



**Isle of Man
Government**

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Guidance for Schools on the Administration of Medication and Medical Care

May 2010

This Document updates the Department of Education and Children's Administration of Medicines Policy issued in October 2007.

This guidance will be reviewed May 2013

This guidance should be read in conjunction with *DfES guide 1448 – 2005 DCLEN, published in March 2005.

***This DfES guidance book supersedes other guidance produced to date.**

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Guidance for Schools on the Administration of Medication and Medical Care

Aim of Guidance

To ensure that all children are able to attend school regularly and that the administration of medication or medical care does not present a barrier to this.

Responsibilities

Schools will inform the various people of their roles and responsibilities (see DfES guideline, pages 67-70, for definitions).

They are:

Parents/Carers with parental responsibility

Must take responsibility for making sure that their child is well enough to attend school and take part in all learning activities. This includes group, class-based activities, organised trips and visits.

Should ensure their child's school has contact numbers and arrangements are in place should a child become unwell.

One parent is required to agree to or request, in writing, that medicines be administered.

Should provide the headteacher with sufficient information about their child's medical condition, medication and treatment or special care needed.

Should endeavour to reach an agreement with the headteacher on the school's role in helping with their child's medical needs.

Should ascertain whether prescribed medication can be taken outside school hours. Parents should ask the prescribing doctor or dentist about this.

Will confirm their agreement to the sharing of information with relevant staff to ensure the best care for their child.

Parents and carers should be aware of those infectious diseases which should result in not sending their child to school.

Parents and carers should be aware that there is no contractual obligation for teachers or the headteacher to administer medication.

The Governing Body/Employer

Will ensure that the health and safety policy is in place and regularly reviewed.

Will, where necessary, ensure that risk assessments are carried out.

Will also ensure this policy is up to date and complies with relevant legislation and guidance.

Will ensure that staff training needs are identified and appropriate training sourced.

Will be aware that giving medication does **not** form part of the contractual duties of the headteacher or teachers.

The Headteacher

Is responsible for implementing this guidance and for ensuring that the medical needs of children are correctly planned and procedures followed.

Should ensure that all staff are aware of the health and safety policy and guidance relating to medication in school.

Will agree with the parents/carers exactly how the school will support the child.

Will seek further advice, when required, from the school nurse.

Will identify at least two members of staff (one for actual, one for back up) who will be responsible for administering medication and ensure they are supported and provided with training. These persons should be named in an **individual health care plan**.

Will ensure parents/carers are aware of the guidance and procedures for dealing with medical needs, possibly through school prospectus.

Teaching Staff

Those who work regularly with children with significant or complex health care needs should understand the nature of the condition, and when and where the child may need extra attention.

Should be aware of the likelihood of an emergency arising and must know what action to take should one occur (this applies to all staff, including supply teachers and part time assistants).

Staff have a duty of care to children in the school. They are acting in *loco parentis* and should therefore take the steps to promote or maintain the health of a child in their care. This might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.

Support Staff

May have the administration of medication as part of their contractual duties.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be 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.

Staff whose duties include this role, must ensure that each and every intermittent or regular medication given is in accordance with the guidance and procedures set out.

Staff who administer medication must be named. The named person will assist in drawing up an **individual health care plan** for those children who require it. (See DfES guidance on drawing up an **individual health care plan**)

Procedures

It is recommended that each school draws up a flowchart detailing key points, where things are stored and the members of staff responsible.

Short-Term Health Care Needs

Where children are well enough to attend school, but are required to take prescribed medication, parents should ascertain whether dosages could be prescribed outside the school day. Parents should ask the prescribing doctor or dentist about this. **It is recommended that in cases of recovery from short-term illness, only two days of medication should be taken at school.**

Parents must complete a request form and undertake delivery and collection of medicines (i.e. themselves or their adult representatives).

Long-Term Health Care Needs

The school will endeavour to ensure information, including all relevant aspects of a child's medical history, is collected when they enrol or their circumstances change.

For children with long-term health care needs, an **individual health care plan** will be drawn up in consultation with parents/carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures.

For children transported to school by taxi or bus, it is recommended that their plan contains information about how medication will be delivered to school.

The school will emphasise, in writing, the need for parents/carers to share information relating to changes to medical needs with staff.

Non-Prescribed Medication

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Where the head agrees to the administration of a non-prescribed medicine, it must be in accordance with procedures outlined in this guidance.

No child under 16 should be given medication without his or her parents'/carers' written consent. A child under 16 should never be given aspirin or medicines containing ibuprofen, unless prescribed by a doctor.

Parents/carers are requested not to allow children to bring non-prescribed medication (i.e. Calpol, paracetamol) into school. The school cannot be held responsible for students self-medicating.

If a child suffers intermittently from acute pain, such as migraine or period pain, the parents/carers with **school consent**, may authorise the supply of appropriate painkillers for their child's use with written, signed instructions about when the child should take the medicine. A similar arrangement can be made for children with hay fever.

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

Self-Management

It is good practice to enable children to manage their own medication. If a child can take medication himself or herself, staff will supervise this. The school policy sets out how children may carry and store their own medication after signed agreement from parents/carers.

