



## Managing Medicines in School Policy: February 2015

The school follows the **Managing Medication and Complex Healthcare Needs of Children and Young People NYCC** document when caring for and managing the medical needs of its pupils. A copy can be made available on request

### **Managing Medicines**

#### **Agreeing to administer medication**

Medication should only be taken in a provision when it is essential and where not to do so would be detrimental to a child's/young person's health: whenever possible medication should be taken at home.

A written agreement and consent from parent (appendix 1: Request to Administer Medication) should be completed for each child and each separate medication.

#### **Prescribed medication**

The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist.

#### **Non-prescribed**

The school will not consent to administer non prescribed medication unless it is included in a health care plan.

**Aspirin and Ibuprofen** A child under 16 should never be given these unless they are prescribed.

#### **Staff training**

Some administration of medication requires training to be given **by a registered health care professional** e.g. injections, epipens, rectal medication. Records are kept of all training.

#### **Receiving medication**

Medication must be appropriately labelled and in the original packaging. The school will **never** accept medicines that have been taken out of the original container. The measuring device supplied by the pharmacist must be included. It is the responsibility of a parent to ensure medication is delivered appropriately. The container/package for prescribed medication must show the following:

- name of the patient and name of the medication
- the dosage
- frequency of dosage and strength of medication
- date prescribed and expiry date
- specific directions for the administration
- precautions relating to the medication (e.g. possible side effects/storage instructions)
- the name of the dispensing pharmacist

#### **Request to carry and self administer**

This should be considered on an individual basis. A risk assessment must be done before allowing this which takes into account...

- Maturity of the Child/Young Person
- Implications to the Child/Young Person
- Implications to others
- Nature of the medication

Before agreeing Head Teachers/Managers may seek further advice from...

- relevant health professionals
- NYCC Insurance and Risk Management
- CYPs Health and Safety Risk Management

Form Med 3 will need to be completed. The form has a statement of consent signed by the parent agreeing:

- to give accurate information
- to give consent for their child to carry and self administer their own medication
- that the self administration will be unsupervised by staff
- to inform the provision in writing of any changes to the information given
- to not hold the provision responsible for loss, damage or injury associated with the carrying and self administration of medication

### **Storage**

Medication will be stored securely in a clean, cool, lockable storage facility to which only named staff have access.

- Medication that needs to be immediately available (and is not carried by the child/young person) must be securely stored in an easily accessible location.
- Medication requiring refrigeration will be stored in a sealable plastic container with child's/young person's name on in a fridge that is only accessible to staff.
- Usually not more than one week's supply should be received and stored.

### **Administration**

The school will check against form Med 1 to ensure that the correct medication is given. It is good practice for a second adult to witness.

- The school will ensure staff are trained to administer it
- The school will give according to the instructions on the medication or according to the health care plan
- Ensure medication is taken in the presence of an adult when pupils are self administering.
- Refusal to take medication will be recorded in administration of medication records and parents informed as soon as possible.
- Medication will be given in a manner that offers respect and dignity for the child/young person.

### **Record keeping**

**The school will record the following:**

- Written request to administer medication
- Record of administration
- Request to Carry and Self administration form where appropriate
- Staff training record

### **Return/disposal**

Medication must be returned by an adult to the parent or to a pharmacy for disposal and recorded on the Administration of

Medication Record (form Med 2). The exception would be for those young people who are considered by parent(s) and the school mature and responsible enough to carry and self-administer their own medication. When not practical to return medication to a parent, then medication should be returned to a pharmacy where a receipt should be obtained and attached to the Administration of Medication Record. Medication must not be disposed of in the refuse. Current waste disposal regulations make this practice illegal.

## **Health Care Plans**

### **What is a Health Care Plan?**

The purpose of a health care plan is to bring together and clarify all the details of a child/young person's health care needs. In addition it enables a consistent approach when a number of staff/provisions are involved. A Health

Care Plan:

- provides the necessary information
- clarifies procedures for support
- indicates who is responsible for each task
- clarifies the training / resources required and who will undertake the training
- includes parental consent

### **Writing Health Care Plans – who is responsible?**

It is the responsibility of the school where the child/young person spends the majority of his/her time to write the Health Care Plan. It is important that it is shared with other provisions that a child/young person attends e.g. after school club, out of school activities. It is essential that health care professionals provide you with the necessary advice and that parents are fully involved and the children and young people where appropriate.

### **Gathering information for a Health Care Plan**

This may involve a number of people giving support, advice, information and training. For example:

- young person themselves where appropriate
- health professional
- parent/carer
- provision e.g. school, setting
- Advisory Support Teacher for physical/medical needs

**Named Person**

It is good practice to identify a named person within the main establishment whose responsibility it is to...

- Send a copy to NYCC Insurance and Risk Management Team
- Ensure the Health Care Plan is implemented
- Ensure information is stored according to data protection and shared only with those who need to know
- Ensure any changes to the Health Care Plan received in writing from a registered health professional are recorded on the plan, dated and implemented
- Keep a list of all copyholders and ensure they have an up to date copy of the Health Care Plan
- At transition ensure a copy of the health care plan is shared with the new provision ( with parental consent )

**When is a Health Care Plan required?**

A child/young person will need a Health Care plan if they:

- Require medical procedures e.g. managing a tracheotomy, tube feeding
- Require medication on a regular basis
- Have intimate personal care or continence needs ( not occasional “accidents” )
- Need emergency procedures in place
- Have a registered health professional e.g. community paediatrician, school nurse, specialist nurse involved who has identified the need.

**When is a Health Care Plan not required?**

Many medical conditions can be managed without the need for a Health Care Plan e.g. completion of a course of antibiotics, mild asthma, mild allergies. Other conditions may be long term but can be managed through general policy and procedures e.g. a pupil in school with mild asthma might carry his inhaler.

**Health Care Plans must be reviewed annually or when significant changes occur.**

## **Request to Administer Medication (Form Med 1)**

**This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.**

**This form must be completed by the parent before the request can be considered**

**Name of Provision** .....

**Child's/Young Person's Details**

Name .....	DoB.....
Address .....	

Parent/carer name and contact number.....  
GP's name and contact number.....  
Emergency contact name(s) and number(s).....

### Details of Medication

Medical condition/illness.....  
Medication name and strength.....  
Medication formula (e.g. tablets) and amount given to school/setting (e.g. number of tablets supplied).....  
**NB Medications must be in the original container as dispensed by the pharmacy**  
Dosage and frequency/time of administration.....  
Details for storage.....  
Administering instructions.....  
Any known side effects .....

Date first dose given ..... Date last dose given.....

### Potential Emergency Details

What would constitute an emergency? .....

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What to do in an emergency.....

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### Parental Statement of Consent

I (printed name of parent/carer).....

- request and give my consent to school/setting administering this medication in accordance with the prescriber's instructions
- confirm that the information and instruction given is accurate and up- to- date

- will inform school/setting in writing of any changes to this information and instructions
- understand that the medication may be given by non-medically qualified staff
- agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- will abide by the school's/setting's policy and procedure for the delivery and return of medication
- will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carer .....Date.....

### School/Setting-Statement of Agreement

(Name of school/setting) ..... agrees to administer this medication

- in accordance with the prescriber's instructions
- until the end of the course of medication or until instructed otherwise in writing by the parent/carer

Name of Headteacher/Manager (please print).....

Signature of Headteacher/Manager .....Date.....

**NB Headteacher/Manager must establish that the appropriate knowledge, training and insurance requirements for the giving of this medication are met before agreement is given**

**If more than one medication is to be given then a separate form must be completed for each.**

## Appendix 2

### Administration of Medication Record (Form Med 2) Sheet number.....

(In chronological order)

Name of Provision			
Name of child/young person		DoB	Class or group
Name of GP and contact number			
Emergency name and contact number			

Name of medication	Any special instructions
Formula (e.g. tablets)	

Dosage and administering times	
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Date & time of administration	Dose given	Any reactions and any action taken by staff	Name of person(s) administering / supervising ( <i>please print</i> )	Signature of person(s) administering / supervising	Additional information e.g. <ul style="list-style-type: none"> <li>• Repeat prescription supplied</li> <li>• Medication returned to parent</li> <li>• Medication returned to pharmacy (Pharmacist signature required)</li> <li>• Parents signature ( Early Years Children only )</li> </ul>

### Appendix 3

## Request for Child/Young Person to Carry and Self Administer Medication (Form Med 3)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered

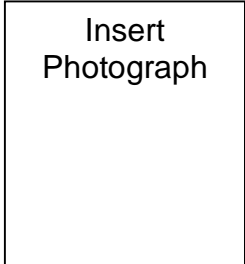
Name of Provision .....

### Child's/Young Person's Details

Name.....DoB .....
Address .....
Parent/carer name and contact .....
GP's name and contact number .....
Emergency contact name and number .....
Emergency contact name and number .....



## Health Care Plan



<b>Name</b>		
<b>DOB</b>		
<b>Address</b>		
<b>Telephone number</b>		
<b>Medical Condition</b>		
<b>Known Allergies</b>		
<b>Indicate Identified needs</b>	Emergency Care	
	Medication	
	Medical procedures	
	Intimate personal care ( including continence )	
	Staff Training	
	Managing education during medical absences	
	Home to school transport	
<b>Named person responsible for Health Care Plan</b>		
<b>Role of named person</b>		
<b>Address of provision</b>		
<b>Telephone number</b>		



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**In an emergency:**

<b>What to watch out for</b>	<b>What to do</b>

<b>Contact Details</b>	<b>Name</b>	<b>Address</b>	<b>Telephone</b>
<b>Emergency</b>			
<b>Parent</b>			
<b>Parent</b>			
<b>Main Provision</b>			
<b>Other Provision</b>			
<b>Health Professionals</b> <ul style="list-style-type: none"><li>• GP</li><li>• Consultant</li><li>• Specialist nurse</li></ul>			
<b>Other</b>			

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**Medication**

<b>Medicine</b> (Indicate whether taken inside/outside of provision hours. Include dose and form e.g. tablet)	<b>Persons who will administer</b>	<b>Possible side effects &amp; action to be taken/Comments</b>

**Medical Procedure**

<b>Procedure</b>	<b>When?</b>	<b>How?</b>	<b>Comment</b>

**Intimate Personal Care/ Continence Management** (this section does not require the signature of a registered health professional)

Description of care and procedure for staff to follow including hygiene control measures	
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Identify which parts of the care the child can do independently	
Resources required and provider	
Frequency/times when care required	
Where will personal care be carried out?	
Identify any moving and handling needs (complete a moving and handling profile if required)	
Any additional relevant information? e.g. communication needs, behaviour,	
Management of wet/soiled clothing	
Number of staff required	
Names of staff identified to carry out intimate personal care	

**Staff training:**

<b>Training required</b>	<b>Who will provide?</b>

## Managing education during medical absences ( Schools only )

Person responsible for ensuring work is sent home if appropriate	
Person responsible for monitoring absences and liaising with the Enhanced Mainstream School / Pupil Referral Service	

### Transport:

Instructions for giving medication / carrying out procedures in transit (It is the responsibility of the main provision to ensure a copy of this Health Care Plan is shared with transport staff as appropriate)	
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### Health Care Plan Agreed By:

	Name	Signature
Registered Health Professional		
Main Provision		
Second Provision (if applicable)		
Third Provision ( if applicable)		
Child/Young Person ( if appropriate )		

### Parents Consent

By signing this plan you are agreeing for your child to receive the treatment/care detailed. You are agreeing for copies of this plan to be shared with:

- NYCC Insurance and Risk Management
- Staff who have a role/responsibility in managing your child's health care needs
- Transport providers as required

I confirm I will not hold North Yorkshire County Council or its staff responsible unless loss, damage or injury is occasioned as a result of their negligence

Parents Name.....

Parents Signature .....

Relationship to Child.....Date.....

**Data protection:**

The information in this plan will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the health care needs of the child/young person.

The information will be kept in accordance with NYCC policy regarding Data Protection

**A copy of this Health Care Plan must be sent to [insurance@northyorks.gov.uk](mailto:insurance@northyorks.gov.uk)**