JANVRIN SCHOOL

Administration of Medicines Policy

Reviewed May 2026

GENERAL POLICY STATEMENT SECTION I

1. NOTES

The Legal Framework

The Head Teacher of Janvrin School is responsible and accountable for the health and safety of pupils in their care. The States of Jersey Department for Health and Social Services also has legal responsibilities for the health of residents in its area. The legal framework for Schools dealing with the health and safety of **all** their pupils derives from health and safety legislation. The law imposes duties on employers.

Other legislation, notably the **Education (Jersey) Law 1999** and the **Medicines (Jersey) Law 1995** are also relevant to schools in dealing with pupils' medical needs. The following paragraphs outline the provisions of these Laws that are relevant to the health and safety of pupils.

The employer of staff at a school must do all that is 'reasonably practicable' to ensure the health, safety and welfare of employees. The employer must also make sure that others, such as pupils and visitors, are not put at risk. The main actions employers must take under the **Health and Safety at Work (Jersey) Law 1989** are to:

Prepare a written Health and Safety management policy

- Make sure that staff are aware of the policy and their responsibilities with that policy
- Make sure that appropriate safety measures are in place
- Make sure that staff are properly trained and receive guidance on their responsibilities as employees

The Health and Safety (Jersey) Law 1989, requires employers of staff at a school to:-

- make an assessment of the risks of activities
- introduce measures to control these risks
- tell their employees about these measures

In some cases pupils with medical needs may be more at risk than their classmates. Janvrin 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. The Head Teacher is responsible for making sure that all relevant staff know about and are, if necessary, trained to provide any additional support these pupils need.

The **Medicines (Jersey) Law 1995** places restrictions on dealings with medicinal products, including their administration. In the case of prescription–only medicines, anyone administering such a medicinal product by injection must be an appropriate practitioner (e.g. a doctor) or else must act in accordance with the practitioner's directions.

There are exceptions for the administration of certain prescription–only medicines by injection in emergencies (in order to save life).

There is no legal or contractual duty on school staff to administer medicine or supervise a pupil taking it. This is a voluntary role. Support staff may have specific duties to provide medical assistance as part of their contract. **However, swift action would need to be taken by a member of staff to assist any pupil in an emergency.**

Employers (usually the Department for Education**)** should ensure that their insurance policies provide appropriate cover for staff willing to support pupils with medical needs.

Teachers and other school staff in charge of pupils have a 'common law' duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.

This duty also extends to teachers leading activities taking place off the school site, such as educational visits, school outings or field trips. The **Education (Jersey) Law 1999** provides scope for teachers to do what is reasonable for the purpose of safeguarding or promoting children's welfare. This can give protection to teachers acting reasonably in emergency situations such as on a school trip.

The Education (Jersey) Law 1999 states that every school should have accommodation for medical or dental examination and treatment and for the care of pupils during school hours. It need not be used solely as medical accommodation, but it should be appropriate for that purpose and readily available for use as such when needed.

School Policies and Procedures for Supporting Pupils with Medical Needs

Parents are responsible for their child's medication. The Head Teacher is normally responsible for deciding whether the school can assist a pupil who needs medication. Such decisions should, as far as practicable, encourage regular attendance and full participation in school life

Children with medical needs have the same rights of admission to school as other children, and cannot generally be excluded from school for medical reasons.

Many pupils with long-term medical conditions will not require medication during school hours. When they do, many will be able to administer it themselves. School policies should encourage this approach.

School staff should not, as a general rule, administer medication without first receiving appropriate information and/or training. The Public Health Department (tel. 443717) can advise the School whom the main health contact will be who can then advise on, and in some cases provide, the necessary support.

Drawing up an Individual Health Care Plan

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term.

Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most pupils with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities.

However, Janvrin School staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk. In some cases, staff at Janvrin will find it helpful to draw up individual procedures, in the form of a health care plan, to ensure the safety of such pupils.

Not all pupils who have medical needs will require a health care plan. The purpose of such plans is to ensure that Janvrin School staff have sufficient information to understand and support a pupil with longterm medical needs.

They should be drawn up in conjunction with the parents and, where appropriate, the child and the child's medical carers and should set out in detail the measures needed to support a pupil in Janvrin School, including preparing for an emergency situation.

