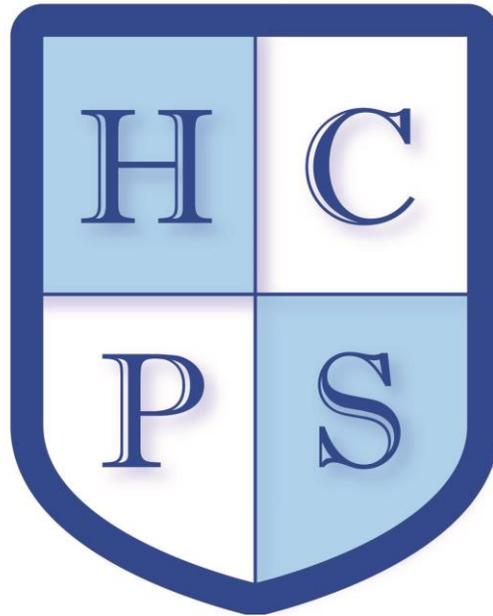


# Hunslet Carr Primary School



## Guidance on Medication within School

**High expectations**  
**Caring**  
**Positive attitude**  
**Successful**

Policy reviewed: May 2019

Next review: May 2021

*High Expectations, Caring, Positive Attitudes and Successful*

## **STRENGTHS OF OUR SCHOOL**



### **The Children**

Are well behaved, calm and polite  
Are engaged, positive and resilient  
Are supportive and helpful towards others  
Have an input on important decisions  
Have a sense of belonging

### **The Community**

School supports the whole family not just the child  
Recognises the importance of attendance  
Spreads our growing reputation as a good school  
Helps celebrate the children's achievements  
Supports the school on improving behaviour

### **The Curriculum**

Is a fun curriculum that is engaging  
Maintains a strong focus on the basic skills  
Is enriched through extra-curricular activities  
Supports our most vulnerable children  
Provides a rich variety of experiences & opportunities

### **The Staff**

Develop nurturing relationships with children  
Provide good quality teaching and learning  
Support one another to help the children  
Are consistent in how they treat children  
Identify children's SEN needs early

## THE CURRICULUM WE HOPE TO PROVIDE



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### **Skills**

Fluent and confident in Reading, Writing and Maths  
Communicate with confidence  
ICT skills fit for the future  
Life skills – social, money, time, cooking  
Safety skills – Swimming, healthy choices  
Problem solving skills – Patience & Resilience

### **Attitudes**

Confident, proud and independent  
The believe that 'Impossible is Nothing'  
Understand and celebrate a range of cultures  
Take responsibility for themselves & others  
Be honest and learn from their mistakes  
Respectful, caring and helpful

### **Experiences**

To have 1<sup>st</sup> hand experiences of...  
Going away on a residential trip  
Visiting a range of places of worship  
A chance to look after an animal  
Relevant trips to theatres/farms/beaches  
Taking part in public performances  
Work experiences & further education

### **Knowledge**

High school ready English & maths  
To know about local places of interest  
To know where we are in the world  
Life skills – money, time, cooking  
Information about possible careers  
To know major historical facts  
To know their own strengths

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## **1.0 The Law**

**1.1** Under the Health & Safety at Work etc. Act 1974 the employer is responsible for making sure that a school has a health and safety policy. This should include procedures for supporting children with medical needs including managing prescribed medication.

**1.2** The Children's Act 1989 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare.

**1.3** The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation.

**1.4** The Disability Discrimination Act (DDA) requires that the body responsible for a school must not discriminate against a disabled person. Any children with medical needs who are also disabled will be protected under this act.

**1.5** Under the DDA a person is defined as having a disability "*if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities*". The Act includes a list of conditions which automatically mean a person with the condition is disabled under the DDA. Only a court of law can decide whether or not somebody has a condition causing them to be disabled under the DDA (a medical practitioner can not decide whether or not a person is disabled).

**1.6** Under the DDA, a responsible body discriminates against a disabled person if for a reason which relates to the person's disability, it treats him less favourably than it treats or would treat others to whom that reason does not or would not apply; and it cannot show that the treatment in question is justified.

**1.7** A teacher or other member of staff in a school or college who looks after pupils and students in place of the parent (in **loco parentis**), must treat and take care of the pupil as a "*careful parent*" would. If a request is made in relation to a pupil's medical needs then consideration should be given to whether or not the request is what would be expected of a reasonable parent in the same circumstances.

## **2.0 Introduction**

Most pupils may need to take medication at some time whilst they are at school. All schools should have a clear, written policy on managing medication in school and have effective management systems to support individual pupils with medical needs.

The school must ensure there it has a school policy and procedures so that no person is placed at risk from the storage, administration and disposal of medication.

The governing body of a school has a legal duty to make arrangements to ensure that pupils with medical needs are able to attend school with as little disruption as possible. This might be through staff members who volunteer to administer medication or training support staff so that they are able to manage medication. This will involve the governing body possibly employing someone whose specific role is to administer medication. This applies to mainstream and special schools.

