



Administering Medication

Drafted by F Cromie and F
Harvey September 2023

Introduction

In most schools there are pupils who may need to take medication during school hours for long or short term medical needs, or in emergency situations.

The most common ailments suffered by pupils are asthma, epilepsy and diabetes. Anaphylaxis and extreme allergic reactions to certain foods, such as nuts, fish and dairy products, is on the increase. Staff are therefore being increasingly called to administer medication to pupils. Although staffs' conditions of employment do not include giving medication or supervising a pupil taking it, staff may volunteer to do this.

Who is responsible for administering medication?

The prime responsibility for a pupil's health rests with the parent/guardian, however, to enable pupils requiring medication to participate as fully as possible in school activities the College may agree to assist a child with medical needs.

The College will ensure that all staff acting within the scope of the Pupil's Health Care Plan as well as within their terms and conditions of employment will be indemnified for all actions taken that are associated with the administration of medicines.

The responsibility board of governors is to make sure that safety measures, which cover the needs of the pupil and staff, are outlined in the school's health and safety policy.

This may mean special arrangements for particular pupils in managing and administering medication.

The policy should cover the school's approach to taking medication.

Short term medication

There are times when pupils request painkillers at school, for example, paracetamol. Staff **will not** give non prescribed medication without **prior written approval** from the parent/guardian as staff may not be aware of any previous dose taken or whether the medication will react with other medication. **(Form 1: AM1)**

A member of staff will supervise the taking of the medication and notify the parent in writing on the day the painkillers are taken.

If a pupil suffers from acute pain regularly, e.g. migraine, the parents should authorise and supply the appropriate painkillers.

No pupil under 16 should be given medicine without the parent/guardian's written consent.

Prescribed medication – long term medical needs

Some pupils may have medical conditions which will require regular administration of medication in order to maintain their access to education. These pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and with support from the school can take part in most normal school activities.

In some cases pupils with medical needs may be more at risk than their classmates. The school may need to take additional steps to safeguard the health and safety of such pupils. In a few cases individual procedures may be needed, i.e. **(Form 2: Pupil's Health Care Plan)**

Pupil's health care plan

When a parent requests medication to be administered to a pupil at school, the school nurse will discuss the pupil's condition with the parent and the implications of the pupil's medical condition with the appropriate staff and where necessary draw up a Health Care Plan, i.e.:

- a written request together with a statement of the pupil's condition and requirements must be made available to the school **(Form 3 AM2: Request by Parent for School to Administer Prescribed Medication)**;
- the school WILL decide on the way in which the school will meet the pupils requirements **(Form 4: School's Agreement to Administer Medication)**;
- ensure appropriate training and appropriate medical advice is available from medically qualified persons, i.e. Pupil's GP, Specialised Nurse, School Health Teams ;
- the College will ensure that a sufficient number of staff are trained in order to cover absences;
- two members of staff should be present when administering medication which could expose staff to allegations of assault or sexual abuse, e.g. administering rectal Diazepam. The member of staff administering the medication should be trained to do so and should be named on the pupil's care plan.

Emergency procedures

- All staff should know how to call the emergency services.
- All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- Guidance on calling an ambulance.

Storage of medication

Some medicines may be harmful to anyone for whom they are not prescribed. Where the college agrees to administer this type of medicine, the College has a duty to ensure that the risks to the health of others are properly controlled.

The College will ensure that:

- the medicine container is labelled with the name of the pupil, dose and frequency of administration and any expiry date;
- where a pupil requires two or more medicines, these should be kept in their original container and never transferred to another container;
- medicines are kept in a secure cupboard;
- the trained staff and the pupil know where the medicines are stored and who holds the key;
- a record is kept of all medication administered (Form 6); and
- a regular check is made to ensure that a medicine is not out of date, e.g. epi-pen.

School trips

Sometimes the College may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration.

Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil.

Please refer to the Department of Education guidance booklet *“Educational Visits, Policy, Practice and Procedures”*. http://www.deni.gov.uk/educational_visits_2009.pdf

School transport

The College must make sure that pupils are safe during home to school transport journeys. Most pupils with medical needs do not require supervision on school transport, but the employer should provide appropriately trained supervisors if they consider them necessary.