The information contained within the plans must be treated in confidence and should be used for no other purpose than for the School to set up a good support system.

Dealing with Medicines Safely

The safety of staff and pupils must be considered at all times. Particular attention must be paid to the safe storage, handling, and disposal of medicines. Training for staff should include guidance in safety procedures.

Some medication must be readily available in an emergency and should not be locked away.

Relevant school staff and the pupil concerned should know where the medication is kept. This will either be in the Staff Room fridge or in the First Aid Cupboard in the First Aid Room.

Staff Indemnity

The Education Department fully indemnifies its staff against claims for alleged negligence, (see The Department for Education's indemnity below) providing they are acting within the scope of their employment, have been provided with adequate training, and are following **The (DfESC) Education Department's** guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence 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 Education Department (DfESC) and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and employer.

Department for Children, Young People, Education and Schools (CYPES) (formerly the Department for Education) (Indemnity)

The CYPES Department will indemnify all employees of the Department for CYPES against the whole or part of any damages, costs or legal expenses which any such officers may have been ordered to pay or may

have incurred, if the officer acted in good faith and honestly believed that the act complained of was within his power and that her/his duty as an officer required or entitled her/him to do it.

Such indemnity shall extend to responsibilities arising from duties performed by any employee by virtue of her/his employment with the Department for Education on behalf of other bodies.

Exceptions: The indemnity will not extend to loss or damage directly or indirectly caused by or arising from:

(a) fraud, dishonesty or a criminal offence on the part of the employee

(b) any neglect, error or omission by the employee otherwise than in the course of her/his duties The indemnity will not apply if an employee, without written authority of the Department for Education, admits liability or negotiates or attempts to negotiate a settlement of any claim falling within the scope of this resolution.

Guidelines, Responsibilities SECTION 2

NOTES

Management of Oral or Inhaled Medicines

There is no requirement for any school staff to administer medicines. Such administration is undertaken on a **voluntary** basis.

It should be the exception rather than the rule for medicines to be brought into school.

Each request for medicine to be administered to a pupil in school should be considered on an individual basis. It is normally expected that parents administer medicine to their children. Parents should be advised to request that GPs be asked to prescribe in a way, which avoids the need for medicines to be taken onto school premises.

At Janvrin School, we should have regard to the best interests of the pupil and the implications for the School and staff. Where the Head Teacher considers it appropriate for medicines to be administered at School the Head Teacher should ensure that the guidelines are followed carefully (see below).

All members of staff should be made aware of the Department for Education guidelines and the School policy with respect to administering medicines and first aid treatment, particularly where there are pupils with known medical problems.

Guidelines

Responsibilities

The following responsibilities should be understood and agreed in any case where a Head accepts the need for administering oral medicines to children:

- The Head shall ensure that procedures are understood and adhered to in each school. Day-to-day mechanics of supervising the management of medicine administration may be delegated to members of staff.

The term "parents" in these guidelines includes carers.

All parents should be given a clear written statement detailing:

- How to make a request for medicines to be given at school (i.e. in writing in person to the Head/Deputy/School Administrative Officer or other and not brought by the child)
- How medicine should be provided to the school, i.e. in original container from pharmacy and clearly labelled with

- Child's name
- Name of medicine
- How much to give (i.e. dose)
- When to be given
- Any other instructions
- The need to complete a form (see Appendix 1) to be kept by the member of staff administering the medicine
- The need for them to notify the school in writing of any changes of medicines
- The need for them, in person, to replenish the supply of medicines if necessary
- The need wherever possible to ensure only a single dose comes with the child to school.
- The need for them to give written permission for information concerning any medical condition or allergy their child may have, subject to confidentiality, to be passed on to the school nurse.
- The need for them to ensure their child understands that they are responsible if they carry their own medication.
- The need for them to be aware that if they send a child to school with medication without the agreement of the Head Teacher the school will **not** be responsible for that medication.

Storage of Medicines

Medicines, when not in use, should be kept in a safe and secure place. Individual procedures for gaining quick access in an emergency should be known and understood by all staff. At Janvrin, medicines are kept in the fridge in the Main Office.

Inhalers:

Where appropriate, with parental and School agreement, pupils should be responsible for their own inhalers, which should be clearly marked with the child's name. See the School's First Aid Policy for the emergency procedure for dealing with asthma sufferers.

