



## MEDICAL POLICY FOR BOARDERS

**This Policy relates to Junior School and Senior School**

**Links to other policies:**

First Aid Policy; Administration of Controlled Drugs Policy

### **1. Support for Boarders with medical needs**

- Children with medical needs have the same right of admission to the school as other children.
- Parents/Guardians have the prime responsibility for the child's health and should provide the Boarding School with information about their child's medical condition.
- Parents/Guardians must complete and sign a Medical Form providing the relevant information with regards to significant past medical problems, current medical problems and present treatment, as well as known allergies and the dates and details of all immunisations.
- Parents/Guardians must sign to give permission for the school to administer over the counter medication.
- Parents/Guardians must keep the Boarding School updated with any changes with regards to their child's medical condition.
- All Boarders will be registered at Clitheroe Health Centre for medical and nursing services.
- Boarders will have access to a GP of the same gender if they wish (Children Act 1989).
- Contact with the GP should be private without the Boarder having to explain the reason to the House Parents.
- Routine dental/optical treatment should take place within the school holidays. However, urgent dental/optical treatment will be provided at the local Dentist/Optician.
- The school will keep Parents/Guardians up to date with all medical appointments, new and changed prescribed medication and any other pastoral issues.
- Boarders who are ill at school will be cared for in a separate sick bay and their medical condition will be closely monitored.

## 2. Confidentiality

- The Headteacher will agree with the child where appropriate, or otherwise the Parent/Guardian, who else should have access to records and other information about a child's medical details.
- Medical information will be kept in locked filing cabinets.
- When providing medical and nursing care for a Boarder, it is recognised that on occasions the GP or Practice Nurse may liaise with the Headteacher, Office Staff, House Parents and Parents/Guardians, and that information, ideally with the Boarder's prior consent, will be passed on as necessary. With all medical and nursing matters, the GP and Practice Nurse will respect a Boarder's confidence except on very rare occasions when, having failed to persuade that Boarder, or his/her authorised representative, to give consent to divulgence, the GP or Practice Nurse considers that it is in the Boarders best interests or necessary for the protection of the wider school community, to breach confidence and pass information to a relevant person or body.
- If information is withheld from Staff then they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## 3. Consent to Treatment

Consent is a patient's agreement for a healthcare professional to provide treatment or care and may be indicated non-verbally, orally or in a written format. It is noted that a consent form is only a record and not proof that genuine consent has been given. For consent to be valid, the patient must be competent to take the particular decision about treatment, have received sufficient information to take the decision and not be acting under duress. Obtaining consent before providing care is both a fundamental part of good practice and a legal requirement.

If a Boarder is deemed 'not competent' then parental consent or the person with parental responsibility is required, unless it is an emergency. If the Boarder is 'competent' to give consent for themselves, consent will be sought directly from them.

Boarders under 16 are not automatically presumed to be legally competent to make decisions about their healthcare but will be competent to give valid consent to a particular intervention if they have 'sufficient understanding and intelligence to enable him/her to understand fully what is proposed'.

Therefore, there is no specific age when a child becomes competent to consent to treatment, the process depending on the child and the seriousness and complexity of the proposed treatment. (e.g. A Boarder may consent to treatment but it will be the schools practice to involve the parents unless the Boarder asks specifically not to involve them and the healthcare professional is unable to persuade the Boarder otherwise).

Written parental permission has been obtained in advance for the administration of First Aid and appropriate non-prescription medication to boarders, and to seek medical, dental or optical treatment when required. This is without prejudice to the right of a \*Gillick-competent boarder to give or with-hold consent to medical treatment or to seek medical advice or treatment in confidence.

\* Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to give consent to his or her own medical treatment, without the need for parental permission

or knowledge. A child will be Gillick competent if he or she has sufficient understanding and intelligence to understand fully what is proposed.

