

## GUIDANCE ON THE ADMINISTRATION OF MEDICINES IN SCHOOLS IMPLEMENTING BEST PRACTICE

### INTRODUCTION

There has been an increasing concern in recent years with regard to the extent to which teachers should become involved in the administration of various forms of medication to pupils. While teachers in schools act “*in loco parentis*” there is no obligation on teachers to administer medicines, or to supervise children taking them.

The purpose of this INTO guidance is to highlight the problems caused when a child requires prescribed medication during the school day. In addition, the advice aims to give clear guidance to INTO members about situations where it is not appropriate for them to administer medicines to pupils and to indicate the limit of any requirements, which may be made of teachers. Particular considerations arise with non-prescribed medication e.g. cough remedies, simple analgesics, herbal or homeopathic remedies

Many children are required to take some form of medication during the school day. The responsibility for the management of medication to children is a parental one. Teaching staff may be asked to perform this task. **They may not however be directed to do so.**

Recent legislation has recognized that children have the right to take responsibility about their welfare. The right to expect access to inhalers whilst at school has also been stated.

The Department of Health, Social Services and Public Safety has advised purchasers and providers of health care to arrange for school health staff to assist where children require medication in school by:

- Providing information about the child’s condition and need for medication;
- Advising on assisting administration of medicines;
- Training staff involved.

Teachers will always be prepared to help when an accident or emergency occurs, where for example, a child has a serious accident or injury and parents need to be contacted or an ambulance called. This leaflet does not seek to clarify the responsibilities of school staff in such circumstances, but recommends that procedures to deal with emergency situations are clear and made known to all staff and parents.

### RESPONSIBILITIES

The administration of medicines to children is a **parental responsibility**, although older children have the right to be responsible for their own welfare. If it is necessary for a medicine to be taken during the school day then the parents should make arrangements for it to be given either by **themselves or by representatives**. If the school agrees to undertake the role of “**representative**” then it is expected that parents will provide a **written**

**request** detailing all valid information and confirming that they will indemnify the school in respect of the administration of any medicine. If parental instructions are changed these must be given in writing. **Verbal instructions should not be accepted.**

In respect of children with chronic medical conditions such as asthma, epilepsy, diabetes and anaphylaxis, proper and clearly understood arrangements should be set in place. Parents should be encouraged to provide maximum support and assistance in helping the school accommodate the pupil's medical requirements. This would include measures such as self-administration (where necessary and only after approval from a GP), or under parental supervision.

Medicines should be provided in an original dispensed container specifically for school use with the following information on the label:

- Name and strength of medicine;
- Dose;
- Time of administration e.g. lunch, between 12 noon -1 pm;
- Length of treatment / stop date where appropriate;
- Expiry date whenever possible;
- Possible side effects.

The medicine should have been dispensed within the last three months. GPs should be asked to give consideration to arranging times for medication that do not coincide with school time.

## **TEACHING STAFF**

School staff should not be required to administer medicines in school. Principals may suggest that prescribed medication may be administered or allow supervision of self-administration to avoid children losing teaching time by missing school. Each request should be considered on individual merit. **Teaching staff have the right to refuse to be involved.**

Teachers have a professional duty to safeguard the health and safety of pupils when they are authorised to be on school premises and when they are engaged in authorised school activities elsewhere. This, however, does not imply a duty upon teachers to personally undertake the administration of medicines. **It is vital that teachers do not take responsibility for administration of any medication which, if administered incorrectly or for another reason, could have a damaging effect on the health of a child.**

It is important that teaching staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situation that may arise. Regular training relating to medication and relevant medical conditions is essential.

## **AREAS OF CONCERN**

### **Storage**

Whenever possible children in secondary schools should be allowed to be in charge of their own medication, either keeping it securely on themselves or in lockable facilities. This should also be encouraged in primary schools depending on the child's capabilities, parental and school consent. Otherwise medicines should be stored in a locked cupboard, preferably in a cool place, but allowing for ease of access for the child. Inhalers should be accessible

throughout the day. Each inhaler must be labelled with the child's full name and directions for use. A spare inhaler should be provided by the parent for storage in the school. The responsibility to voluntarily store medicines should be restricted to those that are personally prescribed by a registered medical practitioner for the individual pupil's usage.

Items requiring refrigeration may be kept in a clearly labelled closed container in a food refrigerator.

## **EMERGENCY SITUATIONS**

In emergency situations teachers should do no more than is obviously necessary and appropriate to relieve extreme distress or prevent further injury and otherwise irreparable harm. Qualified medical assistance and treatment should be obtained in emergencies at the earliest opportunity.

Where teachers have voluntarily agreed to give medicine in cases of emergency, e.g., adrenalin in the case of anaphylaxis, this medication should be the smallest dose possible to ensure recovery until a medical practitioner can take over. At no time should an emergency dose be such that it could harm the child if administered inappropriately. This should be confirmed in writing from the child's GP. Injection needles should not be held on school premises if at all possible. Epipen type injections should be used.

## **OUT-OF-SCHOOL ACTIVITIES**

### **School trips**

Medication required during a school trip should be carried on the child if this is normal practice. **If not, a member of staff may volunteer but cannot be directed to carry the medicine. Where there is no voluntary agreement the parent or nominated carer may be requested to be present.** Parents should inform staff in writing if their child requires a travel sickness remedy. This should be carried by the child whenever possible.

### **Clubs / Sports events**

Often a different member of staff is in charge of clubs and sports events to the usual staff member responsible for the supervision or administration of a child's medication. It is essential to inform all staff members of the need for medication and what to do should a medical emergency occur. The accessibility of medication, particularly for use in an emergency, may need to be reviewed.

