

POLICY DOCUMENT

Title: School administration of medicines policy
Reference and Source Document : Model policy adopted from Local Authority.
The key purpose: To set out the way in which the school will administer medicine to pupils.
Lead Staff Responsibility: Head teacher and Governing body.
Governing Body Responsibility : Personal Development Committee
Reviewing Cycle and next date: Yearly - May 19
Approved by Leadership Team on: N/A
Approved by Governing Body on: 09/05/18 Signature:

THE ADMINISTRATION OF MEDICINES IN SCHOOL

HEVINGHAM AND MARSHAM PRIMARY SCHOOL PARTNERSHIP

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 policy 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 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so 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 or require analgesics.
- 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.

2 THE HEADTEACHER'S RESPONSIBILITIES

- 2.1 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.
- 2.2 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.

- 2.3 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.
- 2.4 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.
- 2.5 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 child's GP.

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.

See appendix 1 - Parental/head teacher agreement for the school to administer medicine.

- 3.2 The medicine, in the smallest practical amount, should be delivered to school, wherever possible by a parent, and should be handed personally to the school office.
- 3.3 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 child's GP.
- 3.4 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.

3.5 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 a member of staff and recorded.

4.2 Medicines will be kept 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 or staff room. 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.

- 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 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.
- 4.11 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.
- 4.12 If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit they will seek parental views and medical advice from the school health service of the child's GP.
- 4.13 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.
- 4.14 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.

4 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.

Appendix 1

Hevingham & Marsham Primary School Partnership

PARENTAL/HEADTEACHER AGREEMENT FOR SCHOOL/SETTING TO ADMINISTER MEDICINE

The school/setting will not give medicine unless you complete and sign this form and the school/setting has a policy that staff can administer medicine.

Name of School/Setting _____

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry Date _____

How much to give (dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be given _____

Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent / carer _____

Name and phone of GP _____

Agreed review date to be initiated by
[name of member of staff] _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to schools/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: _____

Confirmation of Headteacher's agreement to administer medicine

It is agreed that _____ [name of child] will receive

_____ [quantity and name of medicine] every day at

_____ [time medicine to be administered e.g. Lunchtime or
afternoon

break].

_____ [name of child] will be given/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]