

# **Managing Medicines in Early Years' Settings and Schools (Draft)**

**Children and Young People's Services**

**July 2006**



# CONTENTS

	<b>Page No</b>
1.0 Introduction	4
2.0 Meeting Health Care Needs in Schools: Who is responsible?	5
3.0 Individual Health Care Plans	8
4.0 Process Charts – Following concern about a child's health or following absence as a result of ill health	9
5.0 Risk Assessment	11
6.0 How medication comes into schools	11
7.0 Storage and Access	12
8.0 Administration	12
9.0 Non-prescribed medication or alternative remedies	13
10.0 Prescribed Medication	13
11.0 Record keeping	13

12.0	School Trips/Educational Visits	14
13.0	Confidentiality	14
14.0	Emergency Procedures	14
15.0	Disposal of out of date/unnecessary medication	15
16.0	Disposal of medical and routine waste	15
	Annex A: Forms	16
	Annex B: Related Documents	29
	Annex C: Useful Contacts	32

## 1.0 INTRODUCTION

- 1.1 Medical needs and conditions can present a significant barrier to participation and achievement and this policy is designed to help schools and other professionals identify and address those barriers and contribute to the promotion of Inclusion and the well being of children and young people.
- 1.2 This guidance is provided to help schools, in conjunction with other professionals where appropriate, to establish and implement policies for managing the use of medication and the implementation of medical care in schools. It is also designed to establish effective management systems in order to support individual pupils with medical needs.
- 1.3 This guidance has been developed in order to encourage early years' settings and schools to: -
- Review their current policies and procedures involving children with medical needs in order to make sure that everyone, including parents, is clear about their respective roles;
  - Put in place effective management systems to help support individual children with medical needs;
  - Make sure that within early years' and school settings medicines are handled responsibly;
  - Help ensure that all school staff are clear about what to do in the event of a medical emergency.
- 1.4 This policy should be read in conjunction with DfEE/DoH publication "Managing Medicines in Schools and Early Years Settings" (which can be downloaded from [www.teachernet.gov.uk/medical](http://www.teachernet.gov.uk/medical)) and the related documents listed in Annex C.
- 1.5 This policy highlights the fact that any pupil with significant medical needs must have an Individual Health Care Plan. (Please see Annex A, Form 2).
- 1.6 Where children/young people have significant learning difficulties in addition to medical needs, a multi-agency individual care plan will be drawn up when children first enter a setting or school to which parents/carers, health professionals, social care and local authority officers will all contribute. This care plan will consider a pupil's needs across the whole school day to identify and overcome barriers that prevent full access to the curriculum. Such care plans will be needed by a very small number of pupils.
- 1.7 In addition to the initial multi-agency care plan for pupils with both medical needs and learning difficulties, a Health Action Plan will be drawn up as part of the young person's transition plan arrangements in Year 9. This Health Action Plan will form part of the planning needed to transfer the young person to Adult Services after they leave school.
- 1.8 The authority will consult with colleagues in Health in addition to schools and early years' settings to make sure this local guidance provides a useful and workable framework within which good practice can be established and developed.

## **2.0 MEETING HEALTH CARE NEEDS IN SCHOOLS: WHO IS RESPONSIBLE?**

2.1 It is important that responsibility for pupils' safety is clearly defined and that each person involved with a pupil with medical needs is aware of what is expected of them. Close co-operation between schools, parents, health professionals and other agencies is crucial in order to help provide a suitably supportive environment for pupils with medical needs to enable them to participate fully in school activities.

### **2.2 Parents and Guardians:**

- must provide current contact details;
- are responsible for making sure that their child attends school when well enough to do so;
- should provide the school with sufficient information about their child's health care needs, special dietary requirements and treatment;
- should collaborate with health professionals and the school to enable an individual health care plan to be drawn up;
- must ensure that any required medication is available in school with its original pharmacy label;
- must ensure that medication is not brought into school via the child unless previously agreed with the headteacher. In making this decision, headteachers will need to take account of the nature of the medication and the capability of the child. Advice for headteachers is available via the school nurse;
- must provide written consent to medication being given by school staff.

### **2.3 Primary Care Trust (PCT):**

#### 2.3.1 The PCT

- Has a responsibility to address the standards set out in the National Service Framework;
- Has a statutory duty to commission services to meet the health needs of their local population;
- Will provide a comprehensive Children's Service including a School Health Service;
- Will provide support, training and guidance as appropriate.
- Should collaborate with the LA and schools to determine need, plan and co-ordinate effective local provision within the resources available.

#### 2.3.2 The School Health Service:

- should provide a named school nurse for each school;
- should provide advice, guidance and support re. medical/health issues for children, parents, school staff and local authorities;
- should be involved with the drawing up of a child's individual health care plan;
- should provide appropriate training;
- should provide general health promotion advice via classroom delivery and other methods as required.

#### 2.3.3 The Community Child Health Service:

- will carry out medical assessments as part of the Statutory Assessment and Review processes for pupils with special educational needs;
- may be a point of referral for school nurses, with parents' consent, if medical opinion is required;
- may provide medical advice and guidance to the LA when requested.

#### 2.3.4 The General Practitioner (GP):

- may be involved as part of the Primary Health Care Team. Whilst parents are encouraged to register their child with a GP as soon as possible and seek information and advice from them, in most circumstances it will be more practical for schools to seek information and advice from the School Health Service rather than the GP.

