

Schools (Health and Safety Guidance)

Managing Medication in Schools

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MANAGING MEDICATION IN SCHOOLS

1.0 INTRODUCTION

- 1.1 These guidelines have been produced to assist establishments in setting local management arrangements on the administration of medication.
- 1.2 Most pupils will at some time have a medical condition that may affect their participation in school activities and for many, this will be short term. Other pupils have medical conditions that, if not properly managed, could limit their access to education.
- 1.3 Most children with medical needs are able to attend school regularly and, with some support from the school can take part in most normal school activities. However school staff may need to take extra care in supervising some activities to make sure that these pupils and others are not put at risk.
- 1.4 Carmarthenshire County Council's Special Educational Needs Coordinators are committed to ensuring that children with medical needs have the same right of access as other children.
- 1.5 Some children with medical needs are protected from discrimination under the disability discrimination provisions of the Equality Act 2010. The Act (Part 6, Chapter 1, point 85) states that responsible bodies for schools must not discriminate against disabled pupils in relation to their access to education and associated services.
- 1.6 There is no legal duty which requires schools to administer medication; this is a voluntary role. However, there is a duty to ensure that members of staff who volunteer to administer medication have support from the Head Teacher and parents, access to information and training, and reassurance about their legal liability. The duty of care extends to administering medication in exceptional circumstances and therefore it is for schools to decide their local policy for the administration of medication.
- 1.7 Schools should ensure that they have sufficient members of staff who are appropriately trained to manage medicines as part of their duties. Such staff should receive appropriate training and support from health professionals, who should provide written confirmation of proficiency in any medical procedure.
- 1.8 All staff working in a Local Authority 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. Detailed guidance is set out in the Welsh Assembly Government Guidance which can be found on the following website:

[Access to Education and Support for Children and Young People with Medical Needs](#)
- 1.9 All educational establishments must ensure that they and their staff are familiar with the guidance document and follow its recommendations.

2.0 SETTING UP MANAGEMENT ARRANGEMENTS AND PROCEDURES

- 2.1 Clear arrangements accepted by staff and parents is essential and should be included either in the school's prospectus or as part of the school Health and Safety Policy.
- 2.2 Arrangements should cover:
- Procedures for managing prescription medicines
 - Procedures for managing prescription medicines on trips and outings
 - Clear statement on the roles and responsibilities of staff managing the administration of medicines
 - Statement on parental responsibilities in respect of child's medical needs
 - 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
 - The school policy on assisting children with complex medical needs
 - Policy on children carrying and taking their medicines themselves
 - Staff training in dealing with medical needs
 - Record keeping
 - Safe storage of medicines
 - Access to schools emergency procedures
 - Risk assessment and management procedures

3.0 MEDICATION

Parents should wherever possible administer or supervise the self-administration of medication to their children. This may be affected by the child going home during the lunch break or by the parent visiting the school. However, this might not be practicable and in such cases parents should make a request for medication to be administered to the child at the school/establishment.

No child under 16 should be given any medicines without their parents' written consent.

3.1 PRESCRIBED MEDICATION

- 3.1.1 It is helpful where possible that medication be prescribed in dose frequencies which enables it to be taken outside of school hours e.g. medicines that need to be taken 3 times a day can be managed at home. Parents should be encouraged to ask the prescriber about this.
- 3.1.2 Such medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. Schools and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- 3.1.3 Medicines should always be provided in the original container as dispensed by a pharmacist or dispensing doctor and include the prescriber's instructions for administration.

3.1.4 Schools should never accept medicines that have been taken out of the container nor make any changes to dosages on parental instruction.

In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber
- Expiry date

3.1.5 A written record should be kept of the administration.

3.1.6 Large volumes of medication should not be stored. Prescribed medication kept at the establishment should be under suitable locked storage and arrangements made for it to be readily accessible when required. Children should know where their medicines are stored and who holds the key.

3.1.7 All emergency medicines (asthma inhalers, epi-pens etc.) should be readily available and not locked away.

3.1.8 If the medication must be kept refrigerated, proper arrangements should be implemented to ensure that it is both secure and available whenever required.