All staff involved will be made aware of the child's medical needs and relevant emergency procedures.

Some students may require immediate access to medication before or during exercise.

Staff involved in sporting activities will be made aware of any relevant medical conditions and appropriate medical and emergency procedures. Any restrictions on a child's ability to participate will be recorded in his or her file.

Generally, staff should not take children to hospitals in their own car, other than in an emergency (i.e. where parents/carers cannot be contacted).

Management of a sharp's Injury

Refer to Procedures to take following a sharp's injury - **Form 9**.

Intimate or Invasive Treatment

Some staff are understandably reluctant to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse. Parents/carers and headteacher should respect such concerns.

Each school has a school nurse who can be approached for advice.

The headteacher and governing body will arrange for appropriate training for staff with the appropriate health professional.

The school should arrange for two adults, **preferably one of the same gender as the child**, to be present for the administration of intimate or invasive treatment. Two adults will also often ease practical administration of treatment.

Staff should protect the dignity of the child as far as possible, even in emergencies.

Administration of Specific Medications

Oral Diazepam (valium)

This is prescribed only in extreme cases, such as long, prolonged epileptic seizures. As the indications of when to administer the diazepam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant or 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.

Insulin Injections

Injecting and blood monitoring equipment should be stored in a safe place, but always accessible to the child. Children using injectable insulin need a private setting to monitor blood sugar and inject medication. Schools need to supply sharps boxes to ensure the safe disposal of used sharps. Collection of these boxes should be arranged via Noble's Hospital.

If a child suffers from a hypoglycaemia reaction it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablet or sugary drink, is given to the child immediately. Slower acting starchy food, such as a sandwich, biscuits or a glass of milk, should be given once the child has recovered, some 10-15 minutes later. An ambulance should be called if:

- The child's recovery takes longer than 10-15 minutes
- The child becomes unconscious.

Epinephrine (Adrenaline)

This is the treatment for severe allergic reaction (anaphylaxis) to common triggers to peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits, penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets). It usually requires immediate medical attention.

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the pupil may become unconsciousness.

The treatment for a severe allergic reaction is injection of epinephrine (adrenaline). Pre-loaded injection devices containing one measure dosages are available on prescription. The devices are available in two strengths -adults and junior.

Asthma Inhalers

Please refer to the Department of Health's Primary care *School Health Recommendations for Children with Asthma in Schools* (available on First Class).

Nicotine Replacement

Nicotine is an extremely addictive drug and is found in tobacco. It has many dangerous side effects. Nicotine replacements are available for over 12 year olds via medical prescriptions and may be purchased over the counter. School nurses prescribe nicotine placement and smoking cessation support programmes to students attending school. (Refer to DoE School Smoking Policy Guidance)

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. The Infection Control Department of Noble's Hospital may be contacted for advice and training on infection control management.

Policies and procedures need to be in place on how to manage a sharps injury and exposure to bodily fluids.

Staff working in a high risk environment (e.g. exposure to biting, blood contact, vomit and so on) should consider obtaining Hepatitis B vaccination via their GP.

Special Arrangements for Children with Medical Needs

All children should participate on trips and managed outings, wherever safety permits.

Additional staff arrangements may need to be made and, if necessary, a risk assessment carried out.

Arrangements for taking medication on outside trips may involve additional staff being advised of any medical needs and relevant emergency procedures.

A copy of the **individual health care plan** should be taken on visits.

If staff are concerned about whether they can 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 nurse or the child's GP. (See DfES guidance on planning educational visit)

Record Keeping

Records set out how medicines are managed, recorded and administered. This establishes a clear audit trail.

Parents/carers must supply information about medication that needs to be administered in the school.

Parents/carers should let the school know of any changes to the prescription.

The school should ensure that the correct forms are used to provide clarity and consistency.

The school is not legally required to keep a record of medicines given to children and staff involved. However, it is good practice to do so.

Where possible in secondary schools, medical information will be recorded in SIMs, background tab. It is recommended that this field is only updated for long-term illnesses or conditions.

The school will ensure that information is transferred to any receiving school and brought to the attention of the appropriate member of staff.

Storing Medication (Including Controlled Drugs)

Schools should not store large volumes of medication.

The headteacher may request that the parent or child brings the required dose each day or uses a weekly dispenser, such as a dosset box, which is clearly labelled with the child's name and contains the dose to be administered for each day of the week.

When the school stores medicines, staff should ensure that the supplied medication is labelled with:

- the name of the child;
- the name and dose of the medication;
- the frequency of administration;
- the date of issue;

and a measuring spoon or dropper must be supplied, if appropriate.

Where the child requires more than one medication, each should be separately labelled, but should be stored together in one labelled container.

The headteacher is responsible for making sure that medication is stored safely.

The children should know where their own medication is located.

It is not safe practice to follow re-labelled/re-written instructions, or to receive and use re-packaged medicines, other than as originally dispensed.

A few medications, such as asthma inhalers, must not be locked away and should be readily available to the child.