#### 2.3.5 Other Health Professionals:

- may also be involved in the care of pupils with health care needs in schools, eg physiotherapist, occupational therapist, speech and language therapist, specialist nurse. These professionals should be involved in drawing up Individual Health Care Plans where appropriate.

### 2.4 The Local Authority:

2.4.1 As the employer of staff in schools, the LA is responsible under the Health and Safety at Work Act 1974, for all health and safety matters relating to both employees and others who may be affected by their activities. This will include making sure that a school has a Health and Safety Policy. It will also include procedures for supporting pupils with health care needs, including managing medication. The LA and PCT will work together in ensuring that staff who are willing to administer medicines to pupils have received the appropriate level of training. In many instances, it will be the school nurse who will provide the training. The LA/school should be satisfied that any training has given the staff sufficient understanding, confidence and expertise. The health care professional should confirm competency in medical procedures. It will also be necessary to develop a programme of refresher courses to ensure that competencies remain current.

Where members of school staff are prepared to administer medicine to pupils, they will be undertaking this task in the course of their employment. This means that in the event of legal action over an allegation of negligence by the member of staff, providing procedures have been followed, the employer (ie the LA) is likely to be held responsible if that negligence is proved. Keeping accurate records in the school is, therefore, essential in all cases.

### 2.5 Schools:

#### 2.5.1 The Headteacher:

Day to day decisions about health care needs and administering medication will normally fall to the headteacher or designated responsible person who should: -

- ensure staff who help pupils with their health care needs (including administration of medication) receive proper support and training where necessary;
- make sure that all parents are aware of the school's policy and procedures for dealing with health care needs;
- consult with the relevant health professional regarding decisions relating to the attendance of pupils with communicable diseases or follow the guidelines obtainable from [www.wiredforhealth.gov.uk](http://www.wiredforhealth.gov.uk);
- be responsible for developing and implementing the school medical policy and for developing detailed administrative procedures for meeting the health care needs of pupils. This must include thorough documentation of any medication that is administered to a pupil;
- ensure appropriate safe storage is available for medication;
- ensure that emergency medication such as asthma inhalers or epipens are immediately accessible;
- agree with the parents exactly what support the school can provide for a child with health care needs. Where there is a concern about whether the school is able to meet a pupil's needs, or where the parent's expectations appear unreasonable, the headteacher can seek advice from the school nurse or other medical adviser and, if appropriate, the LA through the Head of the Access and Inclusion Team. It is likely that staff who volunteer to care for complex health care needs will need special training;
- consult with the School Catering Service regarding any special dietary requirement resulting from a medical condition as identified in the Individual Health Care Plan.
- inform staff about the provision for indemnity against legal liability made for all staff who volunteer to administer medication.

#### 2.5.2 Teachers and Other School Staff:

- have a duty of care to all pupils;
- are expected to use their best endeavours and should particularly be made aware of appropriate actions in an emergency situation. These may be different for each child and should be communicated to all staff that may have contact with him/her.
- should have appropriate training and guidance if they volunteer to administer medicines;
- should contribute to risk assessments as appropriate.

#### 2.5.3 Children and Young People:

- should be involved as appropriate in the drawing up of their own Individual Health Care Plan;
- should not be responsible for the transportation of their medication unless previously agreed between the parent and the headteacher/responsible person;
- should, if responsible for transporting medication, hand it directly to a member of school staff for safe storage;
- make themselves available as required to take their medication;
- Inform a member of staff if feeling unwell.

#### 2.6 Voluntary Organisations:

Many voluntary organisations specialising in particular medical conditions provide advice on good practice or produce school packs advising teachers on how to support pupils. Some of these are identified in Annex C.

### **3.0 INDIVIDUAL HEALTH CARE PLANS**

- 3.1 The main purpose of an Individual Health Care Plan (IHCP) for a pupil with medical needs is to identify what intervention and support is required in school. It clarifies for staff, parents and the pupil anything that the school can expect to provide and receive. In this way, the needs of each pupil can be addressed individually.
- 3.2 The school's Medical Policy must be applied in all cases. School staff must not make judgements regarding medication and should follow the directions on the medication label.
- 3.3 Contributions to an Individual Health Care Plan may include as appropriate: -
- Headteacher;
  - Parent/Guardian;
  - Pupil as appropriate
  - SENCO
  - Class/Form Teacher/Head of Year
  - Non-teaching/Support Staff
  - School Nurse, Health Care Professionals and other professionals eg Social Worker.
- 3.4 The Plan should include how frequently and by whom the plan should be reviewed. This should be at least once a year, although this may be more frequently if appropriately, for instance if changes occur in the pupil's condition.
- 3.5 An Individual Health Care Plan may identify additional training and/or information required by staff. The school nurse is well placed to either provide or co-ordinate such training. The school nurse should be available for advice, support and co-ordination of care in relation to children and medical needs.
- 3.6 All staff should treat medical information confidentially. The extent to which information can be shared across agencies, for the benefit of the child should be agreed with the parent/ pupil (as appropriate).
- 3.7 Staff will not generally be held responsible if they give incorrect medical assistance when appropriate information has been withheld from the school.