A school that has appropriate procedures will be better placed to enable pupils attending school who require medication to continue their education with as little disruption as possible.

Unless so directed by the terms of their employment contract, no member of staff should feel compelled to be responsible for the administration of medication to pupils. For most teachers the priority of safeguarding the welfare of children in their care will mean they will be happy to administer medicine as set out in the school's policy, however support staff might have contracts or job descriptions that make the administration of medication part of their role.

### **3.0 School policy and procedures**

Under health and safety legislation, schools are required to implement systems of work that will ensure the safety, not only of staff, but also of any other person affected by the school's activities. This includes the administering and storage of medication.

#### **3.1 A school's policy should include the following:**

- A statement that the School accepts responsibility for members of staff who volunteer to give, or supervise children (including sixth formers) taking, prescribed medicine during the school day
- the circumstances – if any – in which pupils may take non-prescription medicine such as painkillers (analgesics)
- the school's policy on assisting pupils with long-term or complex medical needs
- the need for prior written agreement from a parent or guardian for any medication, prescription or non-prescription, to be given to a pupil
- the requirement for any member of staff giving medicine to check: the pupil's name; that there are written instructions provided by the parent or doctor
- the prescribed dose and the expiry date of the medicine. If staff are in doubt they should not give the medication until these things have been checked and the full details known
- when and where pupils can carry and take their own medication
- staff training for dealing with medical needs
- record keeping
- storage and access to medication
- emergency procedures.

**3.2** It should clearly state that parents should provide the school with full information regarding their child's medical needs. It should encourage staff to report any deterioration in a child's health to the Headteacher who can then inform the parent.

**3.3** Schools should always establish a written record of the details of any pupil with special medical requirements at the earliest opportunity; if possible this should be done before the pupil starts or returns to school. This should be in the form of a health care plan (see Appendix 1). In cases where pupils have short term and relatively straight forward medical needs it might be sufficient to record the information in an abbreviated form of the health care plan.

**3.4** Any instructions to the school should be in writing and should be clear, specific and include as much detail as necessary.

**3.5** The parent or guardian's agreement to the health care plan should be signed and they should be provided with a copy of the plan if requested.

**3.6** Any changes to a health care plan must be agreed with the parent or guardian and should be recorded in writing.

**3.7** All school employees who look after pupils should be aware of the school's policy and should be informed what the school's general procedures are in relation to any pupil with medical requirements.

## **4.0 Responsibilities**

### **4.1 Leeds City Council**

Leeds City Council has a responsibility to ensure that each school has a health and safety policy. The school should also have a medication policy which should include procedures for assisting and supporting pupils with medical needs, including managing medication.

### **4.2 Governing body**

The school governing body should ensure that their school has developed its policy to assist pupils with medical needs and that staff involved with administration of medication have had the appropriate training. They must also arrange for staff to have epi-pen training where this is required.

### **4.3 Headteacher**

The Headteacher is responsible for implementing the school's policy and procedures and should ensure that all parents are aware of these. Where staff volunteer to assist, the Headteacher must ensure that they receive suitable and sufficient information, instruction and training to be able to undertake this function in a safe and effective manner. This also applies to staff who volunteer to be reserves to cover for absence.

The Headteacher should ensure that a written health care plan for each child with medical needs is drawn up in conjunction with the parent and School Medical Officer or GP. Where there is concern that a child's needs may not be able to be met by a school, or the parent's expectations appear unreasonable, the Headteacher should seek further advice from the school nurse, child's GP, Leeds City Council and other medical advisers.

Where a Headteacher wishes to share information with other staff within a school they should first seek permission from the child's parent or guardian or the child, if the child is mature enough. Parents' culture and religious views should be respected at all times.

The Headteacher is responsible for making sure that medicines are stored safely.

### **4.4 Parents**

The prime responsibility for a child's health rests with the parent or guardian; they are responsible for making sure their child is well enough to attend school.

The parent/guardian, or pupil if they are mature enough, should provide the school with sufficient information about the pupil's medical condition. This should be undertaken in conjunction with the child's GP or paediatrician, as appropriate.

Where a child is acutely unwell it is advised that the parent keep him/her at home, and parents should be advised about this on a regular basis by newsletters.

If pupils become unwell at school they should be collected as soon as possible. It is vital to have relevant home and emergency contact telephone numbers. These details must be regularly updated.

### **4.5 Staff administering medication**

The administering of medicine in school is a voluntary role for individual members of staff except where this is stated in the job description. Those who undertake this role and/or provide support to pupils with medical needs require sufficient training, information and instruction from their Headteacher and the child's parent/guardian. Training and advice can be obtained from the local NHS Trust.

