



**Neatishead and Salhouse Federation**

# **Administration of Medicine Policy**

### Document History

Date	Reason For Change	By	Approved By

Signed by ..... Headteacher date: .....

Signed by ..... Chair of Governors date: .....

## AT A GLANCE ACTION

- Create a procedure for the administration of medication in your establishment
- Nominate a responsible person to control the administration of medication
- Ensure all staff are aware of the procedures
- Ensure parents are aware of the procedures
- Consult with GP, Parent, Paediatrician, School Nurse as required
- Ensure records are kept of all medication administered
- Ensure staff are adequately trained to administer medication
- Keep records of training

Further and more detailed guidance on this topic can be found in DfES guidance document [‘Managing Medicines Guidance in Schools and Early Years Settings’](#).

## INTRODUCTION

From time to time establishments will be asked by parents to arrange for their children to be given medication during the school day. While managers will normally be willing to co-operate in any matter which will support the child's health and welfare it is necessary to ensure that where such requests are received appropriate arrangements are made to safeguard the interests of both staff and children.

This guidance and procedures document has been prepared to clarify for parents, staff and others concerned with the welfare of children, the standards which should be applied if a request for the administration of medication is received.

The administration of medication to children is the responsibility of parents. It should be noted that Children's Services staff are under no duty to administer medication to children. If it is agreed by the manager or his/her nominated representative to take on this responsibility it is purely on a voluntary basis.

## WHAT IS MEANT BY MEDICATION?

In the interests of clarity it is important at this stage to define the term medication. In order to do this it is necessary to make a distinction between prescribed and non-prescribed medication.

### **Prescribed Medication:**

Any medication requiring a Medical or Dental Practitioner's prescription is defined as a prescribed medication. Examples may include, asthma inhalers, antibiotics, valium, adrenalin, etc.

### **Non-Prescribed Medication:**

Any medication not requiring a Medical or Dental Practitioner's prescription is defined as a non-prescribed medication. Examples may include, analgesics, milk of magnesia

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tablets or liquid, creams and sprays, etc.

### **WHEN MIGHT IT BE REQUIRED?**

There are two main sets of circumstances in which requests may be made to Children's Services staff to deal with the administration of prescribed medication to children. They are:

- Cases where children recovering from a short-term illness are well enough to return to school/establishment, but are receiving a course of prescribed medication such as antibiotics.
- Cases of chronic illness or long-term complaints such as asthma, or children with Complex Health Needs such as, diabetes, anaphylaxis or epilepsy;

Following a period of illness, a child's own doctor is the person best able to advise whether or not the child is fit to return, and it is for parents to seek and obtain such advice as is necessary.

Very few courses of medication are likely to require medicine to be taken during normal working/school hours. When the prescribed dosage indicates the need for medicine to be taken at these times the Consultant Community Paediatrician will be asked to liaise with the General Practitioner about alternative medication where this is possible.

However, the establishment should recognise that if a child does need to take medicine this may not be sufficient reason for that child to be deprived of a period of schooling, however short.

In the case of children with Complex Health Needs Children's Services staff may feel reluctant to provide certain treatments, for example, the administration of rectal valium, assistance with catheters, or the use of equipment for children with tracheostomies. There is no requirement for staff to undertake these responsibilities. However, the number of such cases will be very small. Early identification and careful planning by the relevant Health Authority will result in detailed discussion with the establishment and the formulation of a carefully designed individual programme to meet the needs and circumstances of a particular case.

For further information on the procedures required should such a situation occur in your establishment, go to Annexe 1 of this document.

### **STAFF RESPONSIBILITIES**

Children's Services staff cannot be required to administer medication, but as persons *in loco parentis* they must take appropriate action when a child in their care is ill, to secure either the attendance of a parent or of medical assistance.

When a parent requests that medication be administered to their child the manager will deal with the case sympathetically and on its merits. The manager will consider all the circumstances of the case and have regard to the best interests of the child and the implications for the staff.

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The manager will ensure all staff are aware of the establishment's procedures with respect to the administration of medication. In the case of pupils with Complex Health Needs, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. The manager and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.

## **PARENTAL RESPONSIBILITIES**

Parents should, wherever possible, administer or supervise the self-administration of medication to their children. This may be effected by the child going home during the lunch break or by the parent visiting the establishment. However, this might not be practicable if, for example, the child's home is a considerable distance away. In such a case parents may make a request for medication to be administered to the child at the school/establishment.