Inhalers must always be taken on school trips

"If a child who does not have asthma experiments with another child's asthma medication this will not be harmful. Relievers act simply to dilate or open the airways and will not have an adverse effect on a child who does not have asthma". (National Asthma Campaign – Asthma Policy for Schools).

It may be that a child can show competence to self-administer medicines. Generally, this will be children over ten years of age. This must be confirmed in writing by a GP or registered nurse and have the knowledge and consent of parent/guardian. The Head Teacher, however, must always make the final judgement on the safety and appropriateness of this within their knowledge of the School environment and the child's condition.

Administration / Record

The label on the medicine container should be checked against the School medicine record (See Appendix 1 – completed by parent). Any discrepancy should be queried with the parent before administering a medicine. A parent should confirm their intentions in writing if their instructions differ from those on the medicine

container. The **RIGHT** medicine in the **RIGHT** dose should be given at the **RIGHT** time to the **RIGHT** pupil.

A record should be kept of doses given (on the proforma on the reverse of school medicine record). When this form is completed (medicine finished) it is stored in the Medical Records File in the School Office.

Disposal

In the exceptional circumstances where it has not been possible to restrict the medicine coming into School to a single dose, medicines no longer required should not be allowed to accumulate.

Acute Allergy To Bee Stings And Nuts Etc.

A very small number of people are particularly sensitive to bee stings or nuts and require an immediate injection of adrenalin to save life. See Section 3 below.

Seizure/Major Fits

It is important to distinguish a fit from a fainting spell (syncope). Some children who faint may make twitching movements just prior to losing consciousness. This is normal. However, if the child/young person continues to make rhythmical movements of the arms and legs lasting more than a minute, this is a fit and will need treatment should it continue.

Some children require Stesolid (rectal valium) if a fit does not stop spontaneously. This is becoming obsolete. The new method for treatment of fits is buccal or intranasal midazolam, and this is administered if the fit does not cease after 5 minutes and the emergency services have not arrived. It is less invasive, easier to deliver and more effective. Instruction on the use of midazolam will be provided in due course to those staff who have authority to administer medication and, in the meantime, advice should be sought in the event of an incident from the Accident and Emergency section at the General Hospital, (tel. 442000).

If it is necessary to administer rectal valium, then the member of staff administering the medication must be of the same gender as the child. A second member of staff should be present during such administrations and whenever possible should be of the same gender as the child.

(i) Teachers should not undertake this responsibility unless they have received suitable training from a qualified nurse or medical practitioner;

(ii) the written consent of the patient's general practitioner has been obtained;

The parents/guardian of the pupil concerned have been consulted and had given their written consent to the named teacher administering the drug.

Hypoglycaemia

Blood sugar level in diabetics may drop to a very low level causing confusion and even unconsciousness. If the child does not respond to biscuits or other food/drink containing sugar, then the drink 'GlucoGel' is required, or alternatively 50-100 mls of non-diet Lucosade or Coca Cola would be an adequate substitute. An injection of Glucagon (GlucaGen Hypokit) may also be required.

Medi Alerts

Some children wear bracelets or necklaces, which alert others to their medical condition in an emergency. As with jewellery, these items are a potential source of injury in games or certain practical activities. In appropriate circumstances they should be covered with sweatbands or removed temporarily.

Impaired Mobility

Providing the approval of the GP or Consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school.

Restrictions will be necessary on games or practical work to protect the child or others. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

Administration of Analgesics to Pupils

Analgesics should not be provided to pupils by the school, but if prescribed, can be administered under the same procedures as any other oral medication.

Parental Consent for Treatment

For younger pupils parental consent does not constitute a problem in the vast majority of cases but sometimes a teacher does meet the problem of a pupil belonging to a religious body, which repudiates medical treatment. Normally the parent will make the decision and this should be regarded as the most desirable course of action.

However, the problem could be urgent or the parent cannot be contacted, for instance when the pupil is abroad on a school journey. The decision about the competence or otherwise of a child under 16 to give consent (or to withhold it) must be the responsibility of the doctor.

If a child is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school might decide that the pupil should not go on the journey, harsh as this may appear to be.

Parents who belong to religious bodies such as Jehovah's Witnesses and Christian Scientists should make their views and wishes known to the school, in writing, so that the implications of their beliefs can be discussed and, if possible, accommodated.

