

# Market Drayton Infant School & Nursery

## ADMINISTERING MEDICINES POLICY

### 1. Introduction

The detailed medical arrangements set out have been prepared jointly by the Health Authority, the Community Health Services NHS Trust and the Education Services Directorate. The arrangements are reviewed on a regular basis and form the basis of ensuring that the medical needs of staff and pupils are met at school. The arrangements are to be used as and when necessary and support is available as required from the named contact.

### 2. Medicines : Administration and Use

- The LA has principal responsibility for the safety and welfare of pupils in its schools. This document, therefore, sets out the LA's detailed policy guidelines to schools, clarifying the areas of responsibility for medicines, together with the procedures to be operated should there be a need for medication to be administered in school. These guidelines should, therefore, form the basis of any school policies or practices relating to the administering of medicines in school. If in doubt, those concerned should contact the Shirehall or the Health Service for further advice. (See below).
- For the purposes of this document the term "medicine" applies only to medication prescribed by the pupil's doctor whether in the form of tablets, inhalers, liquids, capsules or creams.
- This document does not, therefore, deal with the contents of "First Aid" boxes which has been the subject of previously issued separate advice, the gist of which being that they should **not** contain any "pills" or "potions".
- "Parent" has the same meaning as defined in Section 114 Education Act 1944 and includes any person:-
  - who is not a parent but who has parental responsibility for the pupil, or
  - who has care of the pupil.
- This document does not address the responsibilities of school staff when an accident or emergency situation arises, for example where a pupil has a serious accident and parents need to be contacted or an ambulance called. Schools should already have in place procedures to deal with such emergency situations which are clear and known by all staff and parents.

- This document apart from being drawn to the attention of all staff should be filed as a technical paper within the LA's guidance on "Health and Safety Policy and Codes of Practice".
- Some of the LA's special schools cater for children with severe disability some of whom have complex medical problems and who will be on regular medication both at home and at school. Some may also have needs for special nursing care while at school for which arrangements have been made. The guidance set out in this document is not intended to override or modify in any way already established arrangements in such schools.
- The LA hopes that schools will find it possible to co-operate with reasonable and justified requests from parents so that their children need not miss out on their educational opportunities. The current legal position, the County Council's insurance arrangements, the ability to provide appropriate training where necessary and following these guidelines should ensure that any risk of acting negligently is kept to an absolute minimum. However, if Heads are in any doubt about administering medicines in school or would like further information about Asthma they should consult either the Education Office or the Consultant Paediatrician at Shropshire's Community Health Service, NHS Trust, or the Consultant Community Paediatrician for the school.

### **3. Legal Considerations - Headteachers and Teacher/Employees Responsibilities**

#### **The Head's Responsibility**

- The LA does not discourage Heads from administering medicines in schools. Heads are left to use their discretion in this matter.
- The Head's responsibility is to consider each request for medicine to be administered to a pupil in school on its merits. In so doing the Head should have regard to the best interests of the pupil, but can also consider the implications for the school, especially staff. Where it is thought appropriate for medicines to be administered, the Head should ensure that any instructions and the LA's guidelines are followed carefully.
- Staff should be made aware of the school policies and practices about administering medicines, and indeed, all first aid treatment, particularly where there are pupils with known medical problems.
- Whether agreeing or refusing to administer medicines in school, the Head's decision will be defensible **if it is clear that s/he has acted reasonably**. Heads have an unquestioned duty to all the children in their care but before accepting responsibility for administering medication to a pupil they should first consider all the circumstances of the case.

#### **Teachers/Employees Responsibilities**

- Teachers have a professional duty to safeguard the health and safety of pupils both when they are authorised to be on the school premises and when they are engaged in authorised school activities elsewhere.
- No teacher can be required to administer medicine or drugs to a pupil or supervise pupils taking medication. However, there is nothing to stop them from undertaking such tasks if they are willing to do so, the parents have given written permission and where necessary appropriate training has been given by health staff (eg school nurse or doctor). As mentioned, the LA's hope is that schools will be able to co-operate with reasonable and justified requests.
- A person who does not have parental responsibility for a particular child, but has the care of that child (eg school staff) may be authorised by statute to do certain things. Section 3 Children Act 1989 states that in such circumstances that person "may (subject to the provisions of this Act) do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare." Whilst it is virtually impossible to define what would be regarded as "reasonable in all the circumstances" as this must be considered on a case to case basis the critical point is that Section 3 Children Act 1989 potentially protects an individual who becomes actively involved in attempting to safeguard/promote a child's welfare by removing the rigid conclusion that such intervention would automatically and necessarily either constitute criminal assault or alternatively give rise to a civil claim for trespass to the person.
- Teachers also have a general duty to act "in loco parentis" while pupils are in their care at school (ie, to act as any reasonable parent would in the same circumstances). Where the Head has agreed to administer and provided the administration of medicine is controlled and undertaken in accordance with the appropriate medical advice (dosage instructions) and these guidelines, the risk of injury should be minimised and staff can be considered to have exercised reasonable care.
- Parents must complete a request form available at the office. For Asthmatics there is a specific form which must also be completed.
- The school will also keep a record of any medicine administered.
- Although legally it is not possible to disclaim liability for personal injury or death, it is recommended that the Head should obtain a written indemnity from the parent in favour of the Head or the member(s) of staff involved. It is, therefore, important to ensure that the systems set up limit opportunity for negligence.

• Staff who act reasonably and in accordance with appropriate instructions/guidelines are protected by the Council's insurance policies should any claim for negligence be brought. The Council's Insurance Officer has commented as follows:-

"Any person under a contract of service with Shropshire Council or any person volunteering to assist with the discharge of the Authority's functions is indemnified under the terms of our liability policy provided they act in good faith, within the limits of their authority and observe the policy terms and conditions".

In connection with Anaphylaxis (an extreme allergic reaction requiring emergency treatment - the most common cause being food, in particular nuts, fish and dairy products), the Council's Insurance Brokers have also commented:-

"1. The policy has a "reasonable care" condition and as such anything of this nature should be approached with the attitude that you would apply if you did not have the benefit of public liability insurance.

2. Every effort should be made to prevent known sufferers from coming into contact with products which are known to bring on the reaction.

3. The staff who are to administer the drugs should be trained to do so by people who are qualified and have experience in this field.

4. Any other specialist advice should be sought".

#### **4. Circumstances in which requests to administer medicines in school may be made**

• Children attend school to benefit from organised education. Given the requirements of the National Curriculum it is important that a pupil's time out of school is as little as it possibly can be. School attendance may be interrupted by episodic illness and some pupils have chronic illness which may interfere with their education. With the co-operation of parents, schools and doctors, the disruption to their education can be kept to a minimum. In all cases the objective should be to ensure that the child rather than his/her illness is the focus of attention.

• There are two main sets of circumstances in which requests may be made to a Head for medicines to be administered to pupils at schools:-

° cases of chronic illness or long-term complaints, such as asthma, diabetes, epilepsy, cystic fibrosis, anaphylaxis.

° cases where pupils recovering from a short term illness are well enough to return to school but are receiving a course of antibiotics, other medicine, etc.

A third circumstance are cases where pupils who suffer occasional discomfort such as toothache or period pain may require analgesics (pain relievers).

#### **5. Circumstances in which requests to administer medicines in school may be made that need very careful consideration**

- These are cases where professional associations may well advise Heads and other teaching staff not to become involved. However, in some of the following situations Shropshire Heads have previously considered it justified to agree to administer and school staff have been prepared to volunteer and have received appropriate training so that administration has been able to take place in school:-

- Where the timing of administration is crucial to the health of the pupil. (ie the medication must be administered at a precise time). Should Heads agree to administer in such cases they must ensure arrangements are in place to meet the timing requirements.

- Where some technical or medical knowledge and/or training is required.

(However, it may be possible in some circumstances to suitably train a volunteer. Staff will not be being asked to undertake activities that, given proper training, cannot be performed by non medical personnel).

- Where intimate contact with the pupil is necessary. This would include administration of rectal diazepam, assistance with catheters, or use of equipment for pupils with tracheotomies.

(However, volunteers have been trained in the past to administer rectal valium in Shropshire Schools).

No decisions in these situations should be made one way or the other without detailed discussion having taken place between school staff, Health Authority and/or GP and the parents

- Normally, one would expect injections to be administered by a nurse or doctor. However, in an emergency, or on a comparatively rare occasion a Head might feel that s/he would be exercising his or her duty of care to a pupil reasonably by administering an injection. A Head would be well advised to undertake this only if formally authorised by the parent and after guidance from a medical practitioner.

## **6. Principles/criteria relevant to the administration of medicines in schools**

- Whenever possible, parents should be asked to make arrangements to come into school or for pupils to return home at lunchtime (or other breaktime if convenient) for medication. Heads should provide maximum assistance in facilitating such arrangements.

- Where it is not feasible and/or practicable for parents to administer and the Head is requested to consider administration by the school the following principles apply:-

- A proper written request is made by the parent.

- It is clearly necessary for the medicine to be administered during school time.

This assumes:

- that the pupil concerned is properly fit to attend school and if not, he/she should be at home (Heads have the power to return home a pupil they consider not to be well enough to be in school).

- that the prescribed dosage must be given during the school day. If it is sufficient to dose before and after school then the school should not be being asked to administer additional doses during the school day.

Parents should be encouraged to ask the prescribing doctor (or dentist) if it is possible for medication to be prescribed in dose frequencies which enable it to be taken outside school hours.

° The administration required is simple and straightforward to undertake. Giving a pill or spoonful of medicine is one thing, being asked to undertake complicated methods which might well be seen as unreasonable to expect a teacher "in loco parentis" to undertake are another. (Should this latter situation arise it would be expected that detailed discussions between school staff, Health Authority and/or GP and parents would have taken place to explain the situation and to ascertain the practicability of the school dealing with the matter eg, willingness, training etc).

• Information on long-term illnesses, such as epilepsy, asthma, diabetes, cystic fibrosis, anaphylaxis, etc, must with consultation and consent of parents be recorded on the pupil's record together with appropriate detailed instructions about how to deal with the administration of any medicines both routinely and in any emergency. An individual administration record sheet is kept for each pupil with a long term illness. All teaching staff (and any other staff the Head considers need to be informed) in contact with the pupil must be sufficiently informed about the pupil's illness to enable them to assist in dealing with health maintenance and emergency situations. All staff concerned must treat this information as confidential.

**IT IS THE POLICY OF THE SCHOOL AND EARLY YEARS SETTINGS TO ONLY ADMINISTER PRESCRIBED MEDICATION.**

## **7. Procedures to be followed in administering medicines in schools**

• The parent's written request should be received, preferably delivered by the parents, confirming that it is necessary for the pupil to take medicine during school hours. Oral requests from the pupil or parents should only be acted upon in the most extreme cases. The request form should also specify:-

° the name of the medication;

° the dosage and time of administration (stating clearly whether timing is critical);

° the reason for the medication;

° reason(s)/times when the medication need not be administered (eg, when there is not an asthma attack);

° the name and telephone number of the doctor responsible for prescribing the medication;

° possible interaction with any other medicines such as paracetamol.

° emergency contact name and day time telephone number.

If Heads are unsure about a particular request it is recommended that they ask for a doctor's note to confirm the information required.

• Where it is agreed to administer, the medicine, in the smallest practicable amount should be brought to school by the parent, not the pupil, and delivered personally to the Head or an appropriate member of staff. These medicines must:-

◦ be clearly labelled with the pupil's name

◦ be in the original bottle/packaging

◦ be clearly labelled with the dosage which it was prescribed.

◦ be clearly labelled with the date

◦ be kept in a locked cupboard, away from the pupils, preferably in the staff room or the Head's room. Medicines which need to be kept in a refrigerator may be kept in a closed container within a domestic refrigerator again not accessible to pupils.

(Note: the requirement to keep medication in locked facilities does not apply to asthma inhalers which should either be being carried by the pupil or if the pupil is not capable of undertaking the medication him/herself be readily accessible when needed).

• A written record should be kept of the dates and times of each administration. It is further recommended that parent signed request forms be kept within the administration record file until such time as the period of medication has finished for reference purposes when necessary. Thereafter the request form should be transferred to the pupil's personal file.

An individual record of administration sheet should be kept for each pupil on long term medication. This again should be filed on the pupil personal file on completion of the medication. Such medicine administration records should be transferred as part of the pupil's personal file to any other schools attended.

It may be sensible for a designated member of staff (Head or other volunteer) to be made responsible for administering medication provided suitable other arrangements exist to cover any absence.

• Parents are responsible for informing the school, in writing, if there is any change of dosage.

• Parents are responsible for obtaining fresh supplies of medication.

• Parents are responsible for informing the school if the medication has been stopped by the doctor.

• **It should not normally be necessary for non prescription, or over the counter medication to be brought to school for administration by the school.** In rare situations where the school have agreed to administer such medication it must be in the original container which will have the name of the medicine, the manufacturer's name, the manufacturer's guide on dosage by age range and the expiry date.

• The school should never give medication which is not properly labelled and/or has no clear guidelines on dosage.

- Pupils with asthma who are normally responsible for their medication at home should be responsible for this at school as well. (Also see separate section about asthma).

### **8. Administration of analgesics (pain relievers) to pupils:**

- Heads may be faced on occasion with the option of providing a mild analgesic (pain reliever) to pupils who suffer discomforts such as headaches, toothache or menstrual pains or accepting that the pupil will lose lesson time. It is not reasonable to expect them to suffer unnecessary pain or to be sent home in the middle of the day with the resulting loss of education. There is also a risk that if analgesics are not administered in a controlled manner pupils may bring bottles of tablets into school and dispense them freely amongst their friends.
- A head would be acting in loco parentis in providing pain relievers in these circumstances but s/he should ensure the practice is controlled; parents are made aware that this may happen and provision is made for those parents who would prefer medication not to be given to be contacted instead.
- If a pupil suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate pain killers for their child's use, with written instructions about when the child should take the medication.
- Specific members of staff should be authorised to issue tablets.
- The procedures to be followed when administering pain relievers are as follows:-
  - Standard Paracetamol is the only pain reliever that should be provided at school for pupils aged 12 years or over. Only preparations of paracetamol designed specifically for children or younger pupils should be used for pupils under 12 years.
  - On no account should aspirin or preparations containing aspirin be given to pupils. This is particularly important where pupils under 12 years of age are concerned.
  - Paracetamol in either form should not be given to a pupil receiving other medication from a doctor without first checking with the parent, GP or pharmacist to ensure that there are not likely to be adverse health effects from their interaction.
  - Dosage must always be in accord with the instructions specified on the product container.
  - It is good practice for the member of staff administering the pain reliever to ensure the pupil swallows the tablets to prevent their accumulation.
  - A written record should be kept of the dates and times of each administration in the schools Administration of Medicines Record Log. This record will also provide information about any child requesting frequent analgesia which can be brought to the parent's attention so that further medical assessment can be made.
  - Paracetamol or preparations containing paracetamol must be kept secure. The locked cupboard in the staff room or Head's room could also be used to store the school's supply of analgesics.

## **9. Further procedures affecting all administration of medicines:-**

- Records should be kept at least until the pupils listed no longer require the medication, when the parents request form can be placed in the pupil's personal file. This will protect staff against litigation if difficulties arise.
- School staff should not dispose of medicines. Parents should collect medicines held at school at the end of each term. Parents are responsible for disposal of date expired medicines.
- Information about the School's Policy on the Administration of Medicines and how parents make a request should be included in the school prospectus.
- All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need.

Taken from Shropshire's Health & Safety Policy for Schools