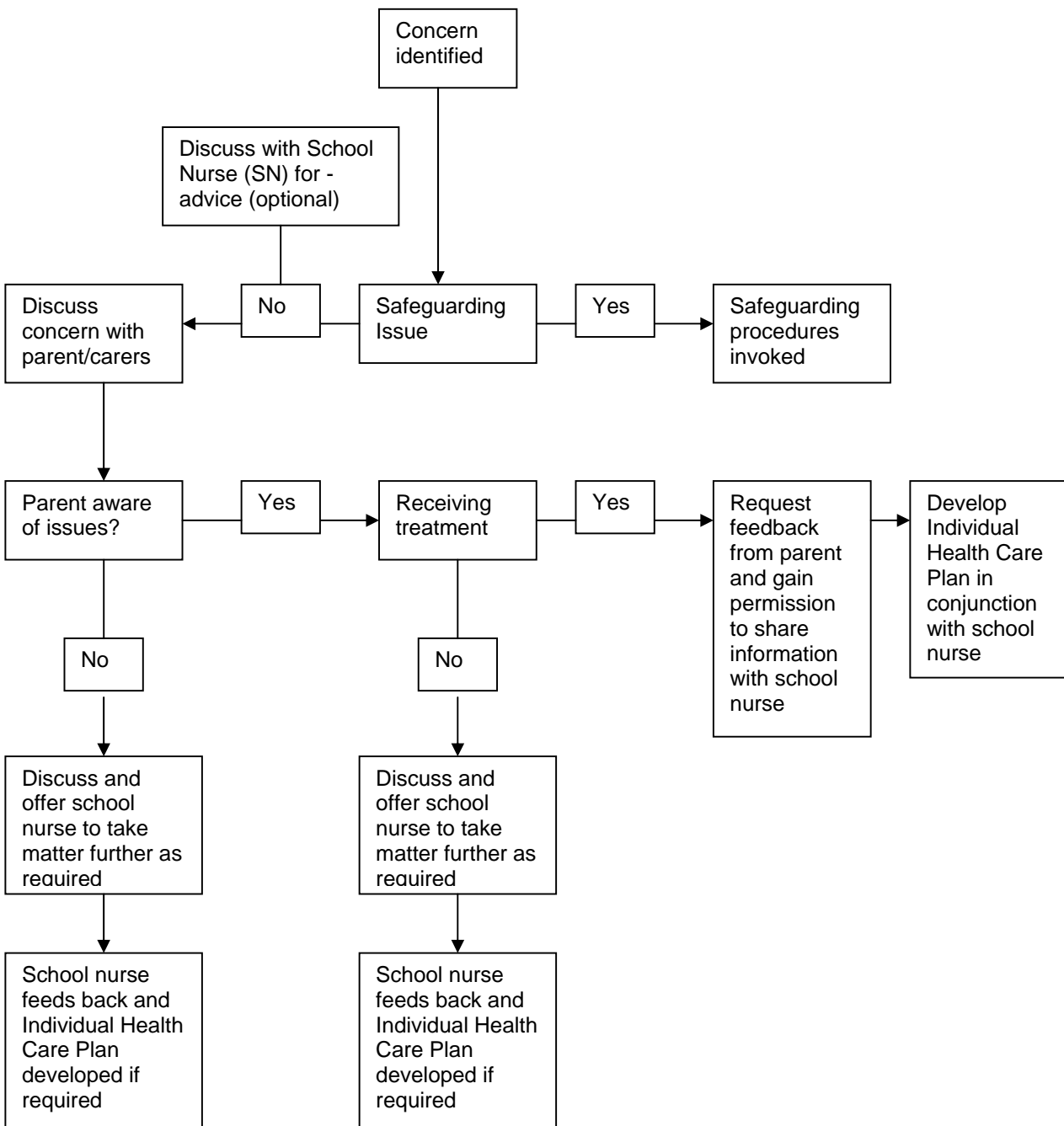
### **4.0 PROCESS CHARTS**

- 4.1 The following Process Charts provide a visual guide as to what action to take when either: -

- a) there is a concern about a child's health; or
- b) a child is ready to return to school following a period of absence as a result of ill health.

