

# The Bawburgh School

## Administration of Medicines Policy

### 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 the 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 parents 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 responsibility

- 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. These members of staff will be suitably trained to undertake the responsibility.
- 2.5 A clear written statement of the school's organisation and arrangements for the administration of medicines will be given 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 Medical Profession.

### **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. A form is provided for this purpose. (Form Med 1)
- 3.3 Pupils who may require emergency procedures due to a long term illness will be the subject of a 'Individual Health Plan' which will be drawn up by the school, health professionals (usually the school nurse) and the parents. The

Headteacher will make it clear that staff, acting in loco parentis, are entitled and obliged, in an emergency, to take whatever action they think best in the light of the facts then known to them.

- 3.4 Any medicine, in the smallest practical amount, should be delivered to school, wherever possible by a parent, and should be handed directly into the school office.
- 3.5 Parents should ensure the container (the chemist's original container) is clearly labelled with 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 Doctor.
- 3.6 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.
- 3.7 In cases where children require medication over long periods of time, any change in the dosage or other arrangements specified by the child's G.P. must be notified by parents, in writing, to the Headteacher.

#### **4 Procedures**

- 4.1 Long-term illnesses, such as epilepsy or asthma, will be recorded on the child's school record, together with appropriate instructions for treatment.
- 4.2 Medicines will be kept in the fridge in the staff room or classroom on a high shelf as appropriate. Asthma treatments will be kept in the pupil's classroom. 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 the class teaching assistant.
- 4.4 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 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.

The need to ensure the school environment is favourable to asthma sufferers is recognised. There will be no discrimination against asthma sufferers. They

will be given full access to the curriculum and participate as fully as their condition will allow.

- 4.5 Where pupils might need to use an inhaler in school, a flexible approach will be adopted. The inhaler will be kept in the classroom so pupils will have immediate access to the inhaler whenever it is required.
- 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. They also have a clear understanding of what to do in the event of a child having an asthma attack.
- 4.7 Where a number of pupils may be taking regular medication at any one time a trained member of staff ie. Miss Stedman will monitor and record routines. A chart for the administration of medicines will be kept in the school, and advice on appropriate procedures may 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 will be returned to the parent for disposal.
- 4.10 The review and monitoring of individual long term cases will be undertaken by the G.P. and is not seen to be the school's responsibility.

## **5 Basic Medical procedures**

### Circumstances requiring special caution

- 5.1.1 In the event of an accident involving a sufferer where there is external bleeding normal, First Aid procedures will be followed and appropriate personal protection (e.g. disposable gloves) will be worn.
- 5.1.2 As a precautionary measure staff giving physical care to children will cover any cuts or abrasions they may have.
- 5.1.3 Any clothes, linen, crockery or cutlery which are soiled by bodily fluids will be sterilised. Soiled waste will be disposed of appropriately.

## Anaphylaxis or Anaphylactoid Reaction

- 5.2.1 Pupils who may experience an extreme allergic reaction to food stuffs or wasp stings will have an individual care plan, a clear agreement drawn up between the school and parent. This will include immediate contact with the Emergency Service and/or local Medical Practitioner.
- 5.3 Injections will only be administered by a qualified nurse, doctor or suitably trained volunteer (if authorised by the parent).
- 5.4 Teachers who have known epileptics in their class or group will have training in immediate emergency procedures.
- 5.5 There is no requirement for the Headteacher or staff to undertake the administration of medicine to pupils where timing is crucial and/or where technical or medical knowledge or expertise is required. This includes the administration of rectal valium, assistance with catheters or the use of equipment for children with tracheotomies.
- 5.6 For the protection of both children and staff a second member of staff will be present while examination which involves the removal of clothing takes place.

## Diabetes

- 5.7.1 Insulin injections will take place at home. In the event of children accompanying a school party on residential trips arrangements will be agreed between the school and parents. The school may decide that the pupil should not go on the journey if the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment. This right is reserved in the case of any medical problem.
- 5.7.2 It is the parent's responsibility to ensure that there is an emergency supply of high glucose food in school. This will be stored in the cupboard in the First Aid Room. Access by all diabetics is immediate.

### 5.7.3 Asthma

The school follows the 'Schools in Norfolk Asthma Guidance'. All staff have attended asthma training. Information is made available to staff and the use of inhalers forms part of regular first aid training.

All parents who have identified that their child is asthmatic on the school admission form will be asked to fill in an annual 'Asthma Record Form'.

## **6 Administration of Analgesics to pupils**

- 6.7 Analgesics will only be given when parents have given prior written permission.
- 6.8 In circumstances where pupils suffer headaches, menstrual pain or toothache the Headteacher or another member of staff may be asked to provide a mild analgesic (e.g. paracetamol) to relieve pain.
- 6.9 Miss Stedman or the school secretary are authorised to issue tablets and they will keep a record of issues including name of pupil, time, dose given and the reason.
- 6.10 No preparations containing aspirin or ibuprofen will be given to pupils unless prescribed by a doctor.
- 6.11 Pupils may not bring their own supply of analgesics to school.

## **7 Parental Consent**

- 7.1 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.
  - 7.2 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, for example, when the pupil is abroad on a school journey. 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 The Headteacher will ensure that parents and staff are familiar with the arrangements set out in this policy statement.
  - 9 The Policy Statement will be kept under review and may be modified at any time after appropriate consultation.