Where an alternative or ancillary member of staff is with a pupil with medical needs the Headteacher must ensure that they have received the requisite level of training, information and instruction.

Staff who volunteer to assist with the administering of medication and have been authorised by the Headteacher to undertake this task will be covered under the school's employer's liability insurance.

Further information on administering medication is provided in Section 5.5

#### **4.6 Teachers and other school staff**

A teacher who has a pupil with medical needs in his/her class should understand the nature of the child's condition and when and where that pupil requires additional attention.

In particular, staff should be aware if any emergency is likely to occur and what measures they should take if one does. These measures should be in writing and be readily accessible.

Other school staff such as lunchtime assistants or support staff who may, at certain times, be responsible for children with medical conditions should be provided with sufficient support and advice.

Information and advice should also be provided to the school's first aiders if the pupil's medical condition has implications for any first aid treatment which may be given.

#### **4.7 School transport escorts**

It should not be necessary, in normal circumstances, for escorts to be trained to administer any form of medication.

Where the school transport service transports children with medical needs to and from school and escorts supervise them, the escorts should be provided with suitable and sufficient information in respect of the medical conditions and medications of the children in their care.

This information should be provided via the school transport office in consultation with the school Headteacher and the pupil's parent.

#### **4.8 The Health Service**

The local health authority has a statutory duty to purchase services to meet local needs. These services are provided by the local National Health Service (NHS) Trust.

The main contact with schools is likely to be via the School Health Service, school nurse or doctor, who may be able to help a school draw up individual health care plans for pupils with medical needs or may be able to supplement information provided by the child's parent or GP. The school nurse or doctor will be able to advise on training for staff willing to administer medication or take responsibility for other aspects of support.

#### **4.9 The General Practitioner (GP)**

Most parents will register their child with a GP. The GP has a duty of confidentiality to their patients and should only exchange information with the school with the consent of the child's parent or guardian or the child, if the child is mature enough. In some cases parents may agree for a GP to liaise directly with a school, in others it will be via the School Health Service (schools should seek advice from the School Medical Officer).

In some instances a parent or child may not wish the GP to provide a school with any information in respect of their child's condition. In these cases the GP will observe such confidentiality and must comply with the parent's or child's wishes.

## **5.0 Provision of medication**

### **5.1 Short term needs - prescribed medicines**

Medicines should only be taken to school when essential; where it would be detrimental to a pupil's health if the medicine was not administered during the 'school day'. At some time during a pupil's school life they may need to take medication – e.g. to finish a course of antibiotics or apply a lotion and to minimise the amount of time a pupil is away from school, it may be necessary to continue the treatment of antibiotics or lotion after the pupil returns to school to finish the course of medication. Where this happens it is advised that the parent requests that the prescription is such that the pupil does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose. The school policy should encourage parents to request such a prescription.

Medicines must be provided in an original container (as dispensed by the pharmacist) and include the prescriber's instructions for administration. Prescribers should be encouraged to provide two prescriptions for a child's medication, where appropriate and practicable: one for home and one for use in the school, avoiding the need for the repacking or re labelling of medicines by parents. Any medication brought into school must be clearly marked with the name of the pupil and the recommended dosage. It must be kept secure, unless there are valid reasons for the pupil to keep that medication with them (e.g. asthma inhaler). There may be occasions when a bottle of medicine has to be taken to school. The school policy should encourage the parents and Headteacher to discuss such requirements.

**SCHOOLS SHOULD NEVER ACCEPT MEDICINES THAT HAVE BEEN REMOVED FROM THEIR ORIGINAL CONTAINER NOR MAKE CHANGES TO DOSAGE ON PARENTAL INSTRUCTION.**

### **5.2 Long-term medical needs**

Schools must have sufficient information about the medical condition of any pupil with long-term medical needs.

The parent or guardian should supply such information either prior to a pupil attending school or as soon as the condition becomes known.

Schools should allow pupils who can be trusted to manage their own medication from an early age, although parents must give their consent and the pupil should be supervised when taking it.

The school policy should identify in what circumstances pupils can carry their own medicine. Any teacher who may come into contact with such a pupil should be provided with suitable and sufficient information regarding the pupil's condition and the medicine they are taking.

### **5.3 Non-prescription medicines**

Schools should only allow medications onto the premises that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Schools should not enter into an agreement to administer non-prescribed medicines on a regular basis.

Staff should never give a non-prescribed medicine to a pupil unless there is a specific prior written permission from the parents. Such written consent will need to state the medicine and the dose to be taken. The parent should supply the medicine in the original packaging. Where the head agrees for staff to administer a non-prescribed medicine it must be in accordance with the policy. The policy must set out the circumstances under which staff may administer non-prescribed medicines.

Where non-prescription medicine has been given, a strict system must be in place to ensure that a record is made of who received the medicine, what dose was given, who gave the medicine and when. A written note should also be sent to the child's parent on the same day the medicine is given.

