



# **MULTI AGENCY POLICY FOR THE ADMINISTRATION OF MEDICATION AND HEALTH CARE PROCEDURES:**

## **Early years provision, Educational Establishments and Voluntary Services**

**Document reference number:**

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## 2. Scope

This multi agency policy applies to all business sectors of Scottish Borders Council wherever there is an appropriate setting. It applies to those who attend Pre School settings, at school and in some cases post school education environments and also residential children's units where there is a need for the administration of medication or specific health care procedures.

This policy is also intended for use in the wider community beyond Scottish Borders Council and therefore enables a consistent approach to be delivered and ensures where services interact that there is commonality of understanding and information sharing.

## 3. Glossary

In order to avoid extended wording in this document certain terms are used throughout this policy which apply to many roles. The glossary below outlines the varied terms indicated by a single description.

### **Establishment**

The place where the child or young person attends; Scottish Borders Council (e.g. schools, nurseries and other educational settings and children's units), Voluntary and Private Sector (e.g. private nurseries, childminders, playgroups, community groups)

### **Head**

The head teacher, manager or person in charge of the establishment; this role may be delegated to other suitable staff

<b>Individual Health Care Plan</b>	A plan that identifies the actions and necessary safety measures to support children and young people with medical needs
<b>Parents / carers / guardians</b>	The person(s) who has responsibility for ensuring the welfare of the individual named in the IHCP
<b>Non prescribed medication</b>	Any medication which has not been formally prescribed by a medical professional
<b>Prescribed medication</b>	Only medication which has been authorised by a prescribing medical professional
<b>Scottish Borders Council</b>	Where the user of this policy is persons / organisations other than SBC then the name of the other persons / organisations must be either inserted or assumed

#### **4. Introduction, legislation and staff indemnity**

##### **4.1 Introduction**

This is a multi agency policy for staff working in Scottish Borders Council (e.g. schools, nurseries and other educational establishments), Voluntary and Private Sector (e.g. private nurseries, childminders, playgroups, community groups). The aim of the policy is to ensure that children and young people receive the right support by staff who are trained, confident and competent in the administration of medication and/or other health care procedures.

Children and young people with medical needs have the same rights of admission to an establishment as other children. Most children and young people will at some time have short term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some will however have longer term medical needs and may require medicines or health care support on a long-term basis to keep them well, for example children with epilepsy or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Most children and young people with medical needs are able to be supported and can take part in everyday educational activities, sometimes with additional support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at unnecessary risk.

## **4.2 Legal Framework & Staff Indemnity**

A summary of the detailed legal provisions affecting the responsibilities in relation to children and young people's medical needs is provided for reference in Appendix 1. Set out below is a general statement of the legal framework for the administration of medicines and health care procedures, with particular reference to the liabilities of staff. Staff are under no general common law obligation to administer or supervise the administration of medicines and health care procedures to children and young people. In an emergency situation, staff acting in 'loco parentis' would be required by common law to secure such help and take such action to assist a child as would a reasonably prudent parent. No parental consent is necessary in such circumstances. Even in an emergency, however, staff will not be expected to carry out complex or risky procedures for which he or she is not trained.

Although there is no statutory obligation on Local Authorities to provide for the medical treatment of children and young people, they do have a legal duty to co-operate with Health Boards in the exercise by Health Boards of their statutory duties to provide for the medical supervision and treatment of all persons in attendance at schools or other educational establishments. As part of this co-operation, Scottish Borders Council may ask staff, with parental consent, to administer or supervise the administration of medicines or carry out health care procedures to children and young people in their care.

In either case, staff trained undertaking these duties at the request of Scottish Borders Council will be considered as acting in the course of their employment.

Scottish Borders Council accepts responsibility for staff administering medication providing they are acting within the parameters of this document and have had appropriate training. Accordingly, the Council's Liability Insurance covers staff.

The Council fully indemnifies its staff against claims for alleged negligence, providing they are:

- a) Acting within the scope of their employment
- b) Have been provided with adequate briefing
- c) Are following the current 'Multi agency Policy for the Administration of Medication and Health Care Procedures'

For purposes of indemnity, the administration of medicines and health care procedures falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the Council and not the employee will meet the cost of handling any claim that should arise. It is very rare for staff to be sued for negligence and instead the action will usually be raised by the parent against the employer.