3.1.9 Under no circumstances should medicines be kept in first aid boxes.

3.2 LONG TERM MEDICAL NEEDS

3.2.1 It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs.

It is advised that schools draw up an individual health care plan for such pupils involving the parents and health professionals.

3.2.2 Advice on drawing up Individual Health Care Plans is given in Welsh Government's [Access to Education and Support for Children and Young People with Medical Needs](#) document.

3.2.3 General advice on common conditions such as asthma, epilepsy, diabetes and anaphylaxis is provided in Welsh Government's [Access to Education and Support for Children and Young People with Medical Needs](#) document.

In the first instance the school nurse should be the initial contact for any queries over specific medical conditions or, where there is no school nurse available, health visitors, midwives, GPs, local clinics and other medical facilities should be contacted as far as possible for advice on medical matters, including pregnancy.

3.2.4 Any specific training required by staff on the administration of medication (e.g. adrenaline via an EpiPen, Buccal Midazolam etc.) will be provided by school nurse or medical professional e.g. GP / Consultant, who should provide written confirmation of proficiency in any medical procedure.

3.2.5 Staff should not administer such medicines until they have been trained to do so.

3.3 CONTROLLED DRUGS

3.3.1 Controlled drugs such as Ritalin are controlled by the Misuse of Drugs Act 1971. Therefore it is imperative that controlled drugs are strictly managed between the school and parents.

3.3.2 Ideally, controlled drugs are only brought in on a daily basis by parents but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded.

3.3.3 Controlled drugs should be stored in a locked non portable container such as a safe and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it.

3.3.4 If pupils refuse to take the medication then school staff should not force them to do so. The school should then inform the child's parents as a matter of urgency. If necessary the school should call the emergency services.

3.3.5 The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act 1971.

3.3.6 As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It must not be thrown away.

3.4 NON-PRESCRIPTION MEDICATION

3.4.1 It is strongly recommended that non-prescription medication is not administered by schools. This includes paracetamol and homeopathic medicines.

3.4.2 Staff may not know whether the pupil has taken a previous dose or whether the medication may react with any other medication taken. A child under 16 should never be given aspirin containing medicine unless prescribed by a doctor (Medicines and Healthcare products Regulatory Agency (MHRA)) as there are links between the use of aspirin to treat viral illnesses and Reyes Syndrome a disease causing increased pressure on the brain.

3.4.3 Where individual establishments have decided to administer non-prescription medicines specific written permission must be obtained from parents/carers and the administration documented.

3.4.4 If a pupil suffers regularly from acute pain such as migraine, the parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take the medication.

A member of staff should notify the parents that their child has requested medication and supervise the pupil taking the medication if the parents have agreed to it being taken.

3.5 RECORD KEEPING

3.5.1 Parents/Guardians should provide details of medicines their child needs to take at school. (See Appendix – Forms 3A/B)

3.5.2 Although there is no legal requirement for schools to keep records of medicines given to pupils, it is good practice to do so.

Schools should ensure that staff complete and sign a record each time they give medicine to a child. Forms 5 and 6 in Appendix provide example record sheets.

- 3.5.3 In some cases, such as the administration of Buccal Midazolam, it is good practice to have the dosage/administration witnessed by a 2nd adult.

3.6 INTIMATE OR INVASIVE PROCEDURES

- 3.6.1 Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment (e.g. Buccal Midazolam for treatment of epilepsy) because of the nature of the treatment, or fears of accusations of abuse. Parents and Head Teachers must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing.
- 3.6.2 Each LHB will have a school nurse or community paediatrician to whom schools can refer for advice. The Head Teacher or governing body should arrange appropriate training for school staff willing to give medical assistance. If the school can arrange for two adults, ideally one of the same gender as the child or young person, to be present for the administration of intimate or invasive treatment, this minimises the potential for accusations of abuse. Two adults often ease practical administration of treatment too. Staff should protect the dignity of the child or young person as far as possible, even in emergencies.

