

Policy on Administration of Medication in School

Hope Nursery School

Introduction

Department of Education guidance states that

An inclusive education policy means that children with special educational needs, disabilities or medical needs will be educated in a variety of school settings, ranging from classes and units/learning support centres in local mainstream nursery, primary and post primary schools through to special schools. This may include children with complex medical needs, where a number of specific procedures may be required in relation to their physical health.

The school's 'duty of care' to pupils requires that all staff act in 'loco parentis' to pupils entrusted to the school and any associated school related activities.

There is no legal duty that requires school staff to administer medication; this is a voluntary role and (DE Guidance) does not intend to alter in any way the right of staff not to volunteer.

There may be occasions where school staff may be asked to administer medication, but they cannot be directed to do so.

The administration of medication to children remains the responsibility of the parent or those with parental responsibility.

Medication should only be taken to school when absolutely essential and with the agreement of the Principal.

Parents should be encouraged to request, where possible, that medication be prescribed in dose frequencies which enable it to be taken outside school hours e.g. medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Schools should be alerted to the particular risks for young persons in taking Aspirin and Ibuprofen and should not routinely administer these unless under clear medical guidance.

(DENI 2008 – Supporting pupils with medical needs in school.)

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will represent a short term medical need; perhaps finishing a course of medication, as a result of an accident or recovering from illness. Some other pupils

may require medication on a long term basis to keep them well, for example children with well controlled epilepsy or cystic fibrosis and, if this is not properly managed, they could be prevented from reaching their full potential. Such pupils are regarded as having medical needs. Most children with medication needs are able to attend school regularly and, with some support from the school, can take part in the majority of school activities. A positive response by the school to a pupil's medication needs will not only benefit the pupil directly, but can also positively influence the attitude of others.

Medication needs can be grouped into three categories:

- Pupils requiring short term prescribed medication for acute conditions, for example an ear or chest infection. Usually such children will have been off school, but may still be on medication when they return.
- Pupils with a long term condition requiring regular medication; the two biggest categories within this group would be children with asthma and those with ADHD.
- Pupils who may very rarely require medication to be given in an emergency:

Two different types of medical emergency may arise within the school setting:

- Where the pupil has not previously been known to have a medical condition and the medical emergency arises "out of the blue".
- Where a pupil with a known medical condition and a Medication Plan experiences a medical emergency in the context of their condition, such as children with severe allergies who may need an adrenaline injection
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If a member of staff administers medication to a pupil, or undertakes a medical procedure to support a pupil and, as a result, expenses, liability, loss, claim or proceedings arise, the employer will indemnify the member of staff provided all of the following conditions apply:

- a. The member of staff is a direct employee.
- b. The medication/procedure is administered by the member of staff in the course of, or ancillary to, their employment.
- c. The member of staff follows:

- the school's policy; (based on DENI guidance)
- the procedures outlined in the individual pupil's Medication Plan, or written permission from parents and directions received through training in the appropriate procedures.

Confidentiality

Each pupil will be treated as an individual. Where medication will be required during the school day, parents should provide the school with full information about their child's needs and

should be encouraged to forward any GP, consultant or nursing advice to ensure the needs can be met effectively. Staff noticing deterioration in a pupil's health over time should inform the Principal who should let the parents know.

The Principal and school staff will treat medical information confidentially. Necessary staff will have access to the relevant information.

It is important that a school does not disclose details of a child's condition to other pupils without the consent of the parent *and* the child him/herself, if appropriate. When consent is given the situation should be handled as sensitively as possible.

Co ordinating Information

The Principal will decide which members of staff will have specific responsibility for this co-ordination role, if staff volunteer to assist an individual pupil. This will usually be the class teacher, or in their absence, a full time permanent member of staff. This "identified person" can be a first contact for parents and staff, and liaise with external agencies, if necessary. Members of staff with this role should attend training on managing medicines and the relevant medical conditions, e.g. asthma or using an epipen. (This may be included in first aid training.)

Health and Social Care authorities have a responsibility to provide advice and training for school staff in procedures which deal with a pupil's medication needs, which in turn should support that child's access to education. Where specific training is needed, e.g. to manage medical needs associated with epilepsy, the principal will consult with parents and/or other relevant professionals, and arrange this as soon as possible. Ideally, the staff should be trained before the child starts attending school, but, otherwise, parents must be aware that they will need to continue being responsible for the procedures until staff are trained.

Managing risk

Dealing with medical conditions and medication needs must take into account the risks which arise from these and should aim to minimise probability of anything more serious happening to the child. A risk assessment will be undertaken for each child with medical needs.

The Board of Governors and staff of Hope Nursery school wish to ensure that pupils with medication needs receive appropriate care and support at school. The Principal will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day **where those members of staff have volunteered to do so.**

Please note that parents should keep their children at home if acutely unwell or infectious.

Parents are responsible for providing the Principal with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.

Staff will not give a non prescribed medicine to a child unless there is specific prior written permission from the parents, or in extreme circumstances, agreement given by phone.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in school will be kept in a locked cupboard.

The school will keep records, which they will have available for parents.

If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

It is the responsibility of parents to notify the school in writing if the pupil's need for medication has ceased.

It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

The school will not make changes to dosages on parental instructions.

Each item of medication must be delivered to the Principal or Authorised Person, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed**.

