

# **SCHOOL ADMINISTRATION OF MEDICINES**

## **POLICY STATEMENT**

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## SCHOOL POLICY STATEMENT

### THE ADMINISTRATION OF MEDICINES IN SCHOOL

#### HEVINGHAM AND MARSHAM PRIMARY SCHOOLS

## 1. INTRODUCTION

- 1.1 The administration of medicines to children is the responsibility of parents, and there is no requirement for the Headteacher or the school staff to undertake these responsibilities. However, this School Policy Statement has been prepared to clarify for parents, staff and others concerned with the welfare of pupils, the school's policy should a request for the administration of medicine be received from parents.
- 1.2 There are two main sets of circumstances in which requests may be made to school staff to deal with administration of prescribed medicines to children at school:
- (a) cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy:
  - (b) cases where pupils recovering from a short-term illness are well enough to return to school, but are receiving a course of prescribed medication such as antibiotics.
- 1.3 Following a period of illness, a child's own doctor is the person best able to advise whether or not the child is fit to return to school, and it is for parents to seek and obtain such advice as is necessary.
- 1.4 Very few courses of medication are likely to require medicine to be taken during school hours. When the prescribed dosage does indicate the need for medicine to be taken at times when the child is at school, the School Doctor or the Consultant Community Paediatrician will be asked to liaise with the General Practitioner about alternative medication where this is possible.
- 1.5 However, the school recognises that if a child does need to take medicine this may not be sufficient reason for that child to be deprived of a period of schooling, however short.

## 2 THE HEADTEACHER'S RESPONSIBILITIES

- 2.1 The Headteacher and the school staff cannot be required to administer medicine, but as persons *in loco parentis* they must take appropriate action when a child in their care is ill, to secure either the attendance of a parent or of medical assistance.

- 2.2 When a parent requests that medicine be administered to their child at school the Headteacher will deal with the case sympathetically and on its merits. The Headteacher will consider all the circumstances of the case and have regard to the best interests of the pupil and the implications for the staff.
- 2.3 The Headteacher will ensure all staff are aware of the school's policy and practice with respect to the administration of medicines. In the case of pupils with known medical problems, staff who come into contact with that child will be made aware of the precautions that need to be taken and the procedure for coping with an emergency. The Headteacher and staff will do what a "reasonable parent" would do in the circumstances prevailing at the time.
- 2.4 Where medicines are to be administered at the school, the Headteacher will ensure that a named person is responsible for medicines, together with a nominated deputy. These members of staff will be suitably trained to undertake the responsibility.
- 2.5 A clear written policy of the school's organisation and arrangements for the administration of medicines will be given on request to parents, including a statement of their responsibilities and how to make a request for medicines to be given at school.
- 2.6 Where any doubt exists about whether or not to agree the administration of a particular course of medication in school, the Headteacher will seek advice from the School Doctor or the Consultant Community Paediatrician.

### **3 THE PARENTS' RESPONSIBILITY**

- 3.1 It is preferable that parents administer or supervise the self-administration of medicine to their children. This may be affected by the child going home during the lunch break or by the parent visiting the school. However, this might not be practicable if, for example, the child's home is a considerable distance from the school. In such a case parents may make a request for medicine to be administered to the child in school.
- 3.2 **Where such a request is made to the school by parents, it should be in writing and to the effect that the child's doctor considers it is necessary for the child to take medicine during school hours. Forms are available from the school office which can be filled out.**

3.3 The note should include a written indemnity from the parent in favour of the staff involved in administering the medicine. The following form of words should be used where the administration of specific prescription medication is requested.

“I ....., a parent of ....., a pupil at ..... School, agree that the staff of the school may administer .....(name of medicine) to my child according to the directions enclosed with the medicine. I confirm that my child’s doctor as stated that (s)he considers it necessary for the medicine to be taken during school hours.

Signed: ..... Date: .....

Where the administration of prescription medicine may be required in an emergency, the following form of words should be used:

“I ....., a parent of ....., a pupil at ..... School, agree that the staff of the school may administer whatever medicines or other treatment that the staff member considers appropriate according to specific medical advice, and according to whatever circumstances may arise.