Where such a request is made by parents, it should be made using Form MED 1 "Request for the School to Administer Prescribed Medication".

If a parent refuses to complete this form, the manager will make it clear to the parent (in writing) that the establishment is not prepared to administer medication.

The medication, in the smallest practical amount, should be delivered to the school/establishment wherever possible by a parent.

Parents should ensure the container (the chemist's original container) is clearly labelled with the contents, the child's name, and the dosage and/or other instructions. The receiving member of staff will check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container may be discussed with the GP or the Consultant Community Paediatrician.

Parents should also ensure the child is familiar with the dosage and, subject to age and physical and mental capacity, is able to self-administer the medication under adult supervision.

In cases where children require medication over long periods of time, any change in the dosage or other arrangements must be notified by parents, in writing, to the manager.

The renewal of any medication which has passed its expiry date is the responsibility of the parent. Expired medication should be collected by parents within 7 days of the expiry date. The establishment will contact parents/guardians immediately if medication remains uncollected.

## **PROCEDURES**

### **Prescribed Medication**

A clear written statement of the establishment's organisation and arrangements for the administration of medication will be given to parents, including a statement of their responsibilities as detailed above, Form MED 1, and how to make a request for medication to be given.

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Where any doubt exists about whether or not to agree the administration of a particular course of medication, the headteacher/manager should seek advice from the GP or the Consultant Community Paediatrician.

Where medication is to be administered at the school/establishment, the headteacher/manager will ensure that a named person is responsible for the medication, together with a nominated deputy. These members of staff will be suitably trained to undertake the responsibility. Any training given must be recorded on Form M/R 3.

Long-term illnesses, such as epilepsy or asthma, will be recorded on the child's record card, together with appropriate instructions.

A written record should be kept of the administration of all prescribed medication to children. Such a record should be kept together with the instructions given on Form MED 1, checked on every occasion and completed by the member of staff administering the medicine. Form M/R 1 should be used for this purpose. Form M/R 1 should be retained on the premises for 5 years.

Prescribed medication kept at the establishment should be under suitable locked storage and arrangements made for it to be readily accessible when required. If the medication must be kept refrigerated proper arrangements should be implemented to ensure that it is both secure and available whenever required. **Under no circumstances should medicines be kept in first-aid boxes.**

Wherever possible, arrangements will be made for the medicine to be self-administered, under the supervision of a named adult. Whichever member of staff undertakes duties concerned with the administration of medicine in the establishment, within the terms of their job description, the headteacher/manager will ensure that person has appropriate information and training to undertake the duties, and will continue to exercise the ultimate responsibility for the administration of medication within the establishment.

*High school age children* – children with diabetes or asthma will be encouraged to look after their own medical needs. It is generally appropriate for asthmatic pupils of High school age to take responsibility for the administration of their own inhalers. Except in exceptional circumstances, they will be allowed to keep their inhalers with them and be encouraged to use them as necessary.

*Primary school age children* - Where children might need to use an inhaler, a flexible approach will be adopted. After discussion with the parent, the child and the doctor, some children will be considered sufficiently responsible to have charge of their own inhalers at all times. In other cases the inhaler will be kept in a secure place. The teacher or other member of staff concerned will have immediate access to the inhaler whenever it is required by the child.

Staff should be aware of the need for asthmatics to carry medication with them (or for staff to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

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Where a number of children may be taking regular medication at any one time, a suitably trained member of staff will be appointed as a drug administration co-ordinator to monitor and record routines.

All information regarding medication should expire at the end of each academic year. If the administration of medication is to continue all relevant information must be confirmed in writing at the start of the new year.

In all cases where, following the administration of medication, there are concerns regarding the reaction of the child, medical advice must be sought immediately.

Where a child's case makes it necessary, emergency supplies of drugs will be stored in the establishment, but only on a single dose, named patient, basis. In these cases specific training on how and when to administer will be sought from relevant health professionals.

The review and monitoring of individual long term cases, and the necessary liaison with General Practitioners, will be undertaken by the Consultant Community Paediatrician.