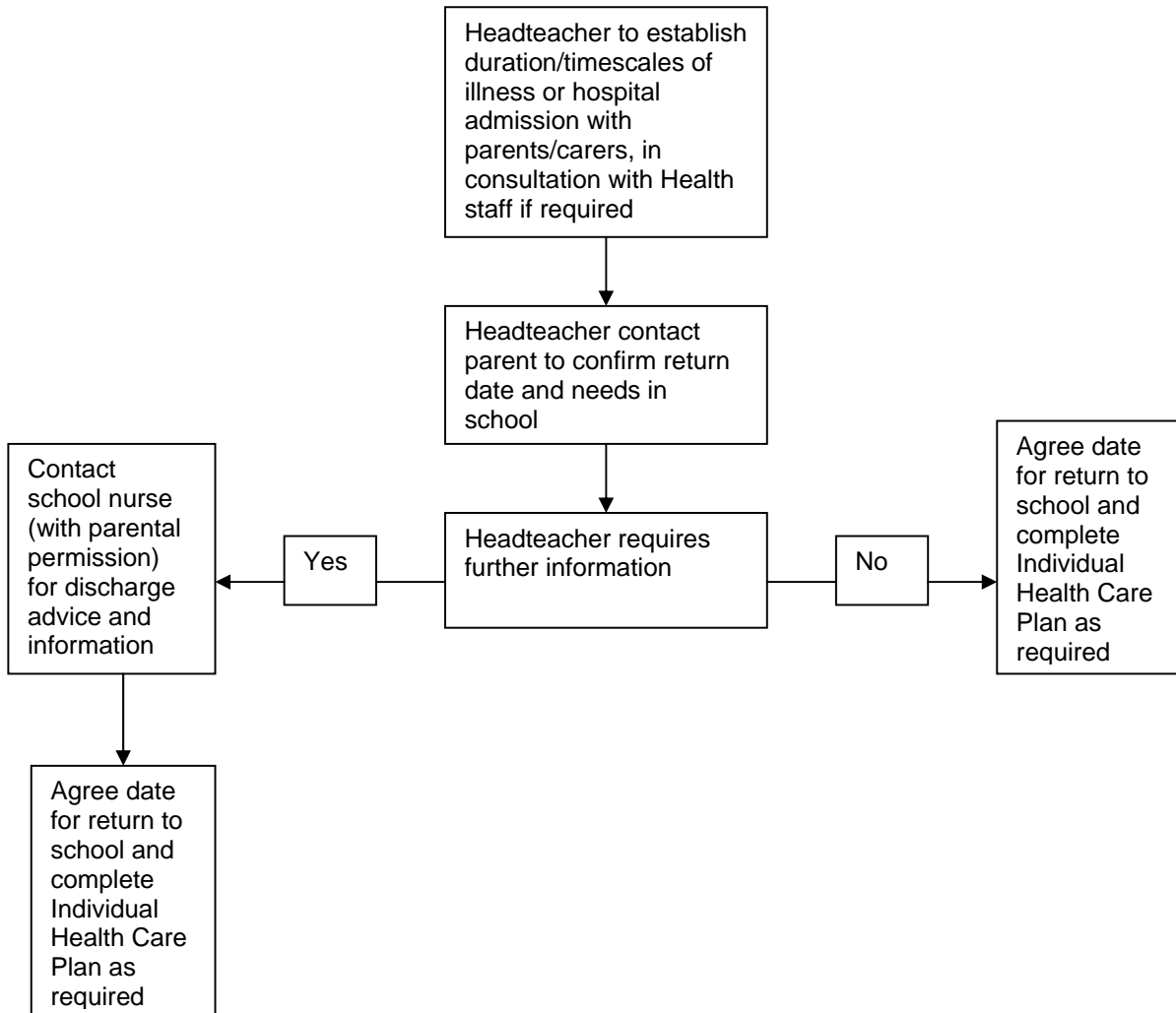
## 4.2 Process Chart 1

### What to do if you have a Health Concern about a Child



### 4.3 Process Chart 2

Process for a child Returning to School following illness or Hospital Admission



## **5.0 RISK ASSESSMENTS**

5.1 Risk assessments form the basis of effective management of any risks associated with medical needs and/or the administration of medication in schools. Risk assessments should cover the following areas in as much detail as necessary:

- the area of risk;
- the individual risks identified;
- the control measures to eliminate the risks;
- any recommendations.

5.2 All risk assessments should be signed by all staff concerned and dated to ensure everyone is well informed. Risk assessments should be reviewed regularly or immediately in the event of any changes in medication or the medical condition of the pupil.

## **6.0 HOW MEDICATION COMES INTO SCHOOL**

6.1 It is the responsibility of the parent/carer to ensure the school is aware of any significant medical needs of their child prior to admission. Parents/carers should bring their child's medication into school in the containers supplied by the pharmacist labelled with the pupil's name, the dosage instructions and the expiry date of the medication. If the medication is not labelled in this way, then it should not be administered and parents/carers should be contacted immediately to rectify this. Supplies of regular essential medication should be kept in school at all times and parents may need to obtain extra supplies to accommodate this. If pupils are transported into school with an escort provided by the LA, then it would be good practice for medication to be handed to the escort by the parent/carer. The escort should then ensure the medication is given to an appropriate member of staff on arrival at the school.

6.2 Parents/carers will need to sign an agreement form (see Annex A, Form 3) available from the school stating clearly the type of medication, dosage and timings. This should be kept with the medication. Parents/ carers need to know they have a responsibility to notify the school immediately of any change to their child's medication, dosage or timing. If new medication is brought into school with different dosage or times, a new consent form will need to be completed by the parent/carer.

Staff need to be clear about the school's procedures for the storage of medication.

6.3 If a pupil is prescribed medication on a medium or long term basis (ie more than one week), it is anticipated that parents/carers will request an additional set of the prescribed medication with printed advice from the pharmacist/GP and any other relevant information regarding administration of the medication, which will be passed to the appropriate member of staff.

6.4 Should a pupil be prescribed medication for less than one week and travel to school on LA arranged transport, parents/carers should contact the school and advise them that their child will require the administration of the medication and pass the medication,

along with printed advice from the pharmacist/GP and any other relevant information, to the escort or the driver (if no escort is employed on their child's route). The escort or driver should keep the medication in a safe place during the journey and on arrival at the school, pass the medication to an appropriate staff member. Forms 3 and 4 must also be completed.

- 6.5 Parents/carers of pupils prescribed medication for less than one week who do not travel on LA arranged transport, should contact school and advise them that their child will require the medication with printed advice from the pharmacist/GP and any other relevant information regarding administration of the medication, to an appropriate member of staff. Forms 3 and 4 must also be completed.