#### 4. Over The Counter Medicines (Non Prescribed)

- ALL STAFF RESPONSIBLE FOR ADMINISTERING OVER THE COUNTER MEDICATION ARE TO RECEIVE TRAINING WHEN THEY COMMENCE EMPLOYMENT AND AT THE START OF EACH TERM.
- Written permission will be obtained from parents/guardians on administration of over the counter medicines.
- These medications will be kept in a securely locked cupboard, preferably in a locked room.
- A list of all OCM/Homely Medicines (over the counter medicines) stocked is kept in Boarding Managers office, which show the following:
  - \* Indications for use
  - \* Contra-indications
  - \* Dosages
  - \* Side effects
  - \* Duration of treatment before nursing or medical advice is sought.
- All House Parents are to be aware of the above list and sign to show that they understand the implications in administering over the counter medicines.
- Before administering over the counter medication always check: -
  - \* Written instructions on the label container.
  - \* Check reason for request.
  - \* Check the pupil file for parental permission.
  - \* Check the identity of the pupil.
  - \* Check that the administration sheet matches the label on the drug.
  - \* Check the expiry date of the drug.
  - \* Check the prescribed dose for age of pupil.
  - \* Check the medication sheets for any previously administered Medication, and how many days it has been given without referral.
- If the above criteria have been met: -
  - \* Administer medication.
  - \* Fill in Boarders' Medication Record Sheet with type of medication and dosage.
  - \* State the reason for administering the medication.
  - \* Sign and date the administration of the medication straight away.
- Record a pupil's refusal to take recommended medication on the pupil's Pastoral Concern sheet and advise the Parent/Guardian.
- Regularly monitor the situation to make sure that either the pupil has responded to treatment or whether they require referral to a GP or Practice Nurse at the Health Centre or, if necessary, hospital referral.

- Keep Parents/Guardians updated at all times.
- All medical records of over the counter medication will be checked by the Headteacher at the end of each term.
- The administration of Paracetamol and will be logged in the appropriate stock control log.

## 5. Prescribed Medication

- ALL STAFF RESPONSIBLE FOR ADMINISTERING PRESCRIBED MEDICATION ARE TO RECEIVE GUIDENCE FROM A TRAINED MEMBER OF STAF WHEN THEY COMMENCE EMPLOYMENT AND AT THE START OF EACH TERM.
- All staff responsible for administering prescribed medication should read the School's Administration of Controlled Drugs Policy.
- No changes should be made to the dosage on parental instruction.
- These medications will be kept in a securely locked cupboard, preferably in a locked room.
- All House Parents, Teachers on weekend duty and Office Staff are to be aware of the following procedures for administering Prescribed Medication: -
  - \* All medication must only be issued to the pupil for whom they have been prescribed.
  - \* All medication must remain in their original container, which preferably should be childproof.
  - \* The original prescription label must not be altered.
  - \* Generally, stocks of prescribed medicines must not be held.
  - \* Some stocks of prescribed medication may be held when repeat prescriptions are required to prevent non availability.
- If a pupil receives a new prescribed drug, not listed by Parents/Guardians, advise them of reason for administration.
- Before administering prescription medication always checks: -
  - \* Written instructions on the label container.
  - \* Check that the administration sheet matches the label on the drug.
  - \* Check the prescribed dose for age of pupil.
  - \* Check how long the medication should be administered for.
  - \* Check the Medication Record Sheets for any previously administered medication.
- If the above criteria have been met: -
  - \* Administer medication.
  - \* Fill in Boarders' Medication Record Sheet with type of medication and dosage.
  - \* Initial and date the administration, straight away.

- Record a Boarder's refusal to take recommended medication on the Boarders' Medication Record Sheet by annotating (R), on the Pastoral Concern Sheet and advise the Parent/Guardian the same day.
- Record if a Boarder is away from school and taking medicine at home on the Boarders' Medication Record Sheet by annotating (H).
- Record if a Boarder does not require the medication by annotating the Boarders' Medication Record Sheet (X). (e.g. Medication prescribed 'To be taken as required').
- All medical records of Prescribed Medication will be checked by the Headteacher at the end of each term.

## **6. Self-Administration of Medication**

Boarders keeping and administering their own medication are assessed by medical staff as sufficiently responsible to do so, and to store their medication safely and appropriately. If a Parent/Guardian wants their child to keep and administer their own medication then a form must be signed at the beginning of each Academic Year, or as soon as they receive new medication stating that they agree to this.

In signing this form the Parent/Guardian is also acknowledging that the School and its employees shall incur no liability, as a result of any injury arising from self-administration of medication by the Boarder. This form states that the medication must be kept in a locked area to which no other Boarder has access.

However, there may be some instances when a