

# Managing Medicines in School in Early Years Settings

## FOUNTAINS CHURCH OF ENGLAND PRIMARY SCHOOL

### 1. Introduction

**1.1 The following guidance and model policy draw directly on advice contained within DCFS publication '*Managing Medicines in Schools and Early Years Settings*': DCFS/Department of Health 2005 Ref 1448-2005 DCL-EN**

1.2 The DCFS publication provides updated guidance on managing medicines in schools and early years settings, and replaces the earlier DFEE/DoH guidance *Supporting Pupils with Medical Needs: a Good Practice Guide*, and circular 14/96 *Supporting Schools with Medical Needs in School*, which were published in 1996.

1.3 The document sets a clear framework within which Local Authorities, NHS Primary Care Trusts, schools, early years settings and families are able to work together. This ensures that children requiring medicines receive the support they need, and schools and staff work within approved guidelines.

1.4 The document should be regarded as an essential reference point when schools and settings are dealing with issues which may not be directly covered in their own policy.

Copies are available from DCFS publications distribution centre telephone: 0845 6022260 or DCFS Online Publications website – <http://publications.teachernet.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCFS-1448-2005>

### 2. Children with Medical Needs

Children with medical needs have the same rights of admission to a school or setting as other children.

### 3. Access to Education and Associated Services

3.1 Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his abilities to carry out normal day-to-day activities.

3.2 Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) must not discriminate against disabled pupils in relation to their access to

education and associated services – a broad term that covers all aspects of school life including school trips, clubs and activities. Schools should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.

3.3 Schools are also under a duty to plan strategically to increase access, over time, for disabled children, including those with medical needs.

3.4 Like schools, early years settings not constituted as schools, including childminders and other private, voluntary and statutory provision covered by Part 3 of the DDA should be making reasonable adjustments for disabled children, including those with medical needs.

3.5 The national Curriculum Inclusion Statement 2000 emphasises the importance of providing effective learning opportunities for all pupils, in terms of:

- Setting suitable learning challenges
- Responding to pupils' diverse needs
- Overcoming potential barriers to learning

## **4. Support for Children with Medical Needs**

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

4.2 There is no legal duty that requires school or setting staff to administer medicines. Some schools are developing roles for support staff which build the administration of medicines into their core job description. Some support staff may have such a role in their contract of employment. Schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

4.3 Conditions of employment are individual to each non-maintained early years setting. The registered person has to arrange who should administer medicines within a setting, either on a voluntary basis or as part of a contract of employment.

4.4 Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals.

## **5. Home to School Transport**

5.1 The Local Authority has a duty to ensure that pupils are safe during journeys. Most pupils with medical needs do not require supervision on school transport, but trained escorts should be provided if considered necessary. Guidance should be sought from the child's GP or paediatrician.

5.2 Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines, but where it is agreed that this

should happen (i.e. in an emergency), they must receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

5.3 Where pupils have life-threatening conditions, specific health care plans should be carried on vehicles. Advice should be sought from the pupil's school, and input will be needed from parents and the responsible medical practitioner. The care plans should specify the steps to be taken to support the normal care of the pupil, as well as the appropriate responses to emergency situations.

5.4 All drivers and escorts should have basic first aid training. Additionally trained escorts may be needed to support some pupils with complex medical needs.

5.5 Some pupils are at risk of severe allergic reactions. Risks can be minimised by not permitting eating on vehicles.

## **6. Developing Policies**

6.1 Employers, including Local Authorities and school governing bodies, must have a health and safety policy by law. Schools and settings should review existing health and safety policies in order to ensure that they incorporate the management of medicines and the support of children with medical needs.

6.2 The registered person in early years settings, which can legally be a management group rather than an individual, is responsible for the health and safety of children in their care. The legal framework for registered early years settings is derived from both health and safety legislation and the National Standards for regulation of daycare.

6.3 Settings outside the LEA **must** take out Employers Liability Insurance to provide cover to staff acting within the scope of their employment. Employers should make sure that their insurance arrangements provide full cover in respect of these actions.

