | |
| <input type="checkbox"/> | H | Develop individual care plans | | |
| <input type="checkbox"/> | I | Consider administration of medicines during offsite activities and educational trips | | |
| <input type="checkbox"/> | J | Ensure staff have appropriate training | | |
| <input type="checkbox"/> | K | Maintain appropriate records | | |

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 e.g. 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. This document will also help ensure compliance with the Medical Standard of the National Service Framework for Children.

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 all available on the [Administration of Medicines & Personal Care](#) pages on the Wave.

Appendices have been saved as a separate Word document to enable schools/ early years settings to complete and adapt forms/ templates for local use. 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, head teachers and supervisors, with the support and guidance of the Health & Safety Team.

Director of Children's Services

The Director of Children's Services has a responsibility to support schools and settings by clarifying their responsibilities for the administering of medication. The Health & Safety team, on behalf of the Director of Children's Services, monitors the implementation of this standard through the health and safety audit programme.

Head teachers, Governing Bodies and Early Years Settings Managers

Head teachers, 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 and handled 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 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)

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 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

In order to give reassurance to staff who assist with administering medication. Brighton and Hove City Council (BHCC) agrees to fully indemnify its staff administering medication 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 for damages being taken against an individual, the council will accept responsibility. Any member of staff will be fully supported throughout the process should an allegation be made.

C. Ensure the administration of medicines policy meets equalities requirements

The Act states that children with special educational needs should have their needs met and that they will normally be in mainstream schools/settings. Unless a parent indicates that they do not want their child educated in a mainstream school/setting, the Local Authority must ensure that the child is educated in a mainstream school/setting unless 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 children/young persons and prospective children/young persons - in essence, all aspects of school/setting life, including extracurricular activities and school/setting trips. A disabled child/young person can be discriminated against in two ways:

- If a school/setting treats a disabled child/young person or prospective child/young person less favourably than another because of his or her 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 head teacher/governing body/manager has two options:

- to administer medicines;
- selective administration of medicines, e.g. 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 all parents/guardians informed of the school's /setting's policy. This could be communicated via the school prospectus or setting handbook.

The policy should include the following:

- Procedures for managing prescription medicines which need to be taken during the school/setting day;
- Procedures for managing prescription medicines on off-site visits;
- Emergency Procedures;
- A clear statement on the roles and responsibilities of staff managing, administering and supervising the administration of medicines;
- 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 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;
- 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 head teacher/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 or not to administer medication, and if so, whether to administer only prescribed medication. 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. School/settings staff should only administer non-prescribed medicine to a child/young person if there is specific prior written permission from the parent(s) for a specified time period and reason. Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered.

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, nurse prescriber or pharmacist prescriber.

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. 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.

The Medicines Standard of the National Service Framework for children recommends that Healthcare professionals/dentists consider:

- The use of medicines which only need to be administered once or twice per day (where appropriate) so that they can be taken outside school/setting hours.
- Providing two prescriptions, where appropriate and practicable, for a child's medicines: one for home and one for use in the school/setting, avoiding the need for repackaging or re-labelling of medicines by parents.

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, e.g. to finish a course of antibiotics or to apply a 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 the prescribed instructions must be followed. A child/young person who has been prescribed a controlled drug may legally have it in their possession and 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. 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 E.) When a controlled drug is no longer required, it must be returned to the parent 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 child/young persons who are 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 say 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 D.)

Health care plans/protocols for pupils with long-term 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 and/or lead to emotional and behavioural problems. It is recommended that a health care plan or a protocol involving parents and relevant health professionals is developed. 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 without parental consent. 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.

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.

This information should be provided on the parental consent form (Appendix C). 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

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;
- Method of administration;
- Time and frequency of administration;
- Other treatment;
- Any side effects
- Expiry date

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 H.

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, e.g. gloves, must be worn during the administration of medicines/catheterisation procedure, etc. 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.

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 and take appropriate action. 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, etc. 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 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.

Refusing medication

If a child/young person refuses to take their medication, they should not be forced to do so 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. If the refusal results in an emergency, the school/setting emergency procedures should be followed. These procedures should be set out in the policy and/or the health care plan for the individual child/young person.

Hygiene/infection control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to and wear protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in [HS-S-11 First Aid Standard](#) and [HS-S-14 Infection Control Standard & Guidance](#).

F. Store medication safely

Schools should not store large amounts of medication. The head teacher/setting manager can choose to request that the required dose be brought in each day. 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 separate original container.

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, epi-pens, 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 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 I.

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. 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. 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:

- Special requirements, e.g. dietary needs;
- Medication and any side effects;
- What constitutes an emergency and what to do/not to do and who to contact
- 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:

- Head teacher;
- 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 head teacher 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 and it is recommended that training in managing medicines is attended.

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 G.

An example health care plan (Appendix A) and protocol for the administering of medication (Appendix B) 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. 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 overall risk assessment of the activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake risk assessment to identify significant risks and necessary control measures when children/young people below the minimum school/setting leaving age are on site.

The school should undertake a risk assessment of the whole activity that takes into account the site specific risk assessment carried out by an external WEX management/assessment provider (e.g. City College) on behalf of the employer during their visit to the workplace. Responsibility for risk assessments remains with the employer or college. The school will need to ensure that these risk assessments take into account the 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 necessary. 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. Where children/young people have specific medical needs, the driver and/or escort should know what to do in a medical emergency but should not, generally administer medication. Where children/young people have life threatening conditions or a medical need that requires an emergency response, specific health care plans should be carried on vehicles detailing the symptoms that may be displayed and the action to be taken by the driver and/or escort. Before sharing any information, parental consent must be obtained. All drivers and escorts will receive basic first aid training and where appropriate, an awareness session on complex medical needs and the procedures to be followed in an emergency.

Some children/young people are at risk of severe allergic reactions. This risk can be minimised by not allowing anyone to eat on vehicles. It is recommended that all escorts are trained in the use of an adrenaline pen for emergencies, where appropriate.

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 head teacher/early years setting manager and in accordance with instructions issued by the paediatrician or GP. 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 H.

It is recommended by the DCFS 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 information about the medication and informing schools about changes to the prescription or the support needed. However, the school/setting should check that this is the same information as that 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 C.)

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 F. Early years settings must also ensure that 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 E. Any member of staff giving medication should check:

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

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

[The Health Safety & Wellbeing Legal Register](#) contains all relevant legislation such as the Health & Safety at Work Act and all Regulations.

Website links for common conditions

www.diabetes.org.uk

www.epilepsynse.org.uk

www.asthma.org.uk/

www.anaphylaxis.org.uk

Health & Safety Standards

- [HS-S-14 Infection Control Standard and Guidance](#)
- [HS-S-11 First Aid Standard](#)
- [Risk Assessment Form & Guidance](#)

The following documents have been provided to provide guidance to head teachers, managers and staff in undertaking medical interventions. These are all available on the [Administration of Medicines & Personal Care](#) pages on the Wave:

- Delivery of medical interventions by non medical staff guidance
- Intimate and personal care guidance
- Intimate and personal care forms
- Intermittent catheterisation
- Nasopharyngeal suctioning

Appendices

The following templates should be reproduced on school/setting headed paper:

A Health care plan

B Sample protocol for schools administering medicines

C Parental consent form

D Parental consent form for child carrying own medicines

E Record of medicines administered

F Example agreement for administering medicines

G Example staff training record

H Instruction for the administration of rectal Diazepam

I Medicines in/out log