



POLICY ON ADMINISTERING MEDICINES

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Administering of Medicines at the German School London

1. Introduction

1.1 This policy is intended to guide staff at the German School in understanding their roles and responsibilities towards students who require medication whilst at the German School. It is written with reference to guidelines published by the Richmond and Twickenham Primary Care Trust, supported by the LEA. Further supporting information may be found in the DfES Guidance on Supporting Pupils with Medical Needs in School.

1.2 In respect of Categories i and ii given below it is generally recognised that all children in secondary school (except those with learning difficulties that impair understanding) should be in charge of their own medication. Children in primary school should be encouraged to do the same but this will depend on their capabilities and in the agreement between the school and parents. As a rule, children responsible for their medication at home should be responsible at school. *A child's medication is unlikely to be abused by other children*, but this possibility should be borne in mind. For this reason, schools should, with parental agreement address medication arrangements as a whole school issue.

1.3 There will always be circumstances when children may need to take medication during school hours and examples of the main occasions are listed below:

- i. When suffering from chronic illness or long-term health problems such as asthma, diabetes or epilepsy.
- ii. In the event of an emergency - e.g. the use of an EpiPen/AnaPen for anaphylaxis, which is an extreme allergic reaction requiring urgent medical treatment.
- iii. When suffering from a short-term illness but are fit to return to school although needing to continue their course of medication.
- iv. When needing medication on a school journey e.g. Calpol, travel sickness tablets

2. Procedures

2.1 Headteachers need to have a school policy for managing all medicines so that pupil health and safety is assured and staff and parents clearly understand their roles and responsibilities. It is important to remember that the Headteacher and school staff act in place of the parents when managing a child's medical care whilst in school and on visits and journeys.

2.2 Staff administering medicine will be doing so either because the procedure is included in their job description or as a teacher or member of the non-teaching staff acting in a voluntary capacity. In whatever capacity they are acting they must have received training, information and guidance appropriate to the task being undertaken.

2.3 Both teaching and non-teaching staff assisting with any form of administering medicine are indemnified by the School's public liability insurance. Any matter related to the medical treatment of children by staff who have received training would be directed against the School, not the individual. In the very unlikely event of action being taken by a parent against an individual member of staff the insurance cover would remain unchanged in that the School's Insurers would still defend the action and would meet any successful claim as well as the costs.

To date, legal action has never succeeded against a member of staff who administered medication in good faith anywhere in the UK.



2. Responsibilities under the Procedures

3.1 Parents

It should be noted that 'parents' is used to refer to parents, legal guardians with parental responsibilities and carers.

3.1.1 Parents are responsible for ensuring that the school is provided with all the relevant information about their child's medical condition(s) on admission or at any other time as appropriate. Children must be kept at home if they are acutely unwell.

3.1.2 Parents must submit a written request to the Headteacher (copy to Reception) and subsequently obtain written agreement before any medication can be administered (Appendix D).

3.2 Staff

3.2.1 Only staff who volunteer or staff who have a specific requirement in the job description should administer medicine. Volunteers can be drawn from any of the school's staff and are not restricted to teachers.

3.2.2 Staff do not have to be fully qualified first aiders to administer medicines.

3.2.3 It is not possible to ensure that any one person is available all of the time, so it is essential to ensure that an adequate number of volunteers are available to cope with emergencies. The number of volunteers required will depend on the number of pupils in the school (or the number going on a school visit/journey), needing medication on a regular basis and those who may need it in an emergency.