It should inform them that a specified non-prescription medicine has been given, at what time and at what dose. The pupil must be supervised whilst s/he takes any non-prescription medicine.

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

NO pupil under the age of 16 should be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

The UK Medicines Control Agency has recommended that children under 16 should not be given aspirin, because of its links with Reye's syndrome, the rare but potentially fatal disorder found almost exclusively in children and adolescents.

The use of aspirin by children under 12 has been banned in the United Kingdom since 1986, and the Committee on Safety of Medicines warned that it should also be avoided in children up to 15 if they were feverish.

#### **5.4 Clinical Decisions**

In the absence of clear guidance from a medical professional, it is not advised that any member of school staff makes a clinical decision with regard to the needs of a pupil unless in extreme circumstances.

Any instructions given to schools in relation to a pupil's medical requirements should be specific and clear enough to avoid the need of requiring school staff to make any judgements about what medication to administer. If necessary the school should arrange a multi-agency meeting with appropriate health care professionals where clear instructions can be obtained and a pupil risk assessment can be determined.

If a child's medical needs are such that the dosage, or method of administration of any medication might vary depending on other factors, schools should be provided with explanative charts, diagrams or other printed guidance wherever possible.

If any medical problems arise which are not covered by a pupil's Health Care Plan, or any instances where the details on the Health Care Plan are found to be unclear, the school should contact the pupil's parent or guardian, or seek medical advice before taking any further action unless doing so would put the child at risk.

#### **5.5 Administering medicine**

Member of staff have no contractual obligation to give medicine, supervise a pupil taking medicine or assist in any treatment of a pupil requiring medicine unless specifically set out in their contract of employment under their job description.

Teachers job descriptions state they must safeguard the children in their care and administering medicine would come under this remit.

Staff may volunteer to give medicine and assist with treatment. In this case they should be provided with suitable and sufficient training to enable them to carry out their voluntary duties safely and responsibly and should include training on the administering of i.e. eye and nose drops. Such training can be arranged in conjunction with the local Health Trust. The school should maintain a written record of which member of staff has volunteered to administer which medication and what training each member of staff has received.

Any member of staff giving medicine should check

- **the pupil's name;**
- **that there are written instructions provided by the parent or doctor;**
- **the prescribed dose and the expiry date of the medicine.**

If there is any doubt about these details, or they are not provided, then medication should not be given until the full details are known. Medication should not be administered until full information is provided.

Each time a pupil is given medication a record should be made, including the date, time, what was administered and, if necessary, details of any problems, which the person administering the medication should sign.

Where invasive or intimate treatments are required then the person carrying out such a treatment should be of the same gender as the pupil receiving the treatment. One additional adult should be present whilst the treatment is carried out unless intimate care procedures indicate otherwise. Those persons who volunteer to provide intimate or invasive treatments must be suitably trained. Please refer to the intimate care guidance available on the school's website.

Training and advice can be obtained from the local NHS Trust

Where invasive or intimate treatments are required but no member of staff volunteers to provide it, the Headteacher and parents must respect the staff's wishes not to do so and not put any pressure on them to assist in such treatment.

It will then be necessary to refer to the local Health Trust for advice on how to continue providing treatment.

Under no circumstances should any person employed by the school administer medication if they have not received requisite training or authorisation from their Headteacher. If a pupil is at severe risk because their medication cannot be given, the Headteacher must ensure that there are suitable emergency arrangements in place.

***Do not give medicine to any pupil under the age of 16 without their parent's written consent.***

## **6.0 Self Management**

Schools should encourage young people to take control of their medication and illness from a young age. The ages that children are able to take control of their medicines varies enormously. It should however be considered that in some circumstances a young person might not ever mature enough to take medical responsibility for themselves at school. As young people grow, develop and mature they should be encouraged to participate in decisions about their medications and to take responsibility.

If pupils are able to take medication themselves, then staff may only need to supervise. The school policy should include whether pupils may carry and administer (where appropriate) their own medication, and the safety of other pupils.

Where pupils are prescribed controlled drugs staff need to be aware that these need to be kept in safe custody. Pupils should be able to access these for self-medication if it is agreed that it is appropriate.

## **7.0 Refusal to take medicine**

No person can be forced to take medicine should they refuse.

If a pupil refuses to take medicine and the information provided by the pupil's parent and/or GP suggests that the pupil is at great risk if they do not take their medication, the parents should be contacted immediately. If a parent cannot be contacted medical advice and/or call the emergency services should be called.

Where the information provided indicates that the pupil will not be at great risk if they do not take their medication, but the parent has informed the school that their child should receive their medication, the parent should be contacted as soon as possible.

Parents/ primary carer/ guardian should be communicated with directly and not via a note sent home with the pupil. Records of the conversations should be kept and the school may wish to follow this up with a letter.

### **8.0 Epi Pens and asthma inhalers**

There are two aspects of medical care that some school staff have been able to manage without undue concern about imposition or impracticality.