Signed: ..... Date: .....

3.4 If the parents refuse to sign an indemnity, the Headteacher will make it clear to the parents (in writing) that the school is acting *in loco parentis* and that the staff are therefore entitled and obliged, in an emergency, to take whatever action they think best in the light of the facts then known to them.

**3.5 The medicine, in the smallest practical amount, should be delivered to school, wherever possible by a parent, and should be handed personally to the child’s teacher.**

3.6 Parents should ensure the container (the chemist’s original container) is clearly labelled with the contents, the child’s name, and the dosage and/or other instructions. The receiving member of staff will check the intelligibility of the instructions. Any concerns about the supply, transportation or storage of a suitable container may be discussed with the School Doctor or the Consultant Paediatrician.

3.7 Parents should also ensure the child is familiar with the dosage and, subject to age and physical and mental capacity, is able to self-administer the medicine under adult supervision.

3.8 In cases where children require medication over long periods of time, any change in the dosage or other arrangements must be notified by parents, in writing, to the Headteacher.

#### **4 GUIDELINES**

4.1 Long-term illnesses, such as epilepsy or asthma, will be recorded by the School Doctor on the child's school record card, together with appropriate instructions.

4.2 Medicines will be kept in a cupboard in the school office. Under no circumstances will medicines be kept in first aid boxes.

4.3 Wherever possible, arrangements will be made for the medicine to be self-administered, under the supervision of a named adult. A written record of the dates and times of the administration of the medicine will be made on a form kept for that purpose. The supervising member of staff should check the child's name, the prescribed dose, expiry date and the written instructions on the container/label.

4.4 Whichever member of staff undertakes duties concerned with the administration of medicine in the school, the Headteacher will ensure that person has appropriate information and training to undertake the duties, and will continue to exercise the ultimate responsibility for the administration of medicines within the school.

4.5 Where pupils might need to use an inhaler in school, a flexible approach will be adopted. After discussion with the parent, the child and the doctor, some children will be considered sufficiently responsible to have charge of their own inhalers during specific activities e.g. PE. In other cases the inhaler will be kept in a secure place in the school office. The teacher or other member of staff concerned will have immediate access to the inhaler whenever it is required by the child.

4.6 Staff are aware of the need for asthmatics to carry medication with them (or for teachers to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

4.7 Where a number of pupils may be taking regular medication at any one time, a suitably trained member of staff will be appointed as a drug administration co-ordinator to monitor and record routines. A chart for the administration of medicines will be kept in the school, and advice on appropriate procedures will be sought from the School Nurse.

4.8 Where a pupil's case makes it necessary, emergency supplies of drugs will be stored in the school, but only on a single dose named patient basis. In these cases specific training on how and when to administer will be sought from the Health Authority.

- 4.9 Medicines no longer required will not be allowed to accumulate at the school. They must be returned to the parent in person for disposal.
- 4.10 The review and monitoring of individual long term cases, and the necessary liaison with General Practitioners, will be undertaken by the School Doctor or the Consultant Community Paediatrician.
- 4.11 When on educational visits and trips a member of staff will be appointed to look after any prescribed medicines or inhalers. Pupils will be aware of who this appointed member or staff is.
- 4.12 Sometimes additional safety measures may need to be taken for outside visits. If necessary an additional supervisor will be appointed to accompany a particular child. This supervisor will be aware of all medical needs the pupil has and will have been given a copy of their health care plan.
- 4.13 If staff are concerned about whether they can provide for a Childs safety or the safety of other children on a visit they will seek parental views and medical advice from the school heath service of the child's GP.
- 4.14 Where pupils have life threatening conditions, specific health care plans will be carried on vehicles. These plans will require input from parents and the pupils GP.
- 4.15 The Passenger Transport Unit (PTU) should be aware of any pupils with specific health plans. Additionally trained escorts can be arranged for pupils with complex medical needs. Risks will also be minimised when necessary; for example if a pupil is at risk from a severe allergic reaction nobody will be allowed to eat on the vehicle.