The alternative treatments desired by the parent may not be available and it is a proper and responsible decision for the school authority, acting in 'loco parentis', to have recourse to ordinary medical treatment if the circumstances make it absolutely necessary. The teacher should not override parental wishes but if agreement cannot be reached on this issue the pupil should not be taken on the journey.

It is not appropriate for a teacher to accept responsibility for the administration of medications which are not prescribed nor recognised as 'ordinary medical treatments'.

RECORD OF MEDICATION ADMINISTRATION

Name of pupil _____

Class/Tutor_____

Name/Type of Medication Administered. _____

Expiry date_____

Date D/M/Y											
Time Given											
Dose											
Name of member Of staff											
Staff Initials											

APPENDIX I

MEDICATION RECORD

Date:_____

Child's Name: _____

Class/tutor group_____

Name of medicine_____

How much to give (i.e. dose) _____

When to be given_____

Any other instructions_____

Name of persons able to administer medication_____

Phone no. of parent or adult contact_____

Name of G.P._____

G.P. telephone No._____

CONSENT

The above information is to the best of my knowledge accurate at the time of writing and I give my consent to school staff administering the medication in accordance with the school and the Department for Education's policy. The school will be notified immediately, of any changes to the above.

Parent's Signature_____**Print Name**_____

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

SECTION 3

Janvrin School Guidance for a Pupil at risk of Anaphylaxis

Introduction

Anaphylaxis is a harmful response by the body to a substance. It is characterised by swelling.

SIGNS & SYMPTOMS

- Skin - itchy, flushed, rash, "wheals"
- Face - swelling of mouth, lips and tongue
- Throat - swelling of vocal cords, hoarse voice
- Airways -swelling resulting in a wheeze or an asthma attack
- Digestive System - abdominal pain, nausea, vomiting, diarrhoea - Drop in blood pressure - causing collapse

TRIGGERS

- Insect bites/stings
- Tablets or medicines
- Food e.g. nuts, peanuts, eggs, fish, dairy products

Avoidance of the trigger, along with access to the child's emergency medication, is all that is necessary to enable the child to be safe at school. In all other respects the child's education should be normal.

Avoiding The Trigger Food

Janvrin School staff will take all reasonable steps to ensure that the child does not eat any food items unless they have been prepared/approved by his parents.

Strict adherence to this will avoid the need for urgent treatment.

The parents will remind him/her regularly of the need to refuse any food items that might be offered to him/her by other pupils.

In particular the parents may provide for him:

- a suitable mid morning snack
- a suitable packed lunch
- suitable items as "treats"

Any plans such as school trips, which involve the child leaving the school site, require prior discussion between the parents and the school to agree appropriate provision and safe handling of his/her medication.

When the lesson involves cookery or experimentation with food items, prior discussion will be held between the parents and the school to agree suitable alternatives.

An Anaphylactic Reaction

The School will hold under secure but accessible conditions, appropriate medication, clearly labelled for use by designated school staff or qualified personnel and showing the correct dose and expiry date. This will be stored in the First Aid Room.

The parents should accept responsibility for ensuring appropriate medication is given to school and replaced as necessary.

If the child shows any physical problem for which there is no obvious alternative explanation, his condition will be reported immediately to the Head teacher/Teacher in Charge. If the person in charge agrees that the child's condition is a cause for concern, they will instruct a staff member to contact in order of priority:

- **AMBULANCE 999** stating child's name, that he is having an anaphylactic reaction and his precise location.

- **PARENTS** in an order agreed in advance

While waiting for medical assistance the Teacher in Charge and designated staff, including the qualified first aider, will assess the child's condition and administer medication according to the guidelines on the next sheet.