3. Management and Training

4.1 Management

4.1.1 A record must be kept of all volunteers. The record must take into account the category for which the person has volunteered. These categories are as covered in the Code of Practice and are given below:

- i. When suffering from chronic illness or long-term health problems such as asthma, diabetes or epilepsy.
- ii. In the event of an emergency - e.g. the use of an EpiPen/AnaPen for anaphylaxis, which is an extreme allergic reaction requiring urgent medical treatment.
- iii. When suffering from a short-term illness but are fit to return to school although needing to continue their course of medication.
- iv. When needing medication on a school journey e.g. Calpol, travel sickness tablets

4.1.2 For Categories i) and ii) it is important to ensure that procedures to be followed for each child with particular medical requirements are as agreed with the parents and those who may need to contribute i.e. headteacher, class teacher, school staff who administer medication, school health service staff and medical practitioner/specialist. These procedures should be set out in writing. In drawing up the Health Care Plan, this should not be an onerous task, although each plan will contain



different levels of detail according to the needs of the individual. The Primary Care Trust can advise on these procedures as part of the training programme.

4.2 Training

4.2.1 In respect of categories i) and ii) training for volunteers can be provided (at school if possible) by the Richmond & Twickenham Primary Care Trust and will be repeated annually.

4.2.2 A system must be in place to record all staff training. This should include name of the trainer and the organisation they represent, names of the trainees and the date, time and length of the session and the course content. (See **School HR system**)

4.2.3 The headteacher must ensure staff are able and skilled in the recording of all medicines given, in accordance with the school practice.

5. Actions

5.1 In respect of Categories i) and ii) it is preferable to identify children's needs on admission to the school or as soon as a condition exists in respect of a current pupil.

5.2 Information obtained from parents should be given to the School Receptionist.

5.3 The information should form the basis of the child's medical records and provide information needed by the school in order to decide what assistance the school needs to put in place in respect of first aid, emergency procedures, school visits/journeys etc. See DfES - A Good Practice Guide - Supporting Pupils with Medical Needs

5.4 Teachers who have children with medical conditions in their class, whether or not they are volunteers to administer medicine, should know of the nature of the condition, how it may affect the child and the procedures to be followed in an emergency.

5.5 In cases of acute or short-term illness, children may return to school to complete a course of prescribed medication. Administering medicine in these cases must be considered on an individual basis using this Policy. Where possible, a prescription should be obtained which avoids the need for medication during the school day.

5.6 All medicines given must be recorded. It is recommended that the form used should be as given at **Appendix C**.

6. Administration of Medicine

6.1 The administration of medicine is the responsibility of the parent, and children who need medication should have it administered at home if at all practicably possible.

6.2 With the headteacher's (or other delegated representative) agreement parents may come to the school to administer their child's medicine or if convenient the child may return home at lunchtime to take their medicine.

6.3 Children are able to administer their own medicine if they have received the training and advice to do so. For a child to self-administer medication, confirmation is required in writing by their



General Practitioner, Specialist Doctor or Specialist Nurse and also Parental Consent. Pupils over the age of 16 may give their own consent, or withhold it for surgical, medical or dental treatment.

Further guidance can be sought from DOH Guidance on Consent.

6.4 Self administration must take place under the supervision of an adult and written records kept by the school. These records must include the date, time and the name of the supervising adult.

6.5 The headteacher is responsible for deciding whether the school can play a role in administering medicine and which staff members will oversee the process. Each case should be considered on an individual basis and if necessary a general practitioner should be consulted. In making decisions consideration should be given to:

- i. The prescribed medicine and its danger if misused or administered incorrectly
- ii. The timing of the medication and how essential it is to the wellbeing of the child
- iii. What specialised knowledge and training is required
- iv. If there is a potential for harmful side effects
- v. If any intimate contact with the child is required

6.6 Parents must make a written request for the school to administer medicine. It is recommended that the form used is given at **Appendix D**.

6.7 All medicine accepted at the school must be handed in by an adult (preferably the parent) and the administration details must be as given on the parental consent form. It should be in small quantities, but in the original container/package as dispensed by the pharmacist. The expiry date should not be exceeded and there should be no more than a week's supply. Medicines which have not been used must be returned to the parent. If the parent does not respond within a stated timescale, the school may dispose of unneeded medication.

6.8 If the headteacher is unable to agree the request to administer medication then the parents should be informed in writing. If a refusal is made then a reason should be given.

6.9 Analgesics should not generally be administered. **On no account should aspirin, or preparations containing aspirin, be given to pupils.** Pupils should be reminded from time to time that they should not bring their own pain-relieving medicine onto school premises.

6.10 Calpol may only be administered on a school journey with the express permission of the parent and all the relevant information in this document is followed.

6.11 All medicines, except EpiPens/AnaPens and Asthma Inhalers, should be in a secure area (such as medical room or staff room) and never in a first aid container. All staff should be familiar with the procedures for quick access in the event of an emergency. There are different procedures for Asthma, see 7.2. EpiPens/AnaPens should be kept in an accessible but safe area in a visibly marked container, which has consent and Health Care Plan with EpiPen/AnaPen.

6.12 Insulin and some other medicines need to be refrigerated. Medicines kept in a food refrigerator should be kept in an air tight container and clearly labelled. The school should restrict access to a refrigerator holding medicines.

6.13 Staff should be provided, where appropriate, with personal protective equipment e.g. gloves to safeguard their health and safety.

6.14 Adequate provision should be made, where appropriate, for the disposal of clinical waste.



6.15 Adrenaline - this should be given in the form of an EpiPen or AnaPen following training from the School Nurse. See Anaphylactic Shock at 7.1

7 Chronic illness or long-term health problems

7.1 Anaphylactic Shock - Arrangements for Adrenaline.

7.1.1 It is appreciated that some staff may feel particular concern about giving an injection. For this reason The Richmond Primary Care Trust recommends the use of prescribed EpiPens/AnaPens which avoids most of the anxieties associated with syringes.

7.1.2 Staff may be further reassured in the knowledge that the volunteer is highly unlikely to overdose the child but if the EpiPen is not administered it could result in a child's death. **Further information should be sought from Guidelines for the Management of Anaphylaxis and Severe Allergic Reaction in School**

7.2 Asthma

Asthma inhalers should be carried by the child, where at all possible, provided the parent and school have reached an agreement as part of a Healthcare plan. The inhaler should be clearly marked with the child's name and should be taken on all visits and journeys. Where a child carries their own inhaler a spare one may need to be kept at a central point in the event of an emergency.

7.3 Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood glucose (sugar) levels. About one in 700 school age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly. Each pupil may experience different symptoms and this should be discussed when drawing up the Health Care Plan. **Further information should be sought from Guidelines for the Management of Diabetes in School.**

7.4 Epilepsy

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around one in 100 children in the UK has epilepsy and about 80% of them attend mainstream schools. Parents may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so and will ensure that both the pupil and school staff are given adequate support. Not all pupils with epilepsy experience major seizures. As there are over 40 types of epilepsy it is essential that a health care plan is drawn up. Parents should inform the school about the type and duration of the seizures their child has, so that appropriate safety measures can be identified and put in place. **Further information may be sought from Guidelines for the Management of Epilepsy in School.**



APPENDIX D (PART OF ACTION PLAN FORM; BUT ALSO USED SEPARATELY)

CONSENT FORM

CHILD MEDICATION REQUEST

PLEASE PRINT & USE BLACK OR BLUE PEN

PRIVATE &

CONFIDENTIAL

Child's Name:		Child's class:	
Parent's surname if different:		Home telephone:	
Home address:			
Emergency contact names and telephone numbers:	1.	2.	3.
Doctor's Name:			
Doctor's Address & phone number			
Nature of condition or illness:			

I agree to members of staff administering medicines that have been supplied / or providing treatment or care to my child as directed below	Name in print: Parent/ legal guardian with parental responsibilities
I agree to update information about my child's medical needs, held by the school, on a regular basis	Sign :
I will ensure that the medicine held by the school has not exceeded its expiry date.	Date:
Procedures to be taken in an emergency:	

Name of medicine	Dose & instrument for administering dose Eg. Volumatic, EpiPen/AnaPen	Frequency/ Times	Completion date of course of medicines if known	Expiry date of medicine

Special instructions/medicines taken at home/ allergies	
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