

**ORMESBY VILLAGE INFANT and JUNIOR SCHOOL**  
**ADMINISTRATION OF MEDICINES TO PUPILS POLICY including**  
**PUPILS WITH MEDICAL CONDITIONS**

The policy consists of the following

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## **1. BACKGROUND**

The administration of medicines to children is the responsibility of parents and there is no requirement for school staff to undertake these responsibilities. However, this policy has been prepared to clarify the situation should a request for administration of medicine be received from parents. The Governing Body supports the Headteacher in her right to refuse to take on the responsibility for her staff to administer any medication to pupils. However the school has a duty to ensure that children with medical conditions are treated equally, and not excluded from the provision on offer. It is the schools' duty to ensure that provision is made to administer required medicines should staff employed by the schools be unwilling to do so.

Throughout this policy the responsible person is stated as the Headteacher. She has delegated responsibility also to class teachers who take on this responsibility on a voluntary basis for the children in their class. Should the Headteacher be unavailable, the Deputy Headteacher/Lead Teachers take on the responsibilities in her place.

## **2. AIMS**

- a. To provide a coherent policy, which sets out clearly the responsibilities involved in administration of medicines to pupils.

- b. To set out clear procedures that must be followed for the administration of medicines

### **3. POLICY DETAILS**

#### **3.1 DEFINITION OF MEDICATION**

- a. *Prescribed Medication:* Any medication requiring a medical or dental practitioner's prescription is defined as a prescribed medication. Examples may include asthma inhalers, antibiotics, Valium, adrenalin etc.
- b. *Non-Prescribed Medication:* Any medication not requiring a medical or dental practitioner's prescription is defined as a non-prescribed medication. Examples may include analgesics, milk of magnesia tablets or liquid, creams, sprays etc.

#### **3.2 MEDICINES WHICH WILL/WILL NOT BE ADMINISTERED**

- a. Circumstances which may warrant administration of medicines to pupils at school include cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy.
- b. In the cases of courses of prescribed medication, such as antibiotics, the school will administer the medication provided that the child is fit enough to be at school.
- c. 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.
- d. 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, parents should consult with the General Practitioner about alternative medication.
- e. In the case of children with complex health needs (eg. diabetes, anaphylaxia or epilepsy), staff may feel reluctant to provide certain treatments. There is no requirement for the Headteacher or staff to undertake these responsibilities, but the relevant Health Authority can be consulted before a decision is made. Appendix II of this document gives examples of the type of health care plan that might be agreed.

#### **3.3 HEADTEACHER'S RESPONSIBILITIES**

- a. The Headteacher and/or 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.
- b. 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. The parents may be given a copy of this policy and the associated forms to ensure they are fully informed about the school's procedures. The school has a duty to ensure that children are not disadvantaged through being ill and must ensure that medicine can be administered even if not by school staff.

- c. The Headteacher will ensure all staff are aware of the schools' policy and practice with respect to this policy. In the case of pupils with known medical problems, staff who come into contact with the 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.
- d. 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 if necessary to undertake the responsibility. Any training given must be recorded.
- e. The Headteacher will ensure that parents are made aware of this policy when a request is made to administer medicines.
- f. 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 school health services or the Consultant Community Paediatrician.

#### 3.4 THE PARENT'S RESPONSIBILITY

- a. Parents can request in advance for the school to administer medicines. If a pupil arrives with medication at the school, this policy does not necessarily allow for administration on the same day. Administration will be at the Headteacher's discretion. When an advance request has been received, the Headteacher will let the parent know if the school is or is not prepared to administer medication.
- b. If medicines, including inhalers, are agreed to be kept at the school, they should be delivered to school, wherever possible by a parent, and should be handed personally to the class teacher. These medicines should be accompanied by a completed copy of the request form (appendix I).
- c. 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 school health services or the Consultant Community Paediatrician.
- d. Parents should also ensure the child is familiar with the dosage and, subject to age and abilities, is able to self-administer the medicine under adult supervision.
- e. 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.