Treatment Of An Anaphylactic Reaction

The child must not be left on his own at any time

Give the labelled dose of anti-histamine medicine (e.g. Piriton or Triludan) if the following has occurred:

- ITCHY SKIN
- FLUSHED SKIN
- BLOTCHY SKIN
- HIVES OR WHEALS OR URTICARIA (all mean 'raised red itchy rash)
- SLIGHT SWELLING OF THE MOUTH
- TICKLY THROAT
- BAD TUMMY ACHE

Give the EpiPen dose of Adrenaline into the fleshy part of the mid-outer thigh if the following has occurred:

- *MARKED SWELLING OF THE LIPS OR TONGUE*
- *DIFFICULTY SWALLOWING*
- *WHEEZE OR DIFFICULTY BREATHING*
- *CHANGE IN VOICE OR INABILITY TO SPEAK*
- *DROWSINESS*
- *PALLOR*
- *BLUE LIPS*
- *LOSS OF CONSCIOUSNESS; (in this situation it may be necessary to start resuscitation)*

THE ADMINISTRATION OF THESE MEDICATIONS ARE SAFE FOR THE CHILD AND EVEN IF GIVEN THROUGH MISDIAGNOSIS WILL NOT DO ANY HARM. IF IN DOUBT GIVE ADRENALINE – IT COULD SAVE HIS/HER LIFE.

When the emergency services arrive, the Teacher in Charge should appraise them of the medication given to the child. All medication should be handed to the medical person. Even if the child has recovered following medication, medical attention should be sought.

After the incident a debriefing session should take place with all members of staff involved. Parents should replace the used medication.

School Staff Training

It is necessary for volunteers from the School staff to administer the medication in the unlikely event of an anaphylactic reaction.

A training session conducted by the **Education Department's** appointed medical staff should be attended by all school staff. This will explain in detail the condition, the symptoms of an anaphylactic reaction and the stages and procedures for the giving of treatment.

This training should be repeated each academic year as a refresher for existing staff and as initial training for new staff members.
Training and support is available the Department for Education school's medical service/advisor.

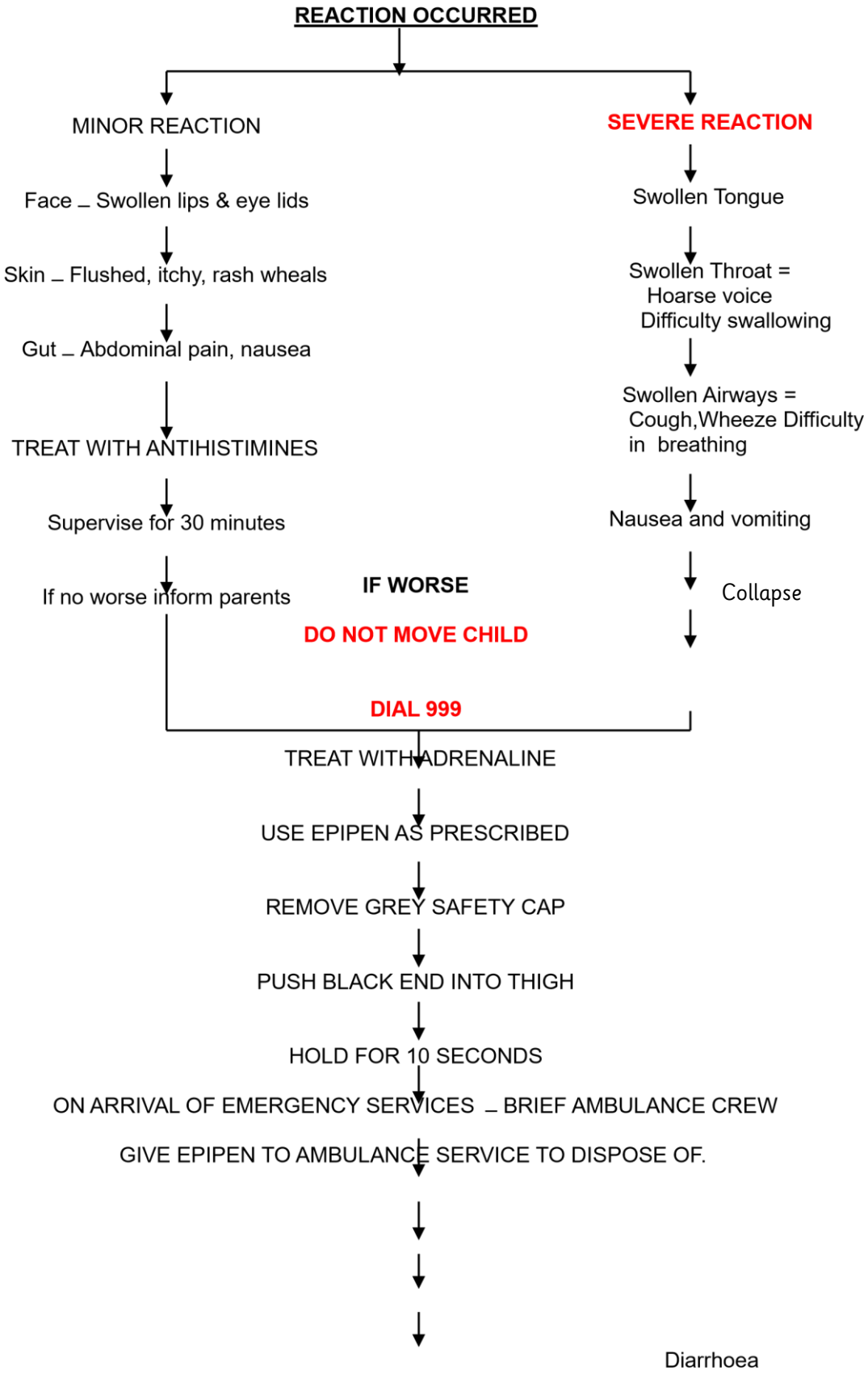
The Education Department provides a staff indemnity for any school staff who agree to administer medication to a child in school given the full agreement of the parents and school.

