



BIST Administration of Medicines to Children Policy

This policy and guideline is for parents of BIST children and for BIST staff. It outlines the processes that must be followed to ensure the safe administration of medicines to children during school hours and on school trips. The term medicines refers to any prescription or non-prescription drugs/treatments in any form (tablets, liquids, creams, sprays, inhalers, injections, suppositories, etc) and includes any medicines sent into school by parents for administration during the school day or any medicines deemed necessary by BIST staff in an *in loco parentis* situation.

The policy should be read in conjunction with the school's Health and Safety Policy, Intimate Care Policy and trips guidance documents.

Administration of prescribed medicines in school

BIST staff can administer certain medicines at school. The medicines that medically untrained staff can administer are: tablets, liquid syrups, creams and sprays. With the exception of the school doctor, this is voluntary and staff without sufficient medical training would only do so if they were willing and confident to do so. The administration of inhalers or injections (such as epipens) should only be carried out by those staff who have had specific training on their delivery carried out by a medical professional. Suppository medicines would only be given as a last resort by any BIST staff. Under normal circumstances, all administration of medicines on the school site would be carried out by the school doctor.

A. Procedures for parents wanting to have prescribed medicines administered to their children by BIST staff

1. Parents should deliver in person* any medicines and written instructions (see point 2 below) on their administration to the school doctor. (If the doctor is absent, parents should deliver them in person to the school office). Unused medicines should also be collected at the end of the school day.
*If, in extreme circumstances, this is not possible, then an email of the instructions covering all the points below should be emailed to the school office.
2. The written instructions should include dosage and time(s) of administration, the exact name of the medicine, the reason(s) the medicine is required, a note on any possible side effects and the countermeasures to any side effects and overdosage. The instructions must also be accompanied by the prescription note from a recognised medical practitioner. If the correct instructions are not delivered, the medicine will not be administered.
3. Parents who want BIST staff to administer any medicines negate their rights to any complaint or possible litigation against the school or school staff for any accidental under- or over-dosage or other mis-administration.
4. Medicines should be delivered on a daily basis*. If the course of the medicine is to last for a number of days/weeks, the instructions need only be delivered at the start of the course. New instructions should be delivered if the dosage pattern changes.
*If the medicine is preventative such as a specific anti-allergenic, inhaler or epipen, then an up-to-date spare course or applicator should be left with the school nurse throughout the child's period of time at BIST.
5. See section C below for advice on having BIST staff administer medicines on a school trip.

B. Procedures for BIST staff who may be asked to administer prescribed medicines

1. Under normal circumstances, only the school doctor should hold and administer any medicines. If the doctor is absent, staff can be given permission to administer medicine by a member of LT, but should only do so if they feel confident and are willing to do so.
2. All medicines must be kept in a locked cabinet in the doctor's office. The key will be held by the doctor and spare copies held by the principal.
3. The instructions outlined above in section A2 should be kept with the medicine(s) and copies kept with the office. This must be done as soon as possible after the medicine(s) has been delivered to school. The instructions must be followed to the letter. See Nb below.
4. The date, time, dosage and name of the child and administrator should be recorded every time the medicine is administered. All students who have medical conditions and need regular medication must have all relevant details recorded in a termly medical report on students and in Engage.
5. Any unused medicine(s) must be returned in person to the parents at the end of the school day (unless it falls under the category noted in section A4* above).
6. Any side effects observed by any BIST staff or any errors or difficulties in administration must be reported to the parents, class teacher, head of key stage and principal immediately and recorded on Engage.

C. Procedures for BIST staff on the administration of prescribed medicines on school trips

1. On school trips a designated, willing and confident staff member must be nominated to be responsible for any medicines to be held and/or administered.
2. Prior to the trip (not on the day of the trip), parents must meet with the teacher leading the trip and the staff member designated above in section C1, to discuss the administration and instructions. The information required is outlined in section A2 above. The information must be shared with staff on the trip and staff responsible for the trip remaining at school prior to the trip leaving. The information must be recorded on the trip's risk assessment.
3. Failure of parents to provide this information prior to the day of the trip will result in the child not being able to participate in the trip.
4. All medicines must be kept in a secure location throughout the trip. Access must be possible for only the designated administrator and the lead staff member. If they are the same person, a second member of staff must be designated.
5. The instructions outlined above in section A2 should be kept with the medicine(s) and copies given to all staff accompanying the trip and sent to the relevant office manager, class teacher, head of key stage and vice principal. The instructions must be followed to the letter.
*On trips run in conjunction with a supplier that has staff who interact with the children these staff should where appropriate be appraised of the medical condition and medicine(s).
6. The date, time, dosage and name of the child and administrator should be recorded in the trip medical log (in the trip first aid kits) and on Engage on the trips return to school.
7. Any unused medicine(s) must be returned in person to the parents on the trip's return to school.
8. Any side effects observed by any BIST staff or any errors or difficulties in administration must be reported to the parents, class teacher, head of key stage and vice principal immediately and recorded in the trip medical log and on Engage. If the parents cannot be contacted through staff at school, a local appropriate medical practitioner must be consulted.

D. Procedures for the administration of non-prescribed medicines by BIST staff

1. Medicine(s) sent into school that is not prescribed by a recognised medical practitioner will not be administered by BIST staff. If, however, parents send in an over-the-counter treatment (for example: cough syrup) that is not prescribed by a medical practitioner, then following a parent-doctor discussion the doctor can administer the treatment if she is in agreement with the medical reasoning. Any such treatment must be one that the doctor is familiar with and is clear about any possible side effects and overdose countermeasures. The doctor will keep a list of such frequently administered treatments.
2. On occasion the doctor may deem it appropriate to administer calamine lotion, antihistamine cream, bruise cream or oral rehydration salts. These are the only non-prescribed medications that the nurse (or other staff on a trip) can administer without parental permission. These treatments and their use at the doctor's discretion are highlighted on the annual student medical information forms and any parental concerns about their use should be noted. Any other medicines or similar treatments must not be administered without parental consent and in the absence of this LT or a doctor's consent.
3. In extreme circumstances, it may be necessary for BIST staff to act *in loco parentis* and administer or agree to a medical practitioner's administration of a medicine without parental consent. These circumstances are rare, but include during a crisis situation at school or on a school trip; if a child is injured or suffers an emergency medical incident in school or on a school trip and the parents cannot be contacted for permission to be given.
4. In the above circumstances, it is appropriate for TBS staff to act *in loco parentis*, but only with the support of a recognised medical practitioner. (The one exception to this is under crisis management conditions and then the decision will be made by the most experienced first aider or medically trained staff member present in conjunction with the crisis manager).
5. No medicines (e.g. painkillers, etc) will be administered in school without contacting parents first. On school trips such medicines will only be administered if parents have previously agreed to their administration.

Nb. A note on the recording of the administration of prescribed/non-prescribed medicines.

All information on any treatment or administration must be logged in Engage. This includes:

- As soon as the school nurse has received a medication (new not repeat, though any change in dosage should be noted), this must be entered on the child's Engage notes with details as stated in A2 and D1 above and relevant staff notified. Similarly when a course of treatment stops, this should also be recorded.

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