### 3.5 RECORD KEEPING/STORAGE

- a. The child's GP will record long-term illnesses, such as epilepsy together with appropriate instructions for medication.
- b. Medicines will be kept in the medicine cabinets in the staff toilet next to the Headteacher's office at the infant school and in the school office at the junior school. Under no circumstances will medicines be kept in first aid boxes. Asthma inhalers, clearly labelled, are kept on the top of cupboards in classrooms in the infant school and in a marked tray in junior school classrooms. If a medicine is to be refrigerated, it must be secured in a clearly marked container in the refrigerator in the staffrooms.
- c. Wherever possible, arrangements will be made for the medicine to be self-administered, under the supervision of a named adult.
- d. A written record of the dates and times of the administration of any prescribed medication will be made in a book/file kept for that purpose. Such a record should be kept together with the completed request form (appendix 1) and checked by the member of staff responsible. These are kept in classrooms.
- e. Where a number of pupils may be taking regular medication, other than inhalers, at any one time, a suitably trained member of staff will be appointed as drug administration co-ordinator to monitor and record routines. This member of staff will be selected when such an occasion arises and a record kept in the School Office of their training. At present the named persons are the Headteacher and all class teachers, each responsible for the children in their class.
- f. 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.
- g. The renewal of any medication, which has passed its expiry date, is the responsibility of the parent.
- h. Medicines no longer required or expired will not be allowed to accumulate at the school. Medication should be collected from school by parents within 7 days of the expiry date. The school will contact parents/guardians immediately if medication remains uncollected.

### 3.6 Labelled inhalers are stored safely out of children's reach in individual classrooms.

- a. Staff should be 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.

### 3.7 ADMINISTRATION/TRAINING

- a. Whichever member of staff undertakes duties concerned with the administration of medicine in the school, within the terms of their job description, the Headteacher will ensure that that person has appropriate information and training to undertake the duties, and will continue to exercise the ultimate responsibility for administration of medicines within the school. No member of staff will be required to administer medicines or undertake invasive procedures if it is not in their existing contract.
- b. A record will be kept of staff qualified or specifically authorised in administration of medicines and of any training given or received.
- c. 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.
- d. 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 discussion with the school, and the formulation of a carefully designed individual programme to meet the needs and circumstances of a particular case.
- e. Only those who are both willing and appropriately trained will administer such treatments. Such administration will be in accordance with instructions issued by a doctor. Qualified medical personnel will conduct training in invasive procedures. The school nurse will be asked to provide advice on nursing matters.
- f. 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 (e.g.. disposable gloves) will be worn.
- g. 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 circumstance should an untrained person attempt to administer an injection.
- h. 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.
- i. Where a member of staff notices any significant emotional, medical or physiological change to a pupil in their care, this should be communicated immediately to the Headteacher, or designated member of staff, who will take appropriate action. This action should be recorded on the pupil's medical file.

### 3.8 ADMINISTRATION OF NON-PRESCRIBED MEDICATION TO PUPILS

- a. Staff in the school should not administer non-prescribed medication.
- b. 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 (e.g.. paracetamol) to relieve pain.

- c. Analgesics will only be given to pupils 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.
- d. In such cases, specific members of staff will be authorised to issue tablets/medicine and they will keep a record of issues including name of pupil, time, dose given and the reason.
- e. Tablets, which will be standard paracetamol or preparations of paracetamol designed specifically for children under 12, will be kept in a secure place and not in First Aid boxes.
- f. On no account will aspirin, or preparations containing aspirin, be given to pupils.
- g. In order to avoid the risk of improper use, parents, not pupils, should bring their own supplies of analgesics to school and give to the class teacher/ school office for safekeeping.