## **7.0 STORAGE AND ACCESS**

- 7.1 All medication should be stored safely, preferably in a secure place specifically designated for that purpose. This storage place should not be accessible to pupils and should preferably be in an area supervised by staff.
- 7.2 Care should be taken to store medication at the correct temperature. Some medication will need to be refrigerated. This can be kept in a refrigerator containing food, however it must be in an airtight container and clearly labelled.
- 7.3 If medication is kept in a locked cupboard all staff should know where to obtain the keys to the medicine cabinet in case of emergencies.
- 7.4 Emergency medication and regular daily medication should be carried in a safe manner by staff whenever the pupil is taken out of school e.g. on an educational visit. When medication is taken out of school it should be signed for, by the responsible member of staff and signed back in on return to school.
- 7.5 Each time medication is given to a pupil there must be a written record (see Annex A, Forms 5 and/or 6) signed by the member of staff who administered the medication. It is good practice to have a second member of staff witness the administration of medication.
- 7.6 Careful checks must be kept of expiry dates of all medication.
- 7.7 Some pupils will need immediate access to their own medication for conditions such as asthma and many schools allow pupils to carry their own inhalers dependent on their age and maturity.

## **8.0 ADMINISTRATION**

- 8.1 Headteachers are responsible for implementing the school's policy on medication and drawing up relevant procedures for staff to follow. Teachers and non-teaching staff do not have any obligation to administer medication. However, they can volunteer to undertake this duty, as long as they are appropriately trained. It is the responsibility of

the headteacher to arrange for appropriate training in different procedures. Alternatively, parents or carers may be invited to attend school at appropriate times to administer their child's medication. Some parents/carers may prefer to do this.

- 8.2 If staff follow the school's documented procedures they will normally be covered by their employer's liability insurance.
- 8.3 It is good practice to allow pupils, who are able to do so, to manage their own medication from a relatively early age, depending on their degree of maturity. This should be considered in agreement with parents/carers and written parental consent will be needed. Staff should supervise pupils who administer their own medication and the guidance for the storage of medication still needs to be followed.
- 8.4.1 If pupils refuse to take their medication, school staff should not force them to do so. Parents/carers should be informed immediately and if necessary, the school should call the emergency services.
- 8.5 If a pupil appears to have not taken his/her medication before arriving at school, staff should contact the parents/carers and ascertain whether this is the case. School staff cannot administer additional medication unless parents/carers confirm that their child has not had their home dosage.
- 8.6 Pupils who require regular medication should have an Individual Health Care Plan drawn up before they start school, in liaison with the school nursing staff.

## **9.0 NON-PRESCRIBED MEDICATION OR ALTERNATIVE REMEDIES**

- 9.1 Some pupils may occasionally benefit from receiving non-prescribed medication, or alternative remedies. However, these can only be given with the written permission of parents, requesting that school staff do this under particular circumstances. This medication also needs to be supplied by the parents/carers in a clearly labelled container and should be stored as other medicines.

## **10.0 PRESCRIBED MEDICATION**

- 10.1 Prescribed medication can only be given to the pupil if all the procedures above are completed. If a pupil has been prescribed short-term medication for an illness and the medication cannot be taken entirely outside of school, a consent form needs to be completed by parents/carers, provided the pupil is fit enough to return to school.
- 10.2 It is the responsibility of the parent/carer to collect and dispose of any unwanted/expired medications.

## **11.0 RECORD KEEPING**

- 11.1 Administration of medication in any school or educational setting requires careful record keeping for safety, for the protection of the pupil and for the protection of staff and the school.
- 11.2 Schools will need to keep records for the following: -
- Medication (prescribed and non-prescribed) administered or supervised (See Annex A, Forms 5 and/or 6);
  - Individual Health Care Plan (See Annex A, Form 2);
  - Notification from parents/carers giving consent regarding medication issued (See Annex A, Form 3).
  - Staff training records (See Annex A, Form 8).
- 11.3 It is recommended that all records referred to in this policy be kept for a period of 5 years after the pupils has left the school. Although there is no legal requirement for schools to keep records of medication given to pupils and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures.
- 11.4 Records concerning Individual Health Care Plans should be transferred with the child to subsequent schools throughout their school career.
- 11.5 Authorisation regarding medication should be sought by schools on entry to each subsequent school and records updated accordingly.

## **12.0 SCHOOL TRIPS/EDUCATIONAL VISITS**

- 12.1 Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures and should be appropriately trained. School should consult the LA Policy on educational visits ("Educational Trips and Visits Policy and Procedures"), which can be viewed at [http://boston/educ/schools/trips\\_visits.doc](http://boston/educ/schools/trips_visits.doc)

## **13.0 CONFIDENTIALITY**

- 13.1 Schools should endeavour to maintain confidentiality concerning the medical needs of pupils. However, in the interests of safety some medical information relating to a child's condition and treatment may need to be made available to all school staff. This will need to be discussed at the meeting convened to arrange an Individual Health Care Plan.

## **14.0 EMERGENCY PROCEDURES**

- 14.1 All staff should know how to call an ambulance in the event of a medical emergency arising and be aware of who is responsible for carrying out the appropriate emergency

procedures. If an ambulance is required, it should be summoned immediately, preferably while someone else administers any first aid procedures that may be required. To assist the ambulance service and avoid delay, the caller must give as much information as possible. Form 1 (Annex A) can be completed and kept beside all telephones, to enable relevant information to be passed on as quickly as possible.