## **5 CIRCUMSTANCES REQUIRING SPECIAL CAUTION**

- 5.1 Some children require treatment which school staff may feel reluctant to provide, for example, the administration of rectal valium, assistance with catheters, or the use of equipment for children with tracheotomies. There is no requirement for the Headteacher or staff to undertake these responsibilities. However, the number of such cases will be very small and early identification and careful planning by the relevant Health Authority will result in detailed discussions with the school and formulation of a carefully designed individual programme to meet the needs and circumstances of a particular case.
- 5.2 Only those who are both willing and appropriately trained will administer such treatment. Such administration will be in accordance with instruction issued by a Doctor. Training in invasive procedures will be conducted by qualified medical personnel. The School Nurse will be asked to provide advice on nursing matters.
- 5.3 For the protection of both staff and children, a second member of staff will be present while the more intimate procedures are being followed, and appropriate personal protection (eg disposable gloves) will be worn.

5.4 Injections may only be administered by a qualified nurse or doctor, or by a person who has been trained to undertake this task. Under no circumstances should an untrained person attempt to administer an injection.

5.5 Pupils who may experience an extreme reaction to (for example) foodstuffs or wasp stings will require an individual care plan. This will include immediate contact with the Emergency Services and/or the local medical practice and the administration of drugs as previously agreed. When guidance is required on dealing with potential cases of anaphylactic shock the school will approach the School Doctor or the Consultant Community Paediatrician.

## **6 ADMINISTRATION OF ANALGESICS TO PUPILS**

6.1 In circumstances when pupils suffer headaches, menstrual pains or toothache, the Headteacher or another member of staff may be asked to provide a mild analgesic (eg paracetamol) to relieve pain.

6.2 Analgesics will only be given to pupils under the age of 16 when parents have given prior written permission. Circumstances under which it might be appropriate for the Headteacher to seek such permission from parents would include residential visits organised by the school.

6.3 In such cases, specific members of staff will be authorised to issue tablets and they will keep a record of issues including name of pupil, time, dose given and the reason.

6.4 Tablets, which will be standard paracetamol for pupils aged 12 and over, or preparations of paracetamol designed specifically for children under 12, will be kept in a secure place and not in First Aid boxes.

6.5 On no account will aspirin, or preparations containing aspirin, be given to pupils. This is particularly important where pupils under 12 years of age are concerned.

6.6 In order to avoid the risk of improper use, pupils should not bring their own supplies of analgesics to school.

## **7 PARENTAL CONSENT FOR TREATMENT**

7.1 A pupil who is over 16 years of age may give consent to any surgical, medical or dental treatment. For younger pupils, obtaining parental consent does not constitute a difficulty: normally the parent will make the decision. However, the

problem may be urgent or the parent cannot be contacted, for example when the pupil is abroad on a school journey.

7.2 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 may decide that the pupil should not go on the journey.

7.3 Parents who belong to religious bodies which reject medical treatment should make their views and wishes known to the school so that the implications of their beliefs can be discussed and, if possible, accommodated.

7.4 The channels of healing desired by the parent may not be available and it is a proper and responsible decision for the Headteacher, acting *in loco parentis*, to have recourse to ordinary medical treatment if the circumstances make it absolutely necessary. However, the Headteacher will not seek to override parental wishes and if agreement cannot be reached on this issue the pupil will not be taken on the journey.

## **8 INFORMATION ABOUT THIS POLICY STATEMENT**

The Headteacher will ensure that parents and staff are familiar with the arrangements set out in the Policy Statement.

## **9 REVIEW AND MODIFICATION OF THIS POLICY STATEMENT**

This School Policy Statement will be kept under review and may be modified from time to time, after appropriate consultation.

This policy should be read in conjunction with the Young People with Medical Needs Policy and the Single Equality Scheme.

This policy has been adopted in March 2015 and will reviewed as required.

Confirmed by the Governing Body of ..... School

on..... (date)



**MEDICINE ADMINISTRATION FORM**

I ....., a parent of ....., a

Pupil at ..... School, agree that the staff of

The school may administer .....(name of

medicine) to my child according to the directions enclosed with the medicine. I

confirm that my child's doctor has stated that s(he) considers it necessary for the

medicine to be taken during school hours.

Signed: ..... Date: .....