Children and adults who have a sudden and severe allergic reaction to a foodstuff; insect bite or other external irritant may become ill quite quickly. Epi pens are considered to be a risk free treatment. If staff are correctly trained to administer the Epi pen they are a one shot injection that cannot do any harm and at the worst they have no effect.

**Schools are expected to have some provision for the emergency treatment of anaphylaxis. First aid treatment can include the appropriate use of epi pens. Staff might be happy to volunteer to specifically administer epi pens.**

**If staff are not prepared to administer epi pens this needs to be made clear to parents of individuals involved. These issues need to be covered within the medication policy. Epi pens need to be covered within the medication policy.**

**Epi pens need to be stored in a dry area with a constant temperatures they are fragile and can become ineffective if they are knocked or become too cold. Where possible a minimum of two epi pens should be kept on site in the event that one fails. The use by date of each pen should also be monitored to ensure they are within the effective date for use.**

**As asthma affects between 10% and 17% of the general school population and has a variety of degrees of severity. It is important that the parent / guardian informs the school if their child requires and inhaler. Older pupils are able to self administer their own medication and parents / guardians should be part of this process.**

Inhalers for younger pupils who are unable to administer their own medication should be kept in a safe place and labelled in the same manner as any other medication. In the case of an asthma attack the inhaler would need to be administered urgently so the school must have an emergency procedure so that all staff are aware of the location of all inhalers.

The storage of inhalers need to be well managed and the distance between where the pupil is situated and where the inhalers are stored must also be considered. Parents / guardians should request an extra inhaler from their family doctor so that this can be left at the school premises. Schools must not allow inhalers for one pupil to be used by another and must only allow each inhaler to be used by the pupil it is prescribed for except in extreme emergencies.

### **9.0 Health care plan**

To ensure that each child with medical needs receives the appropriate support in school, and that all persons who may come into contact with the pupil have access to sufficient information, the Headteacher should ensure that a written health care plan is drawn up. This should be done in conjunction with the parent and School Medical Officer or GP etc.

It should give details of the pupil's condition, daily care requirements, emergency action to take and when to take it, who is responsible in an emergency (including reserve(s)) and any follow up care that may be needed.

Input into the health care plan should be sought from everyone with whom the pupil is likely to have contact – e.g. class teacher, form tutor, year head, care assistant, school staff who have agreed to administer medication, school health service, escorts/schools transport service.

The plan should be provided to all staff that will have contact with the pupil including, for example, lunchtime supervisory assistants. As the medical information contained within the plan is confidential, the level of information provided to various staff should be carefully planned so that, for example, a Lunchtime Assistant knows what to do in an emergency but is not party to the specific reason for doing it if the parent, guardian, or pupil does not want their medical condition to be generally known.

The plan should also identify what particular training needs will be required for anyone volunteering to administer medicine.

The plan should reflect not only the physical needs of the pupil but the emotional needs as well. However, the Headteacher must not make value judgements about any medication prescribed, even though the child may appear to be unable to cope with taking his/her medicine. In those instances the Headteacher will need to discuss his/her concerns with the pupil's parent and/or health care professionals.

The plan should always identify what action should be taken in the event of the unexpected, e.g. an injury. If a pupil who accesses medication in school requires hospital or clinical treatment as a result of some incident always take the care plan, and the medication with them to hospital, or ensure that the parent takes them. Note this in the records.

## **10 School trips and sporting activities**

### **10.1 School trips**

Pupils with medical needs should be encouraged to participate in school trips as long as the safety of the pupil, other pupils and/or staff is not placed at significant risk.

It may be necessary for a school to take additional measures for outside visits. This may include:

- additional staff supervision;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets.

When planning trips and visits which will include a pupil or pupils with medical needs, all persons supervising the trip should be made aware of the pupils' medical needs and any emergency procedures that may be needed (unless the parent/guardian does not give their prior consent to do this).

The location to be visited should be made aware that persons with medical needs are included in the party, if this is practicable and if the parents have consented (e.g. on a visit to a museum an appropriate member of the museum staff be made aware of any potential difficulties that may arise – such as a member of the party being epileptic). Where it is unlikely that any difficulties will occur there is no need to inform the place to be visited.

If a pupil's medical condition will be aggravated by the place being visited they should not be permitted to go – or take them to an alternative place.

If there is any doubt regarding a school trip the school should discuss the trip with the parent and also, if necessary, seek medical advice.

### **10.2 Sporting activities**

Most pupils with medical needs should be able to participate in sporting activities either as part of the curriculum or as an extra-curriculum activity.

However, some children will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards.

Any members of staff supervising pupils involved in P.E. and sporting activities must be aware of the relevant medical conditions and emergency procedures for any pupil with a medical condition who is participating in the lesson or activity either actively or as an observer. For extra-curriculum activity or after hour P.E. lessons, where a pupil with a medical need is participating, the level of supervision should be assessed, and it may need to be increased.