6.4 Head teachers and governors of schools may also want to ensure that policy and procedures are compatible and consistent with any registered day care (e.g. Out of School Club) operated by them or an external provider on the school premises.

6.5 Policies should aim to enable regular attendance. Formal systems and procedures in respect of administering medicines, developed in partnership with parents and staff should back up the policy.

6.6 A policy needs to be clear to all staff, parents and children. It could be included in the prospectus, or in other information for parents.

The following Model Policy is offered for incorporation, or as a basis for incorporating the management of medicines, into the Health and Safety policy of schools and settings in North Yorkshire.

## FOUNTAINS CHURCH OF ENGLAND PRIMARY SCHOOL

### Managing Medicines

FOUNTAINS CHURCH OF ENGLAND PRIMARY SCHOOL is committed to reducing the barriers to sharing in school life and learning for all its pupils. This policy sets out the steps which the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

N.B. Paragraph numbers refer to the DCFS publication '*Managing Medicines in Schools and Early Years Settings*':

#### **1. Managing prescription medicines which need to be taken during the school day.**

- 1.1 Parents should provide full information about their child's medical needs.
- 1.2 Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day.  
*Paragraph 37*
- 1.2 The school/setting will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.  
*Paragraph 26*
- 1.3 The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.  
*Paragraph 25*
- 1.4 Some medicines prescribed for children (e.g methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff may administer a controlled drug, in accordance with the prescriber's instructions. The school will keep controlled drugs in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour code.
- 1.5 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:
  - Name of child
  - Name of medicine
  - Dose
  - Method of administration
  - Time/frequency of administration
  - Any side effects
  - Expiry date*Paragraph 51*
- 1.6 The school/setting will refer to the DCFS guidance document when dealing with any other particular issues relating to managing medicines.



## **2. Procedures for managing prescription medicines on trips and outings and during sporting activities**

- 2.1 The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children. *Paragraph 56*
- 2.2 If staff are concerned about how they can best provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the DCFS guidance on planning educational visits.  
*Paragraph 58*
- 2.3.1 The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Health Care Plan.  
*Paragraph 60*
- 2.4 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.  
*Paragraph 61*
- 2.5 The school will cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs. *Paragraph 64*

## **3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines**

- 3.1 Close co-operation between schools, settings, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs. *Annex A.*
- 3.2 It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.
- 3.3 The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.
- 3.4 The school will always designate a minimum of two people to be responsible for the administering of medicine to a child.
- 3.5 Staff should **never** give a non-prescribed medicine to a child.

- 3.6 Any controlled drugs which have been prescribed for a child must be kept in safe custody.
- 3.7 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures. Parents will be informed of the refusal on the same day. If refusal results in an emergency, the school/setting's normal emergency procedures will be followed. (*Paragraph 49*)

N.B. *The DCFS guidance document gives a full description of roles and responsibilities Paragraphs 66 to 102.*

#### **4. Parental responsibilities in respect of their child's medical needs**

- 4.1 It is the parents' responsibility to provide the headteacher with sufficient information about their child's medical needs if treatment or special care is needed.
- 4.2 Parents are expected to work with the headteacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.
- 4.3 The headteacher should have parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.
- 4.4 If parents have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.
- 4.5 It is the parents' responsibility to keep their children at home when they are acutely unwell. *Paragraph 83*
- 4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school or setting has day-to-day contact.
- 4.7 Prior written agreement should be obtained from parents/carers for any medicines to be given to a child. (See specimen forms in Appendix A.)

#### **5. Assisting children with long-term or complex medical needs**

Where there are long-term medical needs for a child, a Health Care Plan should be completed, involving both parents and relevant health professionals.