It is stressed that the arrangements described in this document relate only to situations where there is an explicit request by the parents. **In no circumstances should Children's Services staff administer prescribed medication on their own initiative.**

### **Non-Prescribed Medication**

Non-prescribed medication should not be administered by staff in Children's Services establishments.

In circumstances when children suffer headaches, menstrual pains or toothache, the headteacher/manager or another member of staff may be asked to provide a mild analgesic (e.g. paracetamol) to relieve pain.

Analgesics will only be given to children under the age of 16 when parents have given prior written permission. Circumstances under which it might be appropriate for the headteacher/manager to seek such permission from parents would include residential visits. In such cases, specific members of staff will be authorised to issue tablets and they will keep a record of issues including name of child, time, dose given and the reason.

Tablets, which will be standard paracetamol for children aged 12 and over, or preparations of paracetamol designed specifically for children for those under 12, will be kept in a secure place during residential visits and not in First Aid boxes.

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**On no account will aspirin, or preparations containing aspirin, or medicines containing ibuprofen, be given to children unless prescribed by a doctor. This is particularly important where children under 16 years of age are concerned.**

#### **FURTHER ADVICE AND ASSISTANCE**

Further advice and assistance can be sought from the Children's Services Health and Safety Adviser on 01603 223470 or 01603 223989 or Consultant Community Paediatricians in each locality as appropriate.

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## **ANNEXE 1**

### **GUIDANCE ON THE CARE AND MANAGEMENT OF CHILDREN WITH COMPLEX HEALTH NEEDS**

#### **INTRODUCTION**

This guidance concerns procedures for the management and care of children with significant and complex health needs.

The term 'complex health needs' includes those children:

- Whose clinical well being changes significantly from day to day
- Who need many hours of care each day; **and**
- For whom there is a daily risk of a life threatening event.

Such children will be identified by healthcare professionals.

Procedures associated with the above include:

- Invasive procedures, including augmentative feeding (nasogastric tubes, gastrostomy, other 'ostomies' including tracheostomy, ileostomy, colostomy and urinary catheters)
- Regular medication to be given during the school day other than inhalers, antibiotics and medication for epilepsy
- Oxygen supplementation
- Management of emergencies likely to require hospital admission such as:  
  
diabetes mellitus; allergy; asthma; seizures; anaphylaxia

A significant health need does not usually include feeding or toileting.

There is an important difference between the management of first aid and the management of medical emergencies.

#### **PROCEDURES**

Every establishment must create procedures for the administration of medicines and the care of children with health related needs.

The forms contained within this document should be used to ensure adequate records are kept and that good management practices are adopted.

The establishment will need to ensure that suitable and secure arrangements are provided for the storage of medication, particularly where manufacturers' instructions require that it is stored in a temperature controlled environment (e.g., refrigerated).

## **HEALTHCARE PLANS**

An Individual Healthcare Plan must be maintained for every child with complex health needs. Less detailed plans will also be required for other children where there has been a parental request for medication to be administered.

Healthcare Plans for children with complex health needs will be initiated by the responsible healthcare professional.

Plans should be agreed by the responsible healthcare professional, the headteacher/manager and parents/persons with parental responsibility, prior to the admission of a child to a school/establishment or whenever a change is made to an existing plan. Healthcare Plans should be signed to indicate acceptance by all parties.

Proformas for use with children with significant and complex healthcare needs are attached as Appendix 1 and include:

- Request for a School to Administer Medication (Form MED 1)
- Healthcare Plan for a Child with Complex Health Needs (Form MED 2)
- Medical Procedures Sheet - To be completed for a child with complex health needs (Form MED 3)
- Checklist for Administration of Rectal Diazepam in Epilepsy and Febrile Convulsions for Non-Medical/Non Nursing Staff (Form MED 4)
- Record of Medication Administered (Form M/R 1)
- Record of Use of Rectal Diazepam (Form M/R 2)
- Record of Staff Medical Training (Form M/R 3)

Headteachers/managers are responsible for the health and safety of staff and children. They must ensure that appropriate training, as required to support Healthcare Plans, is given prior to

the admission of a child with complex health needs. Training must also be provided if needs change and new procedures are introduced.

Headteachers/managers will need to ensure that parents/carers understand their responsibility to inform the establishment of any changes in the child's care needs as soon as these occur.