3.7 SELF-MANAGEMENT

- 3.7.1 It is important that as children get older they should be encouraged to take responsibility and manage their own medication. This should be clearly set out in the child's health care plan in agreement with the parents, bearing in mind the safety of other pupils. (N.B. Residential schools are subject to the requirements of the Care Standards Act 2000 and Part 2, Chapter 1, point 14 of the Children's Homes Regulations).
- 3.7.2 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.
- 3.7.3 Children should know where their medicines are stored and who holds the key.

3.8 REFUSING MEDICATION

- 3.8.1 If a child refuses to take medication, staff should not force them to do so, but note this in the records and inform parents of the refusal. If necessary the school should call the emergency services.

3.9 OFFSITE VISITS

- 3.9.1 It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary individual risk assessments should be conducted.
- 3.9.2 It should be ensured that a member of staff who is trained to administer any specific medication (e.g. epi-pens) accompanies the pupil and that the appropriate medication is taken on the visit.
- 3.9.3 Medicines should be kept in their original containers (an envelope is acceptable for a single dose-provided this is very clearly labelled). The following information should be written on the label:

- ✓ Name and date of birth of the pupil
- ✓ Name of the medication
- ✓ Dosage of the medication
- ✓ Times of the medication to be taken and how (orally, eye drops, etc.)
- ✓ Expiry date of the medication.

3.10 SPORTING ACTIVITIES

3.10.1 Most pupils with medical conditions can participate in Physical Education (PE) and extra-curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their Individual Health Care Plan. Where necessary, individual risk assessments should be undertaken.

3.10.2 Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines (e.g. asthma inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.

4.0 HYGIENE AND INFECTION CONTROL

All staff should follow Carmarthenshire County Council's 'Needlestick, Sharps and Blood Borne Viruses Procedures and Guidance'.

5.0 FURTHER ADVICE

Advice on medical issues should be sought from the following sources:

- Designated School Nurses
- Carmarthenshire County Council's Special Educational Needs Coordinators and Support Teachers
- School's Local Primary Care Trust
- [Public Health Wales](#) - 01792 607 387 (including guidance on communicable diseases)
- [NHS Direct Wales](#) – 0845 46 47
- Carmarthenshire County Council's Employee Wellbeing Centre – 01267 246060
- Carmarthenshire County Council and Hywel Dda Health Board Joint Guidance for Schools on the Management of Diabetes

APPENDIX 1

FORMS

To assist schools with the administration of their support of children with medical needs, Welsh Government have prepared a number of form templates which are set out below.

Schools and settings may wish to use or adapt these according to their particular policies on administering medicines.

FORM 1: 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 (*insert school/setting address*)
3. State that the postcode is
4. Give exact location in the school/setting (*insert brief description*)
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 and taken to
8. Don't hang up until the information has been repeated back.

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by all the telephones in the school

FORM 2: HEALTH CARE PLAN

The health plan should specify:

- The child or young person's view where possible.
- Parental wishes for the child.
- The care coordinator/key worker for the child.
- Any anticipated changes in the child or young person's care routine.
- The contact details of the paediatric healthcare team providing medical advice, care and support.
- Protocols for exchanging information between education and health services (with clearly defined lines of responsibility and named contacts) including the provision of accurate and regularly updated information about the needs of individual children and young people.
- The medication the child or young person takes both in and out of school hours.
- The permission of parents and the Head Teacher for the administration of medicines by staff or self-administration by the child or young person (Form 3 and 4).
- Arrangements for any emergency or invasive care, or for the administration of medication. Emergency procedures should be set out in conjunction with health care professionals.
- Risk assessment should be carried out and would include the identification of potential emergency situations in relation to the health needs of that particular child - better planning leads to fewer real emergencies.
- Any special health care needs which may affect the child or young person's use of services such as transport or play activities at the school, implementation of therapy programmes etc.
- The use, storage and maintenance of any equipment.
- Any arrangements for the provision of education or associated services when the child is too unwell to attend school or is in hospital or another appropriate health care setting.
- Health care plans should be jointly written by health professionals and parents. Completed plans should be signed by the parents, Head Teacher and health professionals. A copy of the plan should also be available to all the above and to accompany the child on out of school trips.
- Health care plans should be reviewed annually at the child or young person's annual school review. If the plan needs revising the school health professionals should meet with parents and the plan would then be written again and signed by all parties. If the plan needs to be altered between reviews this should always take place with parents and be signed.
- The importance of very clear procedures for emergency treatment for all children and young people with complex health needs.