### 3.9 PARENTAL CONSENT FOR TREATMENT ON SCHOOL JOURNEYS

- a. For pupils under 16 parental consent is required for any surgical, medical or dental treatment and 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 on a school journey.
- b. 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.
- c. Parents who belong to religious bodies that reject medical treatment should make their views and wishes known to the school in writing so that implications of their beliefs can be discussed and, if possible, accommodated.
- d. 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.

### 3.10 INSURANCE

All staff working in the school are covered in respect of public liability insurance while they are acting on behalf of the County Council. This includes any duties that are undertaken to support a healthcare plan.

#### **4. EVALUATION/REVIEW OF POLICY**

This policy will be reviewed every year.

#### **5. DISTRIBUTION**

The 'master copy' of this policy will be kept by the Headteacher. The Headteacher will ensure that parents and staff are familiar with the arrangements set out in this policy and a copy will be given to parents upon request.

Action	Date
Reviewed by staff	20.10.20
Review date	October 2021

## GUIDANCE ON THE CARE AND MANAGEMENT OF CHILDREN WITH COMPLEX HEALTH NEEDS

This guidance is for Governors and Headteachers. It concerns procedures for the management and care of children with significant and Complex Health Needs. It forms part of the Administration of Medicines policy.

The term 'Complex Health Needs' includes those children:

- Whose clinical well being changes significantly from day to day
- Who need many hours of care each day, and
- For whom there is a daily risk of a life threatening event

Healthcare professionals will identify such children.

Procedures associated with the above include:

- Invasive procedures, including augmentative feeding (nasogastric tubes, gastrostomy, other 'ostomies' including tracheostomy, ileostomy, colostomy and urinary catheters).
- Regular medication to be given during the school day other than inhalers, antibiotics and medication for epilepsy.
- Oxygen supplementation.
- Management of emergencies like to require hospital admission such as:
  - Diabetes mellitus
  - Allergy
  - Asthma
  - Seizures
  - Anaphylaxia

A significant health need does not usually include feeding or toileting.

There is an important difference between management of first aid within school and the management of medical emergencies.

## HEALTHCARE PLANS

An individual healthcare plan must be maintained for every child with Complex Health Needs. These plans will be initiated by the responsible healthcare professional.

Plans should be agreed by the responsible healthcare professional, the Headteacher and the parents/people with parental responsibility, prior to the admission of a pupil to a school or whenever a change is made to an existing plan. Healthcare plans should be signed to indicate acceptance by all parties.



Proformas for use with children with significant and complex healthcare needs are detailed in the Education Department Health and Safety Manual. Specifically, they are:

- Healthcare Plan for a Pupil with Complex Health Needs (Form MED 2)
- Medical Procedures Sheet – to be completed for a child/young person with Complex Health Needs (Form MED 3)
- Checklist for administration of Rectal Diazepam in Epilepsy and Febrile Convulsions for Non-Medical/Non-Nursing Staff (Form MED 4)

The Headteacher is responsible for the health and safety of staff and pupils. Headteachers must ensure that appropriate training, as required to support Healthcare Plans, is given prior to the admission of a pupil with Complex Health Needs. Training must also be provided if needs change and new procedures are introduced.

The Headteacher will need to ensure that parents/carers understand their responsibility to inform the school, in writing, of any changes in the pupil's care needs as soon as these occur.

Where practicable, the Headteacher should allow young people to be offered a carer of their own gender for intimate special care. It is advisable for school staff to work in pairs when carrying out intimate invasive procedures.

#### ROLE OF THE SCHOOL HEALTH TEAM

A Nurse will be available to give advice and to monitor Healthcare plans for those with complex and significant healthcare needs. The nurse will not be expected to be on school premises at all times.

The Nurse, or other appropriate healthcare professionals, will be responsible for the training of school staff.

In some circumstances, a qualified health professional may be employed to monitor, assist and advise in the management of children with complex needs. This will usually be the case when a significant number of children with such needs are attending the school.