## **11.0 Storage & disposal of medicines**

### **11.1 Storage of medicines**

Medicines may cause harm to anyone for whom they were not prescribed. They may also be harmful for the person for whom they were prescribed if that person takes an incorrect dose. Some medicines are poisons, others can become poisons when they react with other substances.

The Control of Substances Hazardous to Health (COSHH) Regulations require that no person is placed at risk from the use of any hazardous substances. A medicine is a hazardous substance, to those administering the medication and those who may inadvertently be exposed to it.

Where a medicine may be thought to be non toxic or non poisonous, it should still be classed as being toxic to avoid any confusion.

Managers are required to assess the risks presented by a hazardous substance to any person who may come into contact with it. Then, having assessed the risk, they should determine the method or methods by which that risk may be removed, reduced or controlled.

The primary consideration is to eliminate the risk completely. This may be done by not allowing medicines into the school and, for example, requiring pupil to be placed on 3 x daily doses rather than 4 x daily doses if appropriate.

If the hazardous substance cannot be eliminated from the school the next requirement is to substitute it for a less hazardous substance if one exists. Schools should encourage GP's, via the School Health Service, to prescribe less toxic alternatives if the medicine has to be taken at school.

If there is no means of eliminating or substituting the hazardous substance controls to reduce any risk of harm to the lowest level that is possible should be implemented.

All controlled drugs must be kept in an approved (meet with the requirements of the misuse of drugs regulations) lockable receptacle. This must be locked at all times except when being accessed for the storage of medication or the administration to the named recipient.

Lockable receptacles must be:

- **Of robust construction**
- **Made of steel**
- **Securely bolted to the floor or wall**
- **Kept in a room or building that is alarm protected.**

Ideally it should be locked by a key and a combination lock together. This will allow a master key to be fastened to the inside of the receptacle and only the head teacher to have the combination code to unlock in an emergency. The integrity of using only a combination lock can not be guaranteed.

- Keys, should be kept to a minimum and only held by individuals who have legitimate authority to access the medicine cabinet. These should never be given to an unauthorised person, left on hooks, in desks or out on display.

- Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual pupil.
- Medicines should be stored strictly in accordance with product instructions.
- Pupils should know where their own medicines are stored and who holds the key.
- All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to pupils and should not be locked away.
- Few medicines need to be refrigerated. These can be kept in a refrigerator with food but they must be in an air tight container and clearly labelled.
- There should be restricted access to a refrigerator holding medication. When the staff room is not occupied – depending on the risk assessment undertaken by the Headteacher – the room or the fridge should be locked so that access is denied to everyone except those authorised by the Headteacher.

Medicine should be stored in original containers which are labelled with:

- the name of the person for whom the medicine is prescribed;
- the name and constituents (if known) of the medicine;
- the prescribed dose;
- the time the prescribed dose is to be taken;
- who to contact in an emergency;
- the expiry date of the medicine;
- the name of the person or organisation responsible for prescribing the medicine;
- any likely side effects for the person taking the medicine (e.g. harmful or toxic if swallowed, harmful by inhalation, harmful if in contact with the skin or eyes).

It may not always be possible to get all the above information from the original container. If this is so, the pharmacy supplying the medicine or the pharmacy department of the local NHS Trust may be of assistance.

Some medicines can have serious ill health effects on those giving the medicine, produce harmful vapours, some can be corrosive or produce dermatitis; some can sensitise those giving the medicine, some people may already be sensitive to the medication – particularly those who suffer from eczema or asthma.

Staff who volunteer to administer medicine which has been assessed as being a sensitiser should be asked if they have respiratory or skin problems. If they have, the Headteacher should seek an alternative volunteer. Volunteers should be provided with suitable personal protection such as disposable gloves, face mask, etc. Should a volunteer become sensitised to a particular medication they should cease to administer it and again the Headteacher should seek an alternative volunteer. Such reactions, however, are rare.

### **11.2 Disposal of medicines**

Under no circumstances should a school dispose of any prescribed medicine or the container from which it came. The parent of the pupil for whom the medicine was provided should collect all empty containers, surplus medicines and out-of-date medicines. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.

On the very rare occasion that the school has to dispose of any of the above, advice should be sought from the Leeds City Council's Environmental Health Waste Disposal Service before disposal of any items.

Pharmaceuticals that are cytostatic or cytotoxic (are defined as any medicinal product that has one or more of the following hazardous properties: Toxic (H6), Carcinogenic (H7), Mutagenic (H11) or Toxic for Reproduction (H10)) are classed as "hazardous Wastes" under Hazardous Waste Regulations 2005 as such disposal must be in accordance with the requisite Regulations.

### **11.3. Disposal of sharps**

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the pupil's GP or paediatrician. Collection and disposal of the boxes should be arranged with Leeds City Council's Environmental Waste Disposal Unit.