- 14.2 Some schools, particularly primary schools, use a 'red card' system. In the event of a medical emergency, a red card can be taken to the office by a pupil to inform staff that an ambulance is required. Schools should develop their own systems, according to their own circumstances.
- 14.3 If emergency medication is given to a pupil to treat, for example, a severe allergic reaction (anaphylaxis), or a seizure, an ambulance may still need to be called. This should be specified in the pupil's Individual Health Care Plan.
- 14.4 A designated "First Aider" should carry out any emergency first aid procedures.
- 14.5 If a medical emergency arises, parents/carers should be informed as soon as possible.
- 14.6 A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent(s)/carer(s) arrives. Generally, staff should not take pupils to hospital in their own car. However, in an emergency, it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance.

## **15.0 DISPOSAL OF OUT OF DATE/UNNECESSARY MEDICATION**

- 15.1 Medication should be checked regularly for expiry dates. Any out of date medication or any which is not needed for the pupil any longer must be returned to the parents/guardians for the pupil.

## **16.0 DISPOSAL OF MEDICAL AND ROUTINE WASTE**

- 16.1 Medical Waste Including Sharps:

All medical/routine waste must be disposed of in a Clinical Waste Disposal Bag. It is recommended that schools/settings should enter into a contract with a reputable company for the provision of bins and collection of waste.

Sharps and associated hazardous waste, such as used epipens, should be placed in a Sharps Box. Such boxes, along with disposable polythene or latex gloves, can be purchased from YPO. The council procedure is that once the box is full, schools/settings should contact the Five Borough Partnership for safe disposal (Tel: 01942 826880).

Further information and advice can be obtained from The Children and Young People's Service (CYPS) Health and Safety Office (Tel: 01942 486022)

# Annex A: Forms

**Form 1:** Contacting Emergency Services

**Form 2:** Health Care Plan

**Form 3:** Parental agreement for school/setting to administer medicine

**Form 4:** Head teacher/Head of setting agreement to administer medicine

**Form 5:** Record of medicine administered to an individual child

**Form 6:** Record of medicines administered to all children

**Form 7:** Request for child to carry his/her own medicine

**Form 8:** Staff training record – administration of medicines

**Form 9:** Authorisation for the administration of rectal diazepam

These forms are examples that schools and settings may wish to use or adapt.

They are taken from the DfES/DoH Guidance “Managing Medicines in Schools and Early Years Settings” (DfES, 2005)

**The forms are downloadable as WORD documents from**

**[www.teachernet.gov.uk/medical](http://www.teachernet.gov.uk/medical)**

## FORM 1

### Contacting Emergency Services

#### Request for an Ambulance

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

1. Your telephone number
2. Give your location as follows (*insert school/setting address*)
3. State that the postcode is (*insert*)
4. Give exact location in the school/setting (*insert brief description*)
5. Give your name and role – *headteacher, teacher, admin officer etc.*
6. Give name of child and a brief description of child's symptoms
7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to where the child/young person is

**Speak clearly and slowly and be ready to repeat information if asked**

Put a completed copy of this form by the telephone

## FORM 2

### Health Care Plan

Name of School/Setting	
Child/Young Person's name	
Group/Class/Form	
Date of birth	
Address	
Medical diagnosis or condition	
Date	
Review date	

### Family Contact Information

Name	
Phone no	(Work)
	(Home)
	(Mobile)
Name	
Phone no	(Work)
	(Home)
	(Mobile)

### Clinic/Hospital Contact

Name	
Phone no	

### GP

Name	
Phone no	

## FORM 2

### Health Care Plan (Cont.)

Describe medical needs and give details of child's symptoms

--

Daily care requirements (*e.g. before sport/at lunchtime*)

--

Describe what constitutes an emergency for the child, and the action to take if this occurs

--

Follow up care

--

Who is responsible in an emergency (*state if different for off-site activities*)

--

Form copied to

--

## FORM 3

### Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form

Name of School/Setting	
Date	
Child/Young Person's name	
Group/Class/Form	
Medical condition or illness	
Name/type of medicine (as described on container)	
Expiry date	
Dosage (how much to give)	
When to be given	
Any other instructions	

**Note: Medicines must be in the original container as dispensed by the pharmacy**

#### Contact Details

Name	
Daytime telephone number	
Relationship to child/young person	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

**If more than one medicine is to be given a separate form should be completed for each one.**

## FORM 4

### Head teacher/Head of setting agreement to administer medicine

Name of School/Setting

It is agreed that

*[Name of child] [If form is to be completed as a paper copy, delete text in brackets before printing]*

will receive

*[quantity and name of medicine]*

every day at

*[time medicine to be administered]*

*[Name of child]*

will be supervised whilst he/she takes 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 Head teacher/Head of setting/named member of staff)*

**FORM 5**

**Record of medicine administered to an individual child/young person**

Name of School/Setting	
Child/Young Person's name	
Group/Class/Form	
Date medicine provided by parent	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	
Signature of parent	

Date	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____

*Continued over page*

## FORM 5

### Record of medicine administered to an individual child/young person (Cont.)

Date	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Date	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Date	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Date	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Date	_____	_____	_____
Time given	_____	_____	_____
Dose given	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____