Where practicable, headteachers/managers should allow young people to be offered a carer of their own gender for all intimate special care. It is often advisable for staff to work in pairs when carrying out intimate invasive procedures.

## **ROLE OF THE SCHOOL NURSING SERVICE**

A nurse will be available to give advice and to monitor Healthcare Plans for those with complex and significant healthcare needs. The nurse will not be expected to be on the premises at all times.

The nurse, or other appropriate healthcare professionals, will be responsible for the training of school/establishment staff.

In some circumstances a qualified health professional may be employed to monitor, assist and advise in the management of children with complex needs. This will usually be the case when a significant number of children with such needs are attending the same establishment. The precise framework of support will in practice vary between different areas of the county.

## **STAFFING**

Support staff will normally be employed to meet the daily healthcare needs of children whilst in schools or other settings. They should not be asked to undertake procedures that would not ordinarily be carried out by the parent or carer. They should be provided with appropriate training and the guidance of a Healthcare Plan.

No member of staff should be required to administer medicines or undertake invasive procedures if it is not in their existing contract. Such duties will be voluntary although headteachers may appoint staff specifically for this purpose.

A model job description, which may be used for non teaching members of staff, is attached as Appendix 2.

Staff employed to meet children's healthcare needs must be familiar with the establishment's procedures for the administration of medicines.

Where a member of staff notices any significant emotional, medical or physiological change to a pupil in their care, this should be communicated immediately to the headteacher/manager, or designated member of staff, who will take appropriate action. This action should be recorded on the child's medical file.

## **INSURANCE**

All staff working in a LEA maintained school are covered in respect of public liability insurance while they are acting on behalf of the County Council. This includes any duties that are undertaken to support a healthcare plan.

**MODEL CONTRACT**  
**(NON-TEACHING ASSISTANT)**

**NORFOLK COUNTY COUNCIL**  
**JOB DESCRIPTION**

**TITLE:** Classroom Assistant (Special Schools/Pupil Referral Units)

**GRADE:** -

**RESPONSIBLE TO:** Headteacher

**1. PURPOSE AND SCOPE**

Under the direction of teaching staff, to undertake educational activities and attend to the personal and social needs of pupils in order to support their learning and development. This Job Description is limited to Special Schools and similar LEA managed Services. This role would normally require a relevant qualification (or equivalent experience).

**2. PRINCIPAL RESPONSIBILITIES**

**Education/Curriculum Support**

- 2.1 Within the overall plan set by the class teacher, help to devise and extend educational activities and assist in the preparation of the curriculum.
- 2.2 Systematically record and assess children's achievements and use the results of this monitoring in further support work, to develop skills and to give oral and written feedback on attainment and progress.
- 2.3 Demonstrate familiarity with the relevant requirements of the curriculum to assist with the effective teaching of basic skills and support work, to ensure that opportunities are taken to develop core skills.
- 2.4 Support and work with teachers to identify and respond appropriately to individual differences between children so that demanding expectations for

them may be set and to contribute to decisions about the most appropriate learning goals and strategies.

- 2.4 In consultation with the class teacher, use a range of supporting techniques to present learning tasks and curriculum content in a clear and stimulating manner in order to maintain children's interest and motivation.

### **Personal/Social Needs**

- 2.6 Support individuals and groups in developing expectations of acceptable personal and social behaviour and work with children on basic tasks to help make them part of the learning experience.
- 2.7 Attend to the personal and social needs of children and any other special requirements depending on the nature of a child's special needs and, wherever possible, making these part of the learning experience.
- 2.8 Under agreed school procedures, give first aid/medicine where necessary; accompany sick children home, to a health centre or hospital; or assist with programmes of special care such as physiotherapy, hydrotherapy or speech therapy, under the direction of the appropriate specialist.

### **General Requirements**

- 2.9 Efficiently, prepare, maintain and use classroom teaching materials and equipment, including organising the use of audio/visual equipment, to support the efficient usage of school resources.
- 2.10 Generally help with the general efficient operation of the school, including where essential tasks normally undertaken by school clerical staff, such as office and reception duties.
- 2.11 Undertake any other responsibilities or activities that may fall within the grade and scope of the post, as directed by the Headteacher.

## **3. CONTACTS**

- 3.1 Liaison with teaching staff, school and classroom assistants, health professionals, educational psychologists, parents, visitors and volunteers.