Private and voluntary services staff would need to refer to their own insurance company regarding whether their staff are covered to administer medication and health care procedures.

## **5. Roles and responsibilities.**

### **5.1 Parents/Carers**

Parents/carers, as defined in the Education (Scotland) Act, 1980 are a child's main carers. They are responsible for making sure that their child is well enough to attend school.

Parents/carers should provide the Head of the establishment with sufficient information about their child's medical condition and treatment. They should, jointly with the Head, reach agreement on the establishment's role in helping with their child's medical needs. Parents' cultural and religious views should be respected. The Head must seek parents/carers' agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents/carers are to ensure the best care for a child or young person.

Parents/carers must tell the establishment about the medicines and health care procedures that their child needs and provide details of any changes to the prescription or the support required.

### **5.2 Head**

The Head is responsible for implementing this policy. When staff volunteer to give children and young people help with their medical needs the Head should agree to their doing this, and must ensure that staff receive proper support and training where necessary.

For a child with medical needs, the Head will need to agree with the parents/carers exactly what support can be provided. Where there is concern about whether the establishment can meet a child or young person's needs, or where the parents/carers' expectations appear unreasonable, the Head can seek advice from Child Health Department at Borders General Hospital.

Where no voluntary provision for the administration of medicines or health care procedures is available, the Head should contact NHS Borders to enable a multi agency discussion to take place. In this situation the options for identifying the necessary provision should be discussed.

The Head is responsible for establishing an audit process to monitor the satisfactory and effective implementation of this policy and quality assurance of Individual Health Care Plans.

### **5.3 Staff Administering Medication and Health Care Procedures.**

Some staff are naturally wary about their ability to support a child with a medical condition, particularly if it is potentially life threatening. Staff supporting children and young people medical needs should understand the nature of the condition, and when and where the child may need extra attention. The child's parents/carers and health professionals should provide this information. Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children. It is important that they too are also provided with training and advice.

Many voluntary organisations specialising in particular medical conditions (e.g. asthma, epilepsy) provide advice or produce information packs advising establishments on how to support children and young people. Appendix 2 lists contact names and addresses. Establishments are encouraged to build up a current bank of appropriate resource materials and make their staff aware of them.

### **5.4 Health Professionals**

NHS Borders has a statutory duty to provide services and support to meet local needs. Health professionals have responsibility for giving advice on medical conditions, the storage of medication and facilitating the completion of individual health care plans (IHCP's) in partnership with the parent/carer and Head. They also have a responsibility for providing advice regarding training for staff volunteering to administer medication and healthcare procedures.

Other health professionals will also be involved in the care of children and young people with medical needs. This may include health visitors, paediatricians and specialist nurses. The NHS Borders Community Children's Nursing Team will provide specialist advice and training for children and young people with complex health care needs.

The School Health Service provides advice on health issues to children, parents/carers and professionals/services. The main contact for schools' is their designated School Nurse. The School Nurse will also provide guidance on school-age children with medical conditions and specialist support for a child with medical needs in partnership with other health professionals.

### **5.5 Scottish Borders Council Wellbeing & Safety Department**

The SBC Wellbeing and Safety Department will audit only SBC educational settings and establishments in order to assess compliance with this policy.

## **6.0 Administration of medication**

Some children and young people have health care needs that require the administration of medication. Medication may be required on a short or long term basis. For those children requiring medication on an ongoing basis (e.g. diabetes) or in an emergency situation (e.g. severe allergic reaction, epilepsy) an Individual Health Care Plan is required.

### **6.1 Non-Prescribed Medicines.**

Staff should not give a non-prescribed medicine to a child or young person. The reasoning behind this includes the following:

- The staff member may not know if the child or young person has already taken any medication, or if it has, then what dosage and when. This being the case, the administration of non-prescribed medication may adversely affect any further treatment or surgery that could be needed later.
- There is the risk of an adverse allergic reaction.
- Due to the number of variables, the Health and Safety Executive has advised that no medication should be used in any first aid treatment, but should it appear necessary, the Head should contact the parent/carer or emergency contact in the first instance and/or seek medical advice.