Many schools allow children to carry their own inhalers. The headteacher will discuss whether this is appropriate with the child's parents/carers, taking into account the child's age and level of personal responsibility.

Other medications should generally be kept in a secure place, not accessible to children. A locked drawer or cabinet will be appropriate in such circumstances.

The use of controlled drugs in school is sometimes essential. Schools should keep controlled drugs in a locked, non-portable container, and only named staff should have access. A record should be kept for audit and safety purposes.

Any named member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required, to arrange for safe disposal.

Misuse of a controlled drug, such as passing it to another child for use, is a serious offence. Schools should have a drug policy in place for dealing with drug misuse.

Some medications need to be refrigerated. Medication can be kept in a refrigerator containing food, but should be kept in an airtight container and clearly labelled. The school should restrict access to a refrigerator containing medicines.

Access to Medication

Pupils must have access to their medication when required.

The school may want to make special arrangements for emergency medication that it keeps for certain children.

It is also important to make sure that medication is only accessible to those for whom it is prescribed.

Disposal of Medicines

Parents/carers will collect medicines at the end of the dosage period.

Parents/carers are responsible for the safe disposal of date-expired medication (by returning it to the local pharmacy or dispensing pharmacist). Expiry dates on medicines will be checked on a half termly basis by a named member of staff.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the guidance or in an **individual child's health care plan**.

Parents should be informed of the refusal on the same day.

If a refusal to take medicine results in an emergency, the school's emergency procedures should be followed.

Safety Management

All medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer medication, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the control of Substances Hazardous to Health Regulations. (COSHH - 2002)

Emergency Procedures

All staff must know emergency procedures, including how to call an ambulance.

All staff must also know who is responsible for carrying out emergency procedures.

A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Individual health care plans should include instructions as to how to manage a child in an emergency and identify who has responsibility in an emergency.

Staff Training

A health care plan may reveal the need for training. Training can be arranged via the school's health adviser/paediatrician, or specialist nurse, and is to be organised on a case-by-case basis by the employer.

Confidentiality

All medical information held is confidential. It should be agreed between the headteacher, child (if appropriate) and parent/carer, who else should have access to records and information about the concerned student.

Annex: Forms

- Form 1** - Contacting Emergency Services
- Form 2** - Health Care Plan
- Form 3A** - Parental agreement for school to administer medicine
- Form 3B** - Parental agreement for school to administer medicine
- Form 4** - Headteacher agreement to administer medicine
- Form 5** - Record of medicine administered to an individual child
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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.
3. State that the postcode is.
4. Give exact location in the school.
5. Give your name.
6. Give name of child and a brief description of child's symptoms.
7. Inform ambulance control of the best entrance and state that the crew will be met.

Health Care Plan

Name of school

Child's name

Group/class/form

Date of birth

Child's address

.....

Date

Medical diagnosis or condition

Review date

Family Contact Information

Name

Phone no. Work Home Mobile

Clinic/Hospital Contact

Name

Phone no.

G.P.

Describe medical needs and give details of child's symptoms

.....

.....

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

Describe what constitutes an emergency for the child, 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

Parental Agreement for School to Administer Medicine

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

Name of school

Name of child

Date of birth

Group/class/form

Medical condition or 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 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 child

Address

.....

I understand that I must deliver the medicine personally to [agreed member of staff]

.....

I accept that this is a service that the school is not obliged to undertake.

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

Date

Signature(s)

Parental Agreement for School to Administer Medicine

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

Name of school

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

Note: Medicines must be in 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 staff administering medicine in accordance with the school policy. I will inform the school 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

Date

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

Headteacher Agreement to Administer Medicine

Name of school

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

[Name of child] will be given/supervised whilst
he/she takes his/her 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 Headteacher/named member of staff)

Record of Medicine Administered to Individual Child

Name of school

Name of child

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

Signature of parent

Date

Time given:

Record of Medicine Administered to All Children

Name of school

Medicine given

Date

Child's name

Time

Name of dose given

Any reactions

.....

Signature of staff

Request for Child to Carry his/her Own Medicines

This form must be completed by parents/guardian.

If staff have any concerns discuss this request with healthcare professionals.

Name of school

Child's name

Group/class/form

Address

.....

Name of medicine

Procedures to be taken in an emergency

.....

Contact Information

Name

Daytime phone no.

Relationship to child

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.

**Staff Training Record -
Administration of Medicines**

Name of school

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

Procedures to take following a Sharp's Injury

Sharps include hypodermic syringes and other sharp items that may have been contaminated with blood.

- Encourage the puncture injury to bleed.
- Wash well under cold running water.
- Do not use soap.
- Cover with a dry dressing.
- Go to the Accident and Emergency Department, Nobles Hospital immediately.
- Record the incident and action taken with the support of your Line Manager.
- Investigate why the incident occurred, with the assistance of your Line Manager and Health and Safety Officer (telephone 685797).
- For further information contact the Department of Education and Children's Drug and Alcohol Liaison Officer on 933837/420829.

**The information in this document can be provided in large print or
in audio format on request.**

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