5.1 A Health Care Plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician.

5.2 The school will agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently. *Paragraph 119*

5.3 The school will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility. *Paragraph 120*

5.4 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child. *Paragraph 121*

5.5 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:

- Headteacher or head of setting
- Parent or carer
- Child (if appropriate)
- Early Years Practitioner/Class Teacher - Primary schools/Form Tutor/Head of Year - secondary schools
- Care assistant or support staff
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures *Paragraph 122*

5.6 The school/setting will consult the DCFS publication '*Managing Medicines in Schools and Early Years Settings*' when dealing with the needs of children with the following common conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

*Paragraphs 131 – 193*

## **6 Policy on children carrying and taking their prescribed medicines themselves**

An example of this would be a child with asthma using an inhaler.

6.1 It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. *Paragraph 45*

6.2 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil. *Paragraph 46*

6.3 Where pupils have been prescribed controlled drugs, these must be kept in safe custody. Pupils could access them for self-medication if it was agreed that this was appropriate. *Paragraph 48*

## **7 Staff support and training in dealing with medical needs**

7.1 The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty on headteachers to ensure that their staff receive the training. The headteacher or teacher in charge of a setting will agree when and how such training takes place, in their capacity as a line manager. The head of the school or setting will make sure that all staff and parents are aware of the policy and procedures for dealing with medical needs. (Paragraph 83)

7.2 Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.

7.3 The child's parents and health professionals should provide the information specified above.

7.4 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

7.5 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.

7.6 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

7.7 The school/setting will ensure that there are sufficient members of support staff who manage medicines as part of their duties. This includes the specification of such duties in their job description and participation in appropriate training.

7.8 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.

7.9 Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.

## 8 Record keeping

8.1 Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However the school will make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.

*Paragraph 50*

8.2 The school will use Form 3A to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer.

8.3 The school will use Form 3B to record long-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer.

8.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting. It is not the school's /setting's responsibility.

8.5 Form 4 should be used to confirm, with the parents, that a member of staff will administer medicine to their child.

*Paragraph 52*

8.6 All early years settings **must** keep written records of all medicines administered to children.

*Paragraph 54*

8.7 Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. Some schools keep a logbook for this. Forms 5 and 6 provide example record sheets. This school will keep a logbook of medicines given.

*Paragraph 55*

## 9. Safe storage of medicines

9.1 The school will only store, supervise and administer medicine that has been prescribed for an individual child.

9.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.

9.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

9.4 Where a child needs two or more prescribed medicines, each will be in a separate container.

- 9.5 Non-healthcare staff will never transfer medicines from their original containers. *Paragraph 107*
- 9.6 Children will be informed where their own medicines are stored and who holds the key.
- 9.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- 9.8 Schools may allow children to carry their own inhalers. This school/setting will/will not do so.
- 9.9 Other non-emergency medicines will be kept in a secure place not accessible to children. *Paragraph 108*
- 9.10 A few medicines need to be refrigerated. They will be kept in a refrigerator containing food but will be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. *Paragraph 109*
- 9.11 Access to Medicines - Children need to have immediate access to their medicines when required. The school will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines. *Paragraph 111*

## **10. Disposal of Medicines**

- 10.1 The school will not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- 10.2 Parents should also collect medicines held at the end of each term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal. *Paragraph 112*
- 10.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority. *Paragraph 113*

## **11. Hygiene and Infection Control**

- 11.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures
- 11.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

## **12. Access to the school/setting's emergency procedures**

- 12.1 As part of general risk management processes the school will have arrangements in place for dealing with emergency situations. [This could be part of the school's first aid policy and provision
- 12.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.
- 12.3 All staff should know how to call the emergency services.
- 12.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 12.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- 12.6 Health professionals are responsible for any decisions on medical treatment when parents are not available. *Paragraph 115*
- 12.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance. *Paragraph 116*
- 12.8 In remote areas a school might wish to make arrangements with a local health professional for emergency cover. *Paragraph 116*
- 12.9 The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies. *Paragraph 116*
- 12.10 Individual Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role. *Paragraph 117*

## **13. Risk assessment and management procedures**

This policy will operate within the context of the school/setting's Health and Safety Policy.

- 13.1 The school will ensure that risks to the health of others are properly controlled.
- 13.2 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- 13.3 The school/setting will be aware of the health and safety issues relating to dangerous substances and infection.