### **12.0 Further Information**

More information regarding medication in schools – in particular basic information regarding common conditions such as asthma, epilepsy, diabetes and anaphylaxis – is available in the DfES and Department of Health publication “ **Managing medicines in schools and early year settings**” Reference 1448-2005DCL-EN March 2005 –DfES.

The publication includes forms that can be used as part of the school's policy on administering medication. Copies of the forms are available from Children Leeds' Health Safety and Wellbeing team. The forms in the pack are as follows:

- Healthcare plan for a pupil with medical needs
- Request for school to administer medication
- Confirmation of the Headteacher's agreement to administer medication
- Record of medication administered in school
- Request for pupil to carry his/her own medication
- Staff training record – administration of medical treatment
- Guidelines for the administration of rectal diazepam in epilepsy and febrile convulsions for non-medical/ non-nursing staff
- Emergency planning – request for an ambulance
- Leeds City Council - medical needs policy, 2008
- Leeds City Council - Intimate care guidelines
- Drugs: Guidance for schools (DfES, 2004) Ref: DfES/0092/2004  
[http:// www.teachernet.gov.uk/drugs/](http://www.teachernet.gov.uk/drugs/)

Code of Practice for Schools- Disability Discrimination Act 1995:Part 4 (Disability Rights Commission, 2002). Ref: COPSH. <http://www.drc-b.org/thelaw/practice.asp>  
Disability Rights commission Tel:08457 622 633

*Special Educational Needs Code of Practice* (DfES, 2001) Ref: DfES/0581/2001  
[www.teachernet.gov.uk/teachinginengland/detail.cfm?id=390](http://www.teachernet.gov.uk/teachinginengland/detail.cfm?id=390)

*National Service Framework for Children and Young People and Maternity Services: Medicines and Children and Young People.* Website: [www.dh.gov.uk/healthtopics](http://www.dh.gov.uk/healthtopics) (click on Children's Services). Order:DH Publications Tel: 08701 555 45

Council for Disabled Children publication "The Dignity of Risk"

### **13.0 Useful Contacts**

#### **Allergy UK**

Allergy Help Line: (01322) 619864

Website: [www.allergyfoundation.com](http://www.allergyfoundation.com)

#### **Asthma UK** (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)

Website: [www.asthma.org.uk](http://www.asthma.org.uk)

**Diabetes UK**

Careline: 0845 1202960 (Weekdays 9am to 5pm)

Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

**Department for Education and Skills**

Tel: 0870 000 2288

Website: [www.dfes.gov.uk](http://www.dfes.gov.uk)

**Department of Health**

Tel: (020) 7210 4850

Website: [www.dh.gov.uk](http://www.dh.gov.uk)

**Epilepsy Action**

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

**National Society for Epilepsy**

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

## **APPENDIX I: FORMS**

- Form 1:** Healthcare Plan
- Form 2 A:** Parental agreement for school/setting to administer medicines
- Form 2 B:** Parental agreement for school/setting to administer medicines
- Form 3:** Head teacher/Head of setting agreement to administer medication
- Form 4:** Record of medicine administered to an individual
- Form 5:** Record of medicines administered to all children
- Form 6:** Request for child to carry his/her own medicine
- Form 7:** Staff training record - administration of medicines
- Form 8:** Authorisation for administration of rectal diazepam
- Form 9:** Emergency planning - request for an ambulance

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

## FORM 1 – Individual Healthcare Plan

Name of School/Setting	Hunslet Carr Primary School
Child's name	
Class Name	
Year Group	
Date of Birth	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review date	

### CONTACT INFORMATION

#### Family contact 1

#### Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

#### Clinic/Hospital contact

#### GP

Name _____	Name _____
Phone No. _____	Phone No. _____

**Who is the named member of staff responsible for providing support in school?**

**Describe medical needs and give details of child's symptoms, triggers, signs, treatment, facilities, equipment or devices etc**

**Name of medication, dose, method of administration, when to be taken, side effects. Administered by who (if self with/without supervision)**

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

**Specific support for pupil's educational, social and emotional needs**

**Arrangements for school visits/trips etc**

--

**Other information**

--

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

--

**Who would be responsible in an emergency?**

--

**Who has this plan been developed with?**

--

**What are the staff training requirements – Who, What, When?**

--

**Form Copied and sent to:**

--

## FORM 2

### Parental agreement for school/setting to administer medicine

The school/setting will not give your child's 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	Hunslet Carr Primary School
Name of Child:	
Date of Birth:	
Class Name	
Year Group	
Medical condition/illness:	

### Medicine

Name/Type of Medicine (as described on the container):	
Date dispensed from the pharmacy:	
Expiry date on the medication packaging:	
Dosage and method:	
Timing:	
Special Precautions/Other instructions:	
Are there any side effects that the school/setting needs to know about?	
Self Administration:	Yes/No (delete as appropriate)
Procedures to take in an Emergency:	

**Medicines must be in their original container as dispensed by the pharmacy.**

### Contact Details

Name:	
Daytime Telephone No:	
Relationship to Pupil:	
Address:	
I understand I must deliver the medicine personally to	The school office who will store it safely.