Each item of medication must be clearly labelled with the following information:

- **Pupil's Name.**
- Name of medication.
- Dosage.
- Frequency of administration.
- Date of dispensing.
- Storage requirements (if important).
- Expiry date.

The school will not accept items of medication in unlabelled containers.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term/year. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.

For each pupil with long term or complex medication needs, the Principal, will ensure that a Medication Plan and Protocol is drawn up, in conjunction with the appropriate health professionals.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

Emergencies

If an emergency arises, staff will contact a parent, or, if necessary, call 999 and then contact a parent.

Storing medication

All medicines may be harmful to anyone for whom they are not prescribed and will not be given to anyone other than the person named on the label.

Medicines will be kept in a locked cupboard with keys accessible to adults, but not children. Each child's medication will be stored in a separate, labelled container. After use, remaining medications will be returned to the container immediately. Unused medication will be returned to parents either at the end of term or the end of year, depending on what is most appropriate.

Storage of asthma medication

Some children may need immediate access to inhalers. If this is the case, an agreement will be reached with the parent, and the inhaler will be kept in an easily accessible place which will not be locked, but will remain out of reach of other children.

Controlled drugs

Some children may require controlled medication, e.g. ritalin. It is not anticipated that these will be required by nursery age children, however if this were to arise, a parent, or adult nominated by the parent, would be expected to administer this medication, usually outside the hours of nursery school.

Hygiene

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Record keeping

Hope Nursery school will keep records of medicines given to pupils, including time/date, quantity and staff member supervising. This will be placed with the child's record file when completed.

Medical register

A medical register will also be maintained to record pupils medical needs.

Short term medication

It is anticipated that short term medication, e.g. antibiotics, will be managed at home. In exceptional circumstances requirement that medication be given in school must be discussed and agreed with the principal. In the unlikely event that short term medication should be administered in school, the appropriate consent forms must be completed.

Long term medication

Long term medication needs will require the completion of a Medication and/or Care Plan. The school therefore needs to know about any medical needs before a child starts school, or when a pupil develops a condition.

Pupils who may have serious medical conditions, such as diabetes, epilepsy, severe allergies or asthma, may very rarely require a drug to be given in an emergency: e.g. epilepsy (rectal diazepam), anaphylaxis (adrenaline), acute asthma (inhaler). These drugs may be lifesaving. Other pupils may need regular prescribed medication. An individual Medication Plan will be drawn up, involving the parents and relevant health professionals and the child should he/she have sufficient understanding and with the agreement of staff who may need to administer the medication.

Medical Plan

Not all pupils who have medical needs will require a Medication Plan, e.g. children who may need an inhaler from time to time. A short written agreement with parents may be all that is necessary in most cases. (Administration of medicine form).

Where a medical plan is required, e.g. for a more serious condition such as diabetes or epilepsy, it will identify the pupil's medical condition, its impact in relation to the school and the assistance the pupil will require during the school day. The purpose is to ensure that school staff have sufficient information to understand and support a pupil with long term medical needs. If required, it can be overseen by the school nurse or doctor and should be drawn up in conjunction with the parents and, where appropriate, the child and the child's medical carers. It should set out in detail the measures needed to support a pupil in school, including preparing for an emergency situation.

The Plan should be tailored to the individual needs of the pupil but must include:

- child's name, date of birth, home address and phone number;
- phone numbers/addresses of contact persons;
- details of a pupil's condition;

- special requirements e.g. dietary needs, feeding requirements, toileting, pre-activity precautions;
- medication and any side effects;
- what constitutes an emergency;
- precise steps to be taken in an emergency;
- emergency phone numbers (GP, School Nurse/Community Children's Nurse, Health Centre, Hospital, 999);
- the role the school can play; and
- other health and social care professionals involved.

All relevant school staff in contact with the child should be aware of the requirements of the individual Medication Plan.

In an emergency

"Any individual can take action to preserve life provided that the action is carried out with the best of intentions and is performed in good faith. Teachers and other staff are expected to use their best endeavours at all times in emergencies. In general the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency." **(DENI 2008 – Supporting pupils with medical needs in school.)**

For children with medical needs, an emergency may be mainly related to four conditions:

- Acute asthmatic attack requiring more inhalers/attention than usual routine doses.
- Diabetic hypoglycaemic attack requiring Glucose (glucose tablets or hypostop).
- Anaphylactic reaction requiring Adrenaline (e.g. EpiPen® or Anapen®).
- Prolonged epileptic seizures requiring Rectal Diazepam.

The potential for an emergency to arise will be reflected in the pupil's Medication Plan which will incorporate a plan of action to take should an emergency occur. Staff are expected to follow the advice given by that plan.

Where a pupil experiences an emergency event with no relevant previous history, staff are expected to take all reasonable steps within their own competencies and experiences to assist the pupil and obtain the appropriate help.

Temporary staff, who may be in attendance and may not have the level of awareness and understanding of permanent staff, are expected to act within their own competencies and experience and obtain appropriate help.

Calling emergency services

Anyone can call 999 – a note of address, phone number etc is posted behind the office phone. Give school phone number, location, name and brief description of person's symptoms, give description of best entrance and arrange for another adult to meet ambulance there. Parents should be notified immediately. A patient should be accompanied by a staff member in the ambulance and until a parent arrives. If possible, a copy of the medication plan / details of condition should also accompany the patient in the ambulance.

If in doubt phone for the emergency services.