

MEDICINE

1.0 Staff Training

When training is delivered to school staff, e.g. Welfare Officers and School Meals Supervisory Assistants, by the School Nursing Service the school must ensure that a training record is completed for inclusion in the Health and Safety records. This will be primarily appropriate for the use of Epi-pens (for allergies), the use of rectal Diazepam (for epilepsy) and tracheotomy clearance, although other conditions/procedures may also be included from time to time. This is for both insurance and audit purposes, and an example pro-forma is attached for information.

2.0 Storage

When items need to be available for emergency use, e.g. asthma pumps and Epi-pens, they may be kept in the Medical Room or classroom according to the size / layout of the building, or with the pupil, as appropriate. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use of pupils and/or staff. When prescription items are held by the school for administration by school staff they should be stored in a fixed lockable cupboard / cabinet, with restricted access to keys.

2.1 Class 1 and 2 Drugs

When Class 1 and 2 drugs (primarily “Ritalin” prescribed for Attention Deficit Syndrome) are kept on school premises, a **written stock record is also required** in order to comply with drugs legislation. This should detail the quantities kept and administered, taken and returned on any educational visit and returned to the parent/carer, e.g. at the end of term.

3.0 GP Information and Fees

Where information is required for completion of a Child Health Care Plan, or a change in a prescription, and it is not possible to obtain this from another health care professional (e.g. School/Practice Nurse, Health Visitor, clinic/hospital) then it **will be necessary** for the school/centre to pay any fee charged by the GP for this service. It will also be appropriate for the school/centre to reimburse any GP fee paid by the parent/carer when it is necessary to “convert”, by a GP letter, an “over the counter” medicine to a “prescription “one for school/centre administration.

4.0 Residential Visits

On occasion it may be necessary for a school/centre to administer an “over the counter” medicine in the event of a pupil suffering from a minor ailment, such as a cold, sore throat while away on an Educational Visit . In this instance the parental consent form (HSV2) will provide an “if needed” authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. This action has been agreed by the Council’s Insurance and Legal Sections.

5.0 Travel Sickness

It has also been agreed by the Council’s Insurance and Legal Sections that, in the event of a pupil suffering from travel sickness (by coach or public transport) the following procedure may apply.

Day Visits (e.g. to a museum or exhibition)

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey. Medication is to be kept in the charge of a named member of staff, and the parental consent is signed by that staff member before inclusion in the visit documentation.

Pendarren

When medication is required for the journey to Pendarren and coach trips while at the centre, the travel sickness medication may be specified in the parental consent form (HSV2) as described in para 4 above.

ADMINISTRATION OF MEDICINES AND MEDICAL PROCEDURES

1.0 Prescription Medicines

Medicines and medical procedures which are prescribed/directed by a registered medical practitioner. This would include General Practitioners (GP's), hospitals/clinics, Registered Homeopathic Practitioners, Dentists.

Staff responsibility

Staff who take responsibility for administering medicines and performing medical procedures, usually First Aid or Welfare Officers, should be "volunteers", and be provided with appropriate instruction/training and protective clothing , e.g. gloves. A payment for administration of medicines is available.

Storage and supplies

Medicines and supplies/equipment should be labelled with the child's name and dosage, and stored appropriately, e.g. fridge (separate from food items) or sealed container, to which access is strictly limited. Staff should ensure that the parent provides an adequate supply, usually on a weekly basis, and have a suitable system for ensuring replenishment.

Consent

A written signed parental consent should be in place detailing the child, dosage, parental contact and emergency action.

2.0 Non - Prescription (Over the Counter / 'Alternative") Medicines

The Working Party on Medicine Administration did **not** recommend the administration of non-prescription medicines in educational establishments due to the problem of unknown side effects and possible counter effects of combining with other medicines or foods.

Parental administration only would be acceptable.

Council policy currently prohibits the administration of painkilling items such as aspirin, and products containing this.

The application of sun cream for under five / primary age children, if indicated in a risk assessment for the sun should be supported by written parental consent.

3.0 Self Administration

This may be appropriate for children in upper primary and secondary schools and should be supported by written parental consent detailing action to be taken by paramedic staff in the event of an emergency.

4.0 Child Health Care Plans

It is important that a Child Health Care Plan is drawn up where a child requires administration of medicine or medical procedures on a long term regular basis. This may include items such as asthma pumps/inhalers, antibiotics.

The plan should be drawn up by the head teacher / centre manager in conjunction with the parent, child (if of an appropriate age) and named Welfare/First Aid Officer, with advice from the School Nurse/GP. Details of symptom/ procedure/dosage, GP, two family contacts, and emergency action should be included, and photographic ID is good practice.

5.0 Child Refusal

There may be important health implications for non-administration of medicines or medical procedures which may be the result of child refusal. It is therefore essential that schools / centres follow the following procedure which has been devised by the Medicine Working Party.

- The family should be advised by phone immediately, due to the possibility of post school/centre activities and later home arrival;
- The phone call to be confirmed in writing at the end of the day's session;
- A signed/dated entry should be made in the school/centre records;
- A meeting to be arranged with the family if refusal continues for a period of one week, and documented.

6.0 Record Keeping

All records of Medicine administration/Medical procedures/Child refusal should be kept for 25 years, on legal advice.

They should consist:-

- A record of administration for each child;
- A list of all items of medicine etc for the school/centre;
- Written parental consent.

All records should be signed/dated and timed. They should be available for parents/guardian to inspect / sign if this is requested. Photographic ID is good practice.

7.0 Educational Visits

The medical needs of pupils/students must form part of the planning process for all Educational Visits (Local/day/residential) from the school/centre. It is important to identify the medication details (from the Child Health Care Plan), emergency action and the adult taking responsibility, and ensure that parental consent covers visits away from the school/centre building. A record of food allergies will also be required if packed lunches are not taken.

When residential visits are planned medicine etc should be packed in hand luggage for ease of accessibility during the journey.

8.0 References / Further Information

Education Service Health and Safety Guidance Memo dated 2.2.04.

"Supporting Pupils with Medical Needs" - Dept for Education and Skills/ Dept of Health.

ADDENDUM TO MEDICINE POLICY

1. Prescribing Authorities

In addition to the list of authorised prescribers set out above, certain items may now be prescribed by Nurse Practitioners.

2. Non Prescription / Over The Counter / "Alternative" Items (Including Pain Killers)

The school / centre may **ONLY** administer these types of medicine, as an exception to the usual policy stated above, when written / signed authorisation is received from an authorised prescriber (see above) stating the child's name, medicine details and dosage.

A signed / written Parental Consent is **also required**.

In the absence of **both** documents, parental administration of the medicine will be necessary.

3. Self Administration by a Pupil / Young Person

A suggested format for a parental consent confirming a child is competent to take responsibility for their medicine, is attached. This could be photocopied for everyday use.

A signed letter from the parent / carer is also acceptable and should include:-

- the child's name;
- the medicine details and dosage;
- emergency action and parent contact details.

4. EDUCATIONAL VISITS

It is important for all Educational Visits (day and residential) to ensure that the medicine, record of administration **and** parental consent go with the child on the visit, usually in the care of the First Aid Officer.

In the event of the child needing to be taken to hospital during the visit, the hospital staff can be advised of any medicine administered that day

5. Suspected Ill - Health In Children

Where it is suspected that a child has a medical condition requiring treatment and their condition is such that the child has to be taken to hospital during the school / nursery day (eg for a suspected asthma attack or allergic reaction) an Accident / Incident Report form should be completed, and the parent / carer notified in writing.