### **Travel to and from School**

If a child travels to and from school by school transport then it may be appropriate to consider who should keep the medication especially that required in emergencies. Choices include: a) the child, b) a staff member (if available) or c) the driver. It is best to ensure that the responsible person is one who, if required, is in a position to administer emergency medication.

## **INHALER USE**

Generally inhalers are unlikely to be misused either by the child itself or by others. The need for a child to have ready access to their inhaler should over-ride any concerns about misuse. Where there is no consent for the child to carry medication inhalers must be readily available at all times, including prior to, and during exercise.

## **SIMPLE ANALGESIA**

If a school has a policy to keep simple analgesics e.g. paracetamol, permission to administer a dose for headaches not related to head injury, toothache or dysmenorrhoea should be covered by parental consent forms completed when the child joins the school. **A child under 12 years should never be given aspirin.**

Migraine sufferers, particularly older 'juniors' or secondary pupils, could be allowed to carry small quantities of medication. The school should be advised of this matter.

## **NON-PRESCRIBED MEDICATION**

As the variety of medication available for purchase 'over the counter' increases so does the amount of self-diagnosis and treatment. Alternative therapies such as homeopathic or herbal remedies are becoming more popular and may require several treatments during the day. Other non-prescribed medicines may include cough and cold remedies, simple analgesics, antihistamines and hay fever preparations.

Principals and governors should consider carefully whether or not the custody and administration of non-prescribed medicines should be accepted.

## **EMERGENCY MEDICATION**

### **General Considerations**

This type of medication must be readily accessible in an emergency when time is of the essence. A copy of the consent form should be kept with the medication and should include clear, precise details of the action to be taken.

There should be specific guidance on:

- Where medication is to be stored;
- Who should collect it in an emergency;
- Who should stay with the child;
- Supervision of other pupils nearby;
- Supporting pupils witnessing the event;
- Arranging for an ambulance / medical support.

**INTO recommends that specific specialised training** is required for those staff prepared to act in emergency situations. This training should be undertaken at least **annually and should be facilitated by a recognised provider of such training, e.g Health and social Services Trust.**

Problems can occur out of school and it is important to consider what action should be taken if an emergency situation arises.

A number of specific medications are dealt with in the appendix to this guide.

## **RECORD KEEPING**

### **Parental Consent**

A parental consent form must be available that is completed each time there is a request for medication to be administered. This form must detail all valid information as follows:

- Child's name;
- Reason for the request;
- Clear, concise dosage instructions;
- Duration of medication e.g. 5 days, continuous;
- Emergency contact name.

### **Administration Records**

A record should be kept of the full name of the pupil, the name of the medicine, the date received by the school and the quantity received.

If teaching staff take responsibility for the administration of a medicine then a record should be kept that includes the name of the pupil, the name of the medicine, the time of administration and the person responsible for the administration.

Reasons for any non-administration of regular medication should be recorded and parents informed as soon as possible. A child should never be forced to accept a medicine.

Changes to instructions should only be accepted when received in writing. **Verbal messages should not be accepted.**

Where a child is self-administering there should be a written request which states whether or not the self-administering needs to be supervised. If it is supervised then a record should be kept as above.

### **Return of Medication**

There should be a **written procedure** covering the return or disposal of a medicine.

Medication should be returned to the child's parents whenever:

- The course of treatment is complete;
- Labels become detached or unreadable (N.B. Special care should be taken to ensure that the medicine is returned to the appropriate parents);
- Instructions are changed;
- The expiry date has been reached;
- End of term.

All medication returned, even empty bottles, should be recorded. If it is not possible to return a medicine to the parent then it should be taken to a community pharmacy for disposal.

Parents also remain responsible for ensuring that the school has adequate supplies of the medication and renewing any medication for chronic conditions.

No medicine should be disposed of into the sewerage system or in the refuse. Current waste disposal regulations make this practice illegal.

## **RECOMMENDATIONS**

### **INTO advises and recommends: that:**

- Teachers do not personally take responsibility for the administration of medicines.
- Teachers who are prepared to administer medicines should only do so under strictly controlled guidelines and with the full support of their principal and Governors and written parental authority and consent. They should also be fully trained in both the administration of the medicine and any emergency procedures that are appropriate.
- Each school should have a policy on the administration of medicines, which should have been agreed with INTO.
- Guidance on the administration of medicines prepared by the CCMS, ELBs and Department of Education should be made available to all teaching staff.
- Principals should also refuse to accept responsibility for the administration of medicine where:
  - The timing of the medicine is critical to the health of the child;
  - Some specialist technical or medical knowledge is required;
  - Intimate contact with the pupils is necessary.
- Teaching staff should be informed of any serious or chronic medical conditions affecting pupils in their charge. They should also be advised of emergency procedures applicable to these children.
- Teachers cannot be instructed to administer medicine to a pupil.

## **APPENDICES**

### **Adrenaline**

This is best carried by the child with a spare dose / kit stored in the school. There must be clear written, dated instructions with regard to dose, frequency and further action to be taken. This should be kept with the medication, with a spare copy kept by the school. Parents should be asked to ensure that dosage requirements are regularly updated and new, dated instructions issued to the school when necessary.

### **Rectal Diazepam**

If a school agrees to a request that rectal diazepam is administered in an emergency then named staff should receive training in its use from the community nursing service and a record of the training kept. This training should be updated each year. There should always be two members of staff present when the medicine is given (preferably one of the same gender as the pupil), to guard against possible allegations of abuse.

### **Glucose**

Children with diabetes should be encouraged to keep to their diets. Glucose, in the form of sweets, drinks or food should be readily available to treat hypoglycaemia. If blood glucose monitoring is necessary then a clean private area should be made available.

**INTO members who require further support and information should contact their Northern Committee or CEC representative or the Northern office on 028 9038 1455.**

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