## FORM 7

### Request for child/young person to carry his/her own medicine

This form must be completed by parents/guardian

**If staff have any concerns discuss this request with healthcare professionals**

Name of School/Setting

Child/Young Person's name

Group/Class/Form

Address

Name of Medicine

Procedures to be taken in an emergency


#### Contact Information

Name

Daytime phone number

Relationship to child/young person


I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*If more than one medicine is to be given a separate form should be completed for each one.*

## FORM 8

### Staff Training Record – administration of medicines

Name of School/Setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that *[name of member of staff]* has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated *[please state how often]*

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## FORM 9

### Authorisation for the administration of rectal diazepam

Name of School/Setting

Child/Young Person's Name

Date of Birth

Home Address

GP

Hospital Consultant


\_\_\_\_\_ should be given Rectal Diazepam \_\_\_\_\_ mg.

If he/she has a \*prolonged epileptic seizure lasting over \_\_\_\_\_ minutes

**OR**

\*serial seizures lasting over \_\_\_\_\_ minutes.

An Ambulance should be called for \*at the beginning of the seizure

**OR**

If the seizure has not resolved \*after \_\_\_\_\_ minutes.

(\*please delete as appropriate)

Doctor's signature \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

# Annex B:

## Related Documents

DfES unpriced documents can be ordered from DfES Publications, Tel: 0845 6022260.  
Email: [dfes@prolog.uk.com](mailto:dfes@prolog.uk.com) please quote the publication reference when ordering.

### Early Years Settings

*Disability Discrimination Act 1995 – Code of Practice – Rights of Access – Goods, Facilities, Services and Premises* (Disability Rights Commission, 2002). Price: £13.95  
Order: The Stationery Office Tel: 0870 600 5522  
DRC Code of Practice webpage: [www.drc-gb.org/the law/practice.asp](http://www.drc-gb.org/the law/practice.asp)

*Early Support Family Support Pack* and *Early Support Professional Guidance*  
(DfES, 2004). Ref: ESPP1. Website: [www.earlysupport.org.uk](http://www.earlysupport.org.uk)

*Including Me – Managing Complex Health Needs in Schools and Early Years Settings*  
(Council for Disabled Children, due for publication in summer 2005). Council for Disabled Children Tel: (020) 7843 1900.

*National standards for under 8s day care and childminding* – (DfES/DWP, 2003) –  
*Childminding* Ref: DfES/0649/2003.  
*Crèches* Ref: DfES/0650/2003.  
*Full day care* Ref: DfES/0651/2003.  
*Out of school care* Ref: DfES/0652/2003.  
*Sessional care* Ref: DfES/0653/2003.  
<http://www.surestart.gov.uk/improvingquality/ensuringquality/standardsregulation/>

### Schools

*Code of Practice for Schools – Disability Discrimination Act 1995: Part 4* (Disability Rights Commission, 2002). Ref: COPSH  
[www.drc-gb.org/thelaw/practice.asp](http://www.drc-gb.org/thelaw/practice.asp)  
Order: Disability Rights Commission Tel: 08457 622 633.

*Drugs: Guidance for Schools* (DfES, 2004)  
Ref: DfES/0092/2004  
[www.teachernet.gov.uk/drugs/](http://www.teachernet.gov.uk/drugs/)

*Guidance on First Aid for Schools: a good practice guide* (DfES, 1998)  
Ref: GFAS98. [www.teachernet.gov.uk/firstaid](http://www.teachernet.gov.uk/firstaid)

*Health and Safety: Responsibilities and Powers* (DfES, 2001)

Ref: DfES/0803/2001. [www.teachernet.gov.uk/responsibilities/](http://www.teachernet.gov.uk/responsibilities/)

*Health and Safety of Pupils on Education Visits: a good practice guide* (DfES, 1998)

Ref: HSPV. [www.teachernet.gov.uk/visits/](http://www.teachernet.gov.uk/visits/) Also three part supplement:

*Part 1 – Standards for LEAs in Overseeing Educational Visits* (DfES, 2002)

Ref: DfES/0564/2002;

*Part 2 – Standards for Adventure* (DfES, 2002) Ref: DfES/0565/2002;

*Part 3 – Handbook for Group Leaders* (DfES, 2002) Ref: DfES/0566/2002.

*Home to school travel for pupils requiring special arrangements* (DfES, 2004)

Ref: LEA/0261/2004

[www.teachernet.gov.uk/wholeschool/sen/sentransport/](http://www.teachernet.gov.uk/wholeschool/sen/sentransport/)

*Improving Attendance and Behaviour: Guidance on Exclusion from Schools and Pupil Referral Units* (DfES, 2004)

Ref: DfES/0354/2004

[www.teachernet.gov.uk/exclusion](http://www.teachernet.gov.uk/exclusion)

*Insurance – A guide for schools* (DfES, 2003)

Ref: DfES/0256/2003

[www.teachernet.gov.uk/management/atoz/i/insurance/index.cfm?code=keyd](http://www.teachernet.gov.uk/management/atoz/i/insurance/index.cfm?code=keyd)

*School Admissions Code of Practice* (DfES, 2003)

Ref: DfES/0031/2003

[www.dfes.gov.uk/sacode/](http://www.dfes.gov.uk/sacode/)

*Special Educational Needs Code of Practice* (DfES, 2001)