### **6.2 Prescribed Medicines.**

Any medication requiring a medical or dental practitioner's prescription is defined as prescribed medication. Staff should not administer prescribed medication unless a ***Parent/Carer Request to Issue Prescribed Medication Form*** has been completed and signed by the parent/carer.

The medication must be supplied in the dispensing container with the original pharmacy label attached stating the child or young person's name, date of birth, name of medication, time/frequency and route of administration.

Medication that is not supplied to the establishment in the dispensing container with the original dispensing label should NOT be accepted.

**The statement of 'As Directed' for dosage, administration route or frequency is not acceptable.**

Establishments should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions unless specific instructions are provided in the child's individual health care plan.

### **6.3 Administering Medicines.**

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber instructions. In all cases it is necessary to check that written details include:

- child's name
- prescribed dose
- expiry date of medication
- written instructions provided by the prescriber on the label or container

If in doubt staff should not administer the medication but check with the parent/carer or a health professional before taking further action.

The ***Record of Administration of Prescribed Medication*** must be completed each time medicines are given.

For specific information relating to Stimulant Medication (treatment for Attention Deficit Hyperactivity Disorder) see Appendix 3. This is a separate policy as special measures are required to ensure the safety of the child or young person.

### **6.4 Refusing Medicines.**

If a child or young person refuses to take medicine, staff should not force them to take it, Parents/carers should be informed of the refusal immediately. If a refusal to take medicines results in an emergency, contact emergency services.

### **6.5 Self-Management.**

Older children and young people with long-term conditions should, whenever possible, assume complete responsibility under the supervision of their parent for self administration. Children and young people develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents/carer and young person, the appropriate time to make this transition.

If children and young people can take their medicines themselves, staff may only need to supervise but consideration will need to be given to the safety of other children. The child or young person may require an Individual Health Care Plan depending on their health needs and their capacity to self-manage.



## **6.6 Transport.**

Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that an escort will administer medicines (i.e. in an emergency) they must receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

The following information should be documented on page 1 of the IHCP: Identification of travel arrangements information regarding how the person gets to their establishment:

1. By walking, alone or in group
2. By parent/carer transport
3. By SBC contract travel (e.g. bus, taxi, etc)
4. By SBC escorted travel
5. Other (please specify)

Where children have life threatening conditions, Individual Health Care Plans should be carried on vehicles. The plan should specify the steps to be taken to support the normal care of the child as well as the appropriate responses to emergency situations. It is good practice for drivers and escorts to complete basic first aid training. Additionally trained escorts may be required to support some children with complex medical needs.

## **7. Dealing with Medicines Safely.**

### **7.1 Supply, Collection and Disposal of Medication**

Parents/carers are responsible for supplying a practical and sufficient quantity of medication. The parent/carer is required to collect expired or surplus medication from the establishment within 7-days beyond the expiry date and also at the end of the academic year. Children should not be responsible for transporting medication under any circumstances.

Any medication that remains uncollected should be taken by the establishment to a local pharmacy for disposal.

### **7.2 Storing Medicines**

Children and young people should know where their own medicines are stored in the establishment. The Head is responsible for ensuring that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children via a responsible adult. Emergency medication should be stored in a clear, accessible and safe manner with the child's Individual Health Care Plan.

Medication should be stored in the container in which it was dispensed with the original, unaltered, dispensing label.

Medication should not be stored next to a radiator or in direct sunlight.

Some medicines need to be refrigerated. The temperature of refrigerator's containing medicines needs to be monitored regularly (i.e. between 2<sup>0</sup>C and 8<sup>0</sup>C). Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. If an establishment has to store large quantities of medicines, then a lockable medical refrigerator should be considered. The establishment should restrict access to a refrigerator holding medicines to responsible persons only.

Stimulant medication must be stored in a locked cupboard (see Appendix 3).

### **7.3 Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding and transferring infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and aprons and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Small quantities of medical based waste can be disposed of by double bagging and placing it in the normal waste bins.

## **8. Individual Health Care Plan (IHCP)**

The main purpose of an Individual Health Care Plan (IHCP) for a child or young person with medical needs is to identify the level of support that is needed with an agreed route to meet that need. Plans must be tailored the individual child or young person.

Children and young people with the following medical needs must have an IHCP:

- severe allergic reaction (anaphylaxis)
- epilepsy (emergency medication)
- diabetes
- complex health needs (e.g. tube feeding, tracheostomy)

Templates for IHCP's for severe allergic reaction, oral administration of antihistamine, epilepsy and complex asthma are available as separate electronic documents.

*Documents are available as separate links, return to [Home Page](#)*

For children and young people with complex health the needs the generic template should be used.

For children and young people with diabetes contact the Paediatric Diabetic Nurse Specialist directly and they will identify the appropriate template (Tel: 01896 826000).

## 8.1 Drawing-Up an Individual Health Care Plan

To draw up an IHCP the follow six steps should be followed.

- **STEP 1**

Parents/carers highlight the medical/healthcare needs of their child to the Head.

Head requests that parents/carers complete **Parent/Carer Request to Issue Prescribed Medication Form** (see Section 6.1). This includes seeking consent from parents/carers to share information.

- **STEP 2**

Head agrees to administration of medication and/or health care procedure.

The Head identifies appropriate Individual Health Care Plan template (i.e. epilepsy, anaphylaxis, complex asthma or generic) and completes non-medical information (i.e. electronically completing child's information, parents and other contacts).

For children and young people with diabetes contact the Paediatric Diabetic Nurse Specialist directly (see step3) and they will take the lead role in developing the Individual Health Care Plan.

- **STEP 3**

The Head contacts the relevant health professionals to add further information or check completed Individual Health Care Plan. In certain circumstances a meeting may be required involving parents/carers and health professionals.

Contact details for identifying appropriate health professional:

<b>Early Years Settings:</b>	Health Visitor (parents can provide name and health centre)
<b>School Nurse:</b>	All schools have a named School Nurse
<b>Community Children's Nurses:</b>	Parents can provide name or contact on (Tel: 01896 826081)
<b>Children with Diabetes:</b>	Paediatric Diabetes Nurse Specialist (Tel: 01896 826000)

**Children with Epilepsy:** Paediatric Epilepsy Nurse  
Specialist (Tel: 01896 826000)

The IHCP must also include the following information:

- A procedure to follow in the event of an emergency.
- That a member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

The '**Checklist/Record of Emergency Procedure**' should be completed following an emergency.

Step 3 should include discussion between the Head and health professional(s) about reviewing the plan. The majority of IHCP's will need reviewing on a yearly basis but this depends on the individual's particular needs; some may need reviewing more frequently. Refresher training should be organised as part of any review.

- **STEP 4**

The health professional will advise regarding staff training needs and arrangements for training. It is the Head's responsibility to ensure that the appropriate staff attends the training. The **Record of Training** should be completed as part of the child's Individual Health Care Plan

- **STEP 5**

Head signs plan and circulates plan to parent/carer and health professional(s) for signing (this should be completed within 2-weeks).

Note: electronic signatures are acceptable.

Completed signed plans must be returned to the head of the establishment and a copy retained by health professionals.

Good practice has identified that a short meeting with the parent/carers and establishment is the most effective way of ensuring signatures are obtained; this is particularly relevant for reviews of Individual Health Care Plans.

- **STEP 6**

Head ensures that the appropriate staff has access to the plan and other information about the child or young person, which is held in an appropriate location known by staff.

Head circulates signed plan to:

- parent/carers
- health professional(s)
- appropriate staff within the establishment.
- other professionals involved (e.g. Looked After Children send copy to Integrated Children's Services).

The Head is responsible for initiating the review of IHCP and should ensure that parent/carers and staff have the up-to-date version of the plan.

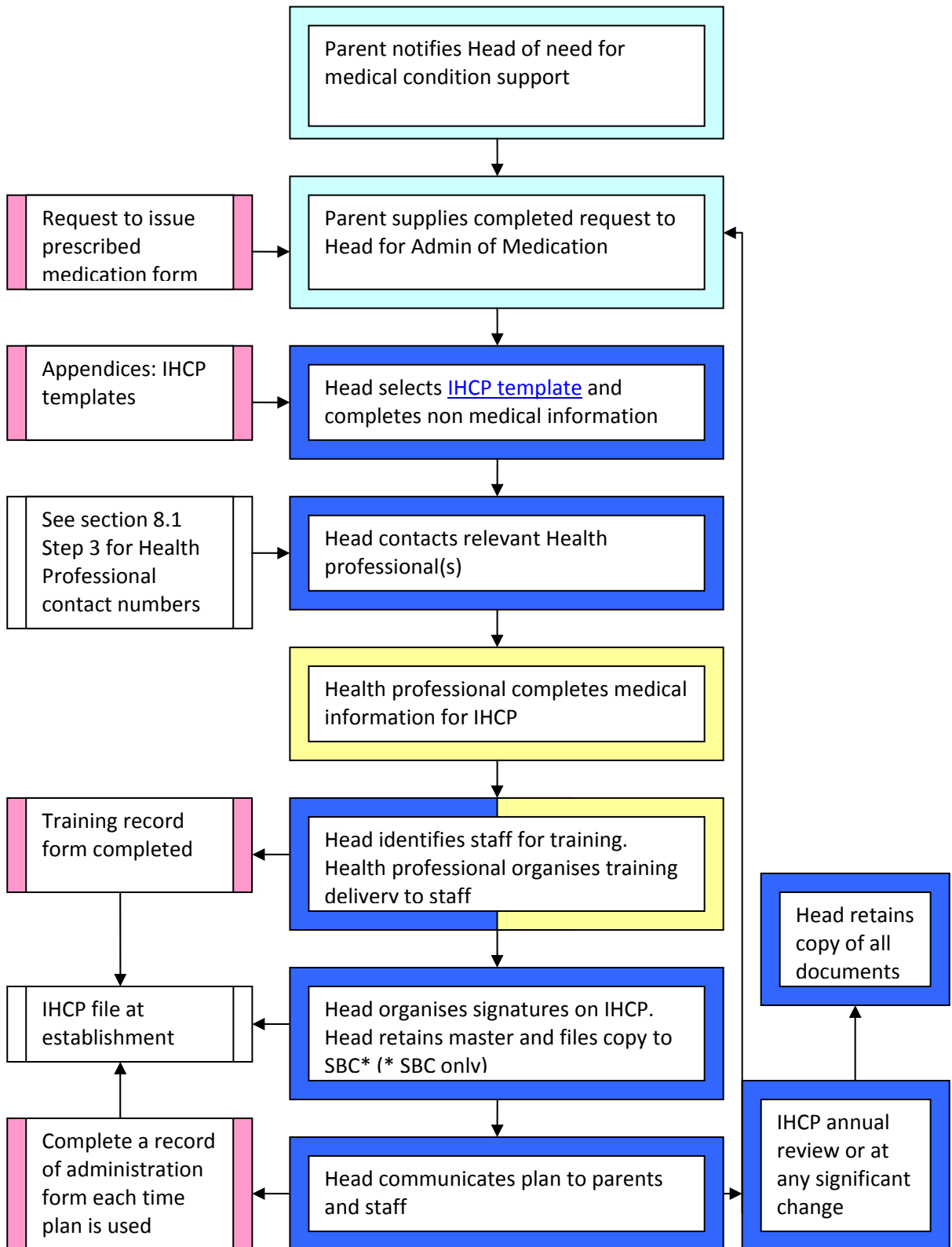
*Note: for schools IHCP's must be reviewed in the summer term (April to June) with particular attention to ensuring effective communication between establishments.*

The Head is responsible for ensuring that an auditable evidential trail is in place for monitoring the quality of all Individual Health Care Plans within their establishment.

*(Note: Scottish Borders Council Education Establishments will also be audited on a regular basis by the Wellbeing and Safety Section.)*

The Head is responsible for the retention of records of IHCP's and related documents in line with the current practices applicable to the establishment at the time of creation of the record.

## 8.2 Flow chart for IHCP preparation



## 9. Forms and documentation

*Documents are available as separate links, return to [Home Page](#)*

- Parent/Carer Request to Issue Prescribed Medication Form
- Record of Administration of Prescribed Medication
- Checklist/Record of emergency procedure

## 10. Appendices

*Documents are available as separate links, return to [Home Page](#)*

APPENDIX 1:	Legal Framework
APPENDIX 2:	Information and Resources
APPENDIX 3:	Stimulant Medication Policy for Attention Deficit Hyperactivity Disorder (ADHD)