Form 1: AM1

Important Information

It is important to note that the administration of medication to children is the responsibility of parents or guardians and that there is no legal duty that requires school staff to administer medication to any child. However, the College is willing to put in place arrangements to facilitate the administration of certain non-prescription or over the counter medications to a child on a voluntary basis by the School Nurse in certain specified circumstances, subject to the provision of prior written consent by parents.

The current list of non-prescription medications that the School Nurse is willing to administer to a child on a voluntary basis comprises *Paracetamol* or *Calpol* in tablet or liquid form for headache, period pain, muscular pain, joint pain or ear ache; *Antihistamine* in tablet or liquid form for allergies; *Acriflex Cream* for minor burns; and *Anthisan Cream* for insect stings and bites.

Where a parent or guardian wishes to allow the College to administer non-prescription medication to a child, then they must complete and sign this *Consent to Administer Non-Prescription Medication* and return the form to the School Office. The College will not administer any non-prescription medication unless and until it has received this completed form. If parents or guardians have any queries about this form or require any further information, please do not hesitate to contact the School Nurse in College.

Pupil Information

Please provide the following basic information for your child.

Surname:

Forenames:

Date of Birth:

Gender:

Home Address:

Form Class:

Parental Contact Information

Please provide the following contact information for each parent or guardian.

Parent 1 Name:

Parent 2 Name:

Mobile Phone No:

Mobile Phone No:

Specific Consents

Please indicate whether or not you wish the College to be able to give each of the non-prescription medications set out below to your child. Please place a tick in the appropriate box.

	Yes	No
Paracetamol or Calpol in tablet or liquid form	<input type="checkbox"/>	<input type="checkbox"/>
Antihistamine in tablet or liquid form	<input type="checkbox"/>	<input type="checkbox"/>
Acriflex Cream	<input type="checkbox"/>	<input type="checkbox"/>
Anthisan Cream	<input type="checkbox"/>	<input type="checkbox"/>

Parental Declaration of Consent

I hereby give (or withhold) my consent for the College to administer non-prescription medications to my child on the basis set out above. Where I have given consent, I confirm that my child has had these medications before with no adverse effect and I acknowledge that this consent will remain in place unless and until it is revoked by me in writing.

Signature:

Date:

Form 2: Pupil's Health Care Plan

Healthcare Plan for a Pupil with Medical Needs

Name _____

Date of Birth _____

Condition _____

Photograph

Class/Form

Date _____

Review Date _____

Name of School

Contact Information

Family Contact 1

Name

Phone No. (work) _____ (home) _____

Relationship

Family Contract 2

Name

Phone No. (work) _____ (home) _____

Relationship _____

Clinic/Hospital Contact

Name _____

Phone No. _____

G.P. _____

Name _____ Phone No. _____

Describe condition and give details of pupil's individual symptoms:

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

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

Follow up care:

Who is responsible in an emergency: (State if different on off-site activities)

Form copied to:

You may copy this form for record purposes

Form 3: AM2

Request by Parent for School to administer medication

Example form for parents to complete if they wish the school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the medication

Details of Pupil

Surname:

Forename(s)

Address:

M/F: _____

Date of Birth: _____

Class/Form: _____

Condition or illness:

Medication

Name/ Type of medication (as described on the container)

For how long will your child take this medication:

Date dispensed: _____

Full direction for use:

Dosage and method:

Timing: _____

Special precautions:

Side effects:

Self-administration:

Procedures to take in an Emergency:

Contact Details

Name:

Daytime Telephone No:

Relationship to Pupil:

Address:

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date: _____ Signature(s): _____

Relationship to pupil:

Form 4: Schools agreement to administer medication

School's agreement to administer medication

Example form for schools to complete and send to parent if they agree to administer medication to a named child

I agree 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 take 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 Principal/Named Member of Staff)

You may copy this form for record purposes

Form 4

Staff training record-administration of medical treatment

Example of form for recording medical training for staff

Name:

Type of training received:

Date training completed:

Training provided by:

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: _____ Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____ Date: _____

Staff signature: _____ Date: _____

Suggested review date:

You may copy this form for record purposes

Form 5

Emergency Planning

Request for an Ambulance to:

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

1. School telephone number
2. School name, address and postcode
3. Give exact location in the school (insert brief description)
4. Give your name
5. Give brief description of pupil's symptoms
6. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Record of medication administered

Date	Pupil's Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff	Print Name