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: \_\_\_\_\_

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

**Confirmation of the Head's agreement to administer medicine**

It is agreed that:	[name of pupil]
Will receive:	[quantity and name of medicine]
Every day at:	[time medicine to be administered]
This will continue until:	[end date of course of medicine]
Date:	
Signed:	[Headteacher or most senior SLT member]

**Record of medicine administered to an individual pupil**

**STOP – Right Form? Right Child? Right Time? Right Medicine? Right Dose?**  
**If you are unsure ask for support or guidance from a senior member of staff.**

Date			
Time Given			
Dose Given			
Name of member of staff			
Staff initials			
Date			
Time Given			
Dose Given			
Name of member of staff			
Staff initials			
Date			
Time Given			
Dose Given			
Name of member of staff			
Staff initials			
Date			
Time Given			
Dose Given			
Name of member of staff			
Staff initials			



**FORM 4**  
**Staff training record**

Name of School/Setting:

**Hunslet Carr Primary 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:**

\_\_\_\_\_

## **FORM 5 - Contacting Emergency Services**

### **Request for an Ambulance**

#### **Dial 999, ask for ambulance and be ready with the following information**

1. Our Telephone Number - 0113 2713804
2. Give your location as follows - Woodhouse Hill Road, Leeds
3. State that the postcode is - LS10 2EF
4. Give exact location in the school/setting
5. Give your name
6. Give name of pupil and a brief description of pupil's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the patient

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

Put a completed copy of this form by the telephone

## **FORM 6 – Letter inviting parents to contribute to IHCP development**

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



# My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name: \_\_\_\_\_

## 1 My daily asthma medicines

- My preventer inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_
- I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:  
\_\_\_\_\_  
\_\_\_\_\_

- My reliever inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_. I take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is \_\_\_\_\_

## 2 When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than \_\_\_\_\_

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

And also take \_\_\_\_\_ puff/s of my blue reliever inhaler every four hours.



If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?



**IF YES**

I take:

\_\_\_\_\_ puff/s of my reliever inhaler (usually blue) beforehand.



Remember to use my inhaler with a spacer (if I have one)



# My Asthma Plan

## 3 When I have an asthma attack

### I'm having an asthma attack if:

- My blue reliever inhaler isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than \_\_\_\_\_

### When I have an asthma attack, I should:

Sit up – don't lie down. Try to be calm.

Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.



If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another \_\_\_\_\_ puff/s of my blue reliever inhaler every 30 to 60 seconds (up to 10 puffs).



### My asthma triggers:

Write down things that make your asthma worse

---



---



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---



---

### I need to see my asthma nurse every six months

Date I got my asthma plan:

---

Date of my next asthma review:

---

Doctor/asthma nurse contact details:

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Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

### Parents – get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitter (a printout or a photo).

### You and your parents can get your questions answered:

Call our friendly expert nurses

**0300 222 5800**  
(9am - 5pm, Mon - Fri)

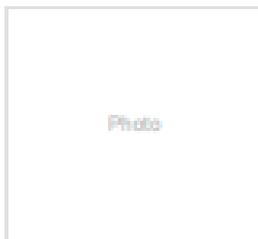
Get information, tips and ideas

**www.asthma.org.uk**

**THIS CHILD HAS THE FOLLOWING ALLERGIES:**

Name:

DOB:



Photo

Emergency contact details:

1)



2)

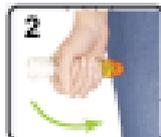


Child's Weight:  Kg

**How to give EpiPen®**



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



2 SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



3 HOLD FIRMLY in place for 10 seconds



4 REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to [www.epipen.co.uk](http://www.epipen.co.uk)

Produced in conjunction with:



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[www.bsaci.org](http://www.bsaci.org) Approved Oct 2010

**Mild-moderate allergic reaction:**

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**ACTION:**

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

**Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):**

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

**If ANY ONE of these signs are present:**

- Lie child flat. If breathing is difficult, allow to sit
- Give EpiPen® or EpiPen® Junior
- Dial 999 for an ambulance\* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**If in doubt, give EpiPen®**

**After giving EpiPen:**

- Stay with child, contact parent/carer
- Commence CPR if there are no signs of life
- If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector device, if available

\*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

**Additional instructions:**

If wheezy, give 10 puffs salbutamol (blue inhaler) via spacer and dial 999

This is a medical document that can only be completed by the patient's treating health professional and cannot be altered without their permission.

This plan has been prepared by:

Hospital/Clinic:

Date: 29 Sep, 2010