Record Keeping

It is important that all the staff are aware of which child is at risk of an anaphylactic reaction. A Medical Alert Card with a space for the child's photograph and emergency details should be provided by the parents. A copy of this should be displayed in an area accessible to staff (Medical Records File in School Office.)

The Care Plan for the child will be provided by the School's medical services where appropriate. This document should be completed by the school and signed by the parents and Head teacher.

ANAPHYLAXIS FLOWCHART



STAY CALM AND IN CONTROL

1. STAY WITH THE CHILD

(Whilst adult help is coming administer First Aid as necessary – note time emergency occurred).

REASSURE AND COMFORT CHILD AT ALL TIMES.

2. SUMMON FURTHER ADULT HELP

i.e. another child to fetch a teacher from the next class.

3. ENSURE 999 CALL IS MADE (if necessary). DO NOT DELAY THIS.

An ambulance will be dispatched within 45 seconds of the call being accepted. However, the caller may need to stay on the phone to give further information or receive advice.

AMBULANCE CONTROL WILL NEED TO KNOW:

- An emergency is for example :

1. A child having a seizure
2. A child having an acute asthma attack
3. A child fallen in the playground with an injured leg

- The school's telephone number
- The school's name, location and access entry for an ambulance
- The child's exact location in the school

An adult needs to be at the Access entry to meet the Ambulance and to direct the Ambulance Crew to the ill child.

4. Continue to administer First Aid whilst awaiting the arrival of the ambulance crew.

5. A further adult to notify parents.

6. After the emergency has resolved the teacher concerned should complete an accident/incident form as soon as possible whilst events are still fresh in the mind.

- Ensure everyone knows of the medical emergency policy, including teachers, lunchtime supervisors, support staff and supply staff.

- Decide on the emergency telephones for your school, e.g. in the Secretary's office? Head teacher's office? PE/Gym Hall?

- Emergency Aid information needs to be by all outside telephone lines.

These are guidelines for handling the medical emergency and the ill child. Other important factors to remember are the care of the other pupils in the ill child's class, whilst the emergency is occurring. Afterwards time will be needed to simply explain the situation and to ease their anxieties about their classmate.

Medical Emergencies can occur **Anytime, Anywhere, to anyone**

Therefore remember:

- **Out of school building situations**
- **On playing fields**
- **School trips**
- **After school clubs**
- **Residential visits**

These guidelines are also applicable for Adult casualties.

Schools should be a safe place for both pupils and staff; therefore all policies and procedures should be made available to all staff and pupils.

THIS PUPIL HAS AN ALLERGY TO:	
Pupil's Name:	
Date of Birth:	
Address (Optional):	
Class:	
GP's Name:	
Consultant's Name:	
Emergency Treatment:	
Emergency Medication Kit is Kept:	
Emergency Telephone Numbers:	

Attach child's photograph here:	

Approved:	Dr Mark Jones, Consultant - Paediatrics
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Issued:	Lesley Le Bailly, Head of Administration
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Reviewed:	Iain George, Head Teacher
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Further Information:

Policy and Practice Guidance