



# **Manual for Principals and Governors**

## **Administering medication**

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## PROCEDURE OVERVIEW

### DETAILS

<b>TITLE</b>	Administering Medication
<b>TARGET AUDIENCE</b>	Parents/Guardians, School Stakeholders, Staff
<b>REVIEW DATE</b>	Oct 21
<b>REVIEW LEAD</b>	Mrs C Allen
<b>PERSONNEL INVOLVED IN THE REVIEW OF THIS PROCEDURE:</b>	Senior Leadership Team
<b>PROCEDURE PRESENTED TO THE BOARD OF GOVERNORS ON:</b>	7 December 2021
<b>PROCEDURE RATIFIED BY THE BOARD OF GOVERNORS ON:</b>	7 December 2021
<b>EFFECTIVE FROM:</b>	8 December 2021
<b>REVIEW FREQUENCY:</b>	Every three years (minimum)
<b>REVIEWED ON:</b>	
<b>PRINCIPAL</b>	Miss G J Evans
<b>CHAIR OF BOARD OF GOVERNORS</b>	Mrs L Dripps

This procedure has been reviewed to include reference to the remit of the Northern Ireland Public Services Ombudsman (NIPSO) in investigating complaints from members of the public in relation to maladministration in publicly-funded schools.

### RECORD OF PROCEDURE AMENDMENTS

The following table outlines any significant changes/amendments made to this procedure since it was ratified by the Board of Governors on:

<b>DATE OF REVIEW OR AMENDMENT</b>	<b>SUMMARY OF CHANGED / AMENDMENTS TO PROCEDURE</b>	<b>AMENDED BY</b>

## 1. 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.

## 2. Responsibility 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 school may agree to assist a child with medical needs.

The employer 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 of the employer/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. Pupils in the Learning Support Centre may require assistance when medication has to be administered and this is noted in Appendix 1.

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

## 3. Short term medication

There are times when pupils request painkillers at school including aspirin and paracetamol. School staff **should 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. For this parents/guardians should submit AM2 form, available from the school Reception (Form 2 in Appendix).

A member of staff should supervise the taking of the medication and notify the parent on the day the painkillers are taken via Parent App message.

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.*

#### 4. Long term medical needs - prescribed medication

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. **(Form1: Pupil's Health Care Plan)**.

#### 5. Pupil's health care plan

When a parent requests medication to be administered to a pupil at school, the school should 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 pupils condition and requirements must be made available to the school **(Form 2: Request by Parent for School to Administer Medication)**;
- the school must decide on the way in which the school will meet the pupils requirements **(Form 3: 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 school must ensure that a sufficient number of staff are trained in order to cover absences **(Form 4: Staff Training Record)**;
- two members of staff are always present when administering medication which could expose staff to allegations of assault or sexual abuse, e.g. administering rectal Diazepam;
- train staff on how to call emergency services.

#### 6. 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 **(Form 5: Emergency Planning)**.

## 7. Storage of medication

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

Schools must 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.

## 8. School trips

Sometimes the school 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](http://www.deni.gov.uk/educational_visits_2009.pdf)

## 9. School transport

The employer 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.

Further information, useful contacts and helplines can be found in the DENI booklet *“Supporting Pupils with Medication Needs”*

Website: [http://www.deni.gov.uk/support\\_with\\_medical\\_needs.pdf](http://www.deni.gov.uk/support_with_medical_needs.pdf)

## **Appendices**

- Form 1      Healthcare Plan for a Pupil with Medical Needs**
- Form 2      AM2 Request by Parent for School to administer medication**
- Form 3      School's agreement to administer medication**
- Form 4      Staff training record-administration of medical treatment (not required for medications which are self-administered by pupil)**
- Form 5      Emergency planning – request for an ambulance (copy to be stored in First Aid bag)**
- Form 6      Record of medication administered**
- Form 7      Learning Support Centre addendum**

You may copy this form for record purposes

**Form 1** Care plans received from Healthcare Agency in advance of admission OR upon diagnosis.

**Healthcare Plan for a Pupil with Medical Needs**

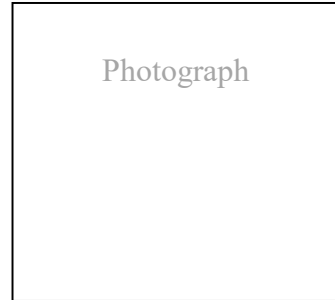
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Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Condition \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Class/Form

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Review Date \_\_\_\_\_

Name of School

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information**

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**Family Contact 1** Name

\_\_\_\_\_

Phone No. (work) \_\_\_\_\_ (home) \_\_\_\_\_

Relationship

\_\_\_\_\_

**Family Contact 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 2      AM2 Form held in school Reception; available upon request for occasional pain relief or other minor ailments.**

**Request by Parent for School to administer medication**

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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**

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Surname:

---

Forename(s)

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Address:

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M/F: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class/Form: \_\_\_\_\_

Condition or illness:

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**Medication**

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

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For how long will your child take this medication:

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---

Date dispensed: \_\_\_\_\_

Full direction for use:

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Dosage and method:

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Timing: \_\_\_\_\_

Special precautions:

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Side effects:

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Self-administration:

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Procedures to take in an Emergency:

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**Contact Details**

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Name:

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Daytime Telephone No:

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Relationship to Pupil:

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Address:

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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:

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**You may copy this form for record purposes**

**Form 3**

**When using AM2 this form will not be necessary. Parent App message sent when medicine is administered.**

**School's agreement to administer medication**

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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 - NOT REQUIRED FOR MEDICATIONS WHICH ARE SELF-ADMINISTERED BY PUPIL**

**Staff training record-administration of medical treatment**

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**Example of form for recording medical training for staff**

Name:

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Type of training received:

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Date training completed:

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Training provided by:

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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:

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*You may copy this form for record purposes*

## **Form 5**

### **Emergency Planning**

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**Request for an Ambulance to:      COOKSTOWN HIGH SCHOOL**

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

1. School telephone number      **028 8687 63620**

2. School name, address and postcode

**COOKSTOWN HIGH SCHOOL, Molesworth Street, BT80 8PQ**

3. Give exact location in the school (insert brief description)

**Indoor/Outdoor/Pitch/Playground/Car park/Building**

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

## Form 6

### Medications Addendum for Learning Support Centre

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Administering Medication forms completed by parents and held in the LSC for both long term and short term medication.

Long term medication for pupils with for example, ADHD - classroom assistant administers medication.

Short term medication for example paracetamol - classroom assistant administers medication. Phone call is always made to check if prior medication has been given at home.

All medication given is always recorded.

All medication is clearly named, in boxes, and stored in a locked cupboard.