- The plan should also be made available to all staff coming into contact with the child or young person.
- Copies of any relevant forms should form part of the healthcare plan.

HEALTHCARE PLAN

Name of School/setting	
Child's name	
Group/class/form	
Date of birth	/ /
Child's address	
Medical diagnosis or condition	
Date	/ /
Review date	/ /
Contact member of staff	

FAMILY CONTACT INFORMATION

Name	
Phone no. (work)	
Home	
Mobile	

CLINIC/HOSPITAL CONTACT

Name	
Phone No	

G.P

Name	
Phone No	

Describe medical needs and give details of child's symptoms

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

Describe what constitutes an emergency for the child, and the action to take if this occurs

Who is responsible in an emergency? (State if different for off-site activities)

Form copied to

FORM 3A: PARENTAL AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINE

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

Name of school/setting

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/setting needs to know about?

Self-administration (delete as appropriate) **Yes/No**

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/setting is not obliged to undertake.

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

Date

Signature(s)

FORM 3B: PARENTAL AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINE

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

Name of school/setting	<input type="text"/>
Date	<input type="text" value="/ /"/>
Child's name	<input type="text"/>
Group/class/form	<input type="text"/>
Name and strength of medicine	<input type="text"/>
Expiry date	<input type="text" value="/ /"/>
How much to give (i.e. dose to be given)	<input type="text"/>
When to be given	<input type="text"/>
Any other instructions	<input type="text"/>
Number of tablets/quantity to be given to school/setting	<input type="text"/>

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

Daytime phone no of parent	<input type="text"/>
or, adult contact	<input type="text"/>
Name and phone no of GP	<input type="text"/>
Agreed review date to be initiated by [name of member of staff]	<input type="text" value="/ /"/>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Print name Date:

Parent's signature Date:

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

FORM 4: HEADTEACHER/HEAD OF SETTING AGREEMENT TO ADMINISTER MEDICINE

Name of school/setting

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 their 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 Head teacher/Head of setting/named member of staff)

FORM 5: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting

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	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>
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Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>	<input type="text" value="/"/> / <input type="text" value="/"/>
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Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM 5: CONTINUED

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

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FORM 7: REQUEST FOR CHILD TO CARRY HIS/HER OWN MEDICINE

This form must be completed by parents/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of school/setting

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

FORM 8: STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name of school/setting	<input type="text"/>
Name	<input type="text"/>
Type of training received	<input type="text"/>
Date of training completed	<input type="text" value="/ /"/>
Training provided by	<input type="text"/>
Profession and title	<input type="text"/>

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 signatureDate

I confirm that I have received the training detailed above.

Staff signature Date

Suggested review date

FORM 9: AUTHORISATION FOR THE ADMINISTRATION OF BUCCAL MIDAZOLAM

Name of school/setting	<input type="text"/>
Child's name	<input type="text"/>
Date of birth	<input type="text" value="/ /"/>
Home address	<input type="text"/>
GP	<input type="text"/>
Hospital consultant	<input type="text"/>

.....should be given Buccal Midazolammg.

If he/she has a *prolonged epileptic seizure lasting over minutes

OR

*serial seizures lasting over minutes.

An Ambulance should be called for *at the beginning of the seizure

OR

If the seizure has not resolved *afterminutes (*please delete as appropriate)

Doctor's signature Date

Parent's signature Date

NB: Authorisation for the administration of Buccal Midazolam

As the indications of when to administer the Buccal Midazolam vary, an individual authorisation is required for each child. This should be completed by the child's GP, Consultant and/or Epilepsy Specialist Nurse and reviewed regularly. This ensures the medicine is administered appropriately. The Authorisation should clearly state:

- When the Buccal Midazolam is to be given e.g. after 5 minutes; and
- How much medicine should be given

Included on the Authorisation Form should be an indication of when an ambulance is to be summoned.

Records of administration should be maintained using Form 5 or similar.