Ref: DfES/0581/2001

[www.teachernet.gov.uk/teachinginengland/detail.cfm?id=390](http://www.teachernet.gov.uk/teachinginengland/detail.cfm?id=390)

*Standards for School Premises* (DfEE, 2000)

Ref: DFEE/0029/2000

[www.teachernet.gov.uk/sbregulatoryinformation](http://www.teachernet.gov.uk/sbregulatoryinformation)

*Work Related Learning and the Law* (DfES, 2004)

Ref: DfES/0475/2004

[www.dfes.gov.uk/qualifications/document.cfm?sID=2](http://www.dfes.gov.uk/qualifications/document.cfm?sID=2)

## **Department of Health (including joint publications)**

*Guidance on infection control in schools and nurseries* (Department of Health/ Department for Education and Employment/Public Health Laboratory Service, 1999)  
Download only from: Wired for Health at  
[www.wiredforhealth.gov.uk/doc.php?docid=7199](http://www.wiredforhealth.gov.uk/doc.php?docid=7199)

*National Service Framework for Children and Young People and Maternity Services: Medicines and Children and Young People*. Website: [www.dh.gov.uk/healthtopics](http://www.dh.gov.uk/healthtopics)  
(click on Children's Services). Order: DH Publications Tel: 08701 555 455

*Action for Health - Health Action Plans and Health Facilitation - detailed Good Practice Guidance on Implementation for Learning Disability Partnership Boards* (Department of Health) by email [doh@prolog.uk.com](mailto:doh@prolog.uk.com).

## **CYPS**

*Access Strategy 2006 - 2009*

*Educational Trips and Visits Policy and Procedures* (Wigan Council) Website  
[http://boston/educ/schools/trips\\_visits.doc](http://boston/educ/schools/trips_visits.doc)

## **Ofsted**

*Inspecting schools – Handbook for inspecting nursery and primary schools* Ref: HMI 1359.

*Inspecting schools – Handbook for inspecting secondary schools* Ref: HMI 1360.

*Inspecting schools – Handbook for inspecting special schools and pupil referral units*  
Ref: HMI 1361. All Ofsted 2003. Priced.

Order: The Stationery Office Tel: 0870 600 5522

Or view online at [www.ofsted.gov.uk/schools](http://www.ofsted.gov.uk/schools)

*LEA Framework 2004 – Support for health and safety, welfare and child protection*  
(Ofsted, 2004)

Website only: [www.ofsted.gov.uk/lea/index.cfm?fuseaction=inspectionGuidance](http://www.ofsted.gov.uk/lea/index.cfm?fuseaction=inspectionGuidance)

# Annex C:

## Useful Contacts

### **Allergy UK**

Allergy Help Line: (01322) 619864  
Website: [www.allergyfoundation.com](http://www.allergyfoundation.com)

### **The Anaphylaxis Campaign**

Helpline: (01252) 542029  
Website: [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) and [www.allergyinschools.co.uk](http://www.allergyinschools.co.uk)

### **Association for Spina Bifida and Hydrocephalus**

Tel: (01733) 555988 (9am to 5pm)  
Website: [www.asbah.org](http://www.asbah.org)

### **Asthma UK** (formerly the National Asthma Campaign)

Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm)  
Website: [www.asthma.org.uk](http://www.asthma.org.uk)

### **Council for Disabled Children**

Tel: (020) 7843 1900  
Website: [www.ncb.org.uk/cdc/](http://www.ncb.org.uk/cdc/)

### **Contact a Family**

Helpline: 0808 808 3555  
Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

### **Cystic Fibrosis Trust**

Tel: (020) 8464 7211 (Out of hours: (020) 8464 0623)  
Website: [www.cftrust.org.uk](http://www.cftrust.org.uk)

### **Diabetes UK**

Careline: 0845 1202960 (Weekdays 9am to 5pm)  
Website: [www.diabetes.org.uk](http://www.diabetes.org.uk)

### **Department for Education and Skills**

Tel: 0870 000 2288  
Website: [www.dfes.gov.uk](http://www.dfes.gov.uk)

### **Department of Health**

Tel: (020) 7210 4850  
Website: [www.dh.gov.uk](http://www.dh.gov.uk)

**Disability Rights Commission (DRC)**

DRC helpline: 08457 622633

Textphone: 08457 622 644

Fax: 08457 778878

Website: [www.drc-gb.org](http://www.drc-gb.org)

**Epilepsy Action**

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm)

Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

**Health and Safety Executive (HSE)**

HSE Infoline: 08701 545500 (Mon-Fri 8am-6pm)

Website: [www.hse.gov.uk](http://www.hse.gov.uk)

**Health Education Trust**

Tel: (01789) 773915

Website: [www.healthedtrust.com](http://www.healthedtrust.com)

**Hyperactive Children's Support Group**

Tel: (01243) 551313

Website: [www.hacsg.org.uk](http://www.hacsg.org.uk)

**MENCAP**

Telephone: (020) 7454 0454

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

**National Eczema Society**

Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm)

Website: [www.eczema.org](http://www.eczema.org)

**National Society for Epilepsy**

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: [www.epilepsynse.org.uk](http://www.epilepsynse.org.uk)

**Psoriasis Association**

Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)

Website: [www.psoriasis-association.org.uk/](http://www.psoriasis-association.org.uk/)

**Sure Start**

Tel: 0870 000 2288

Website: [www.surestart.gov.uk](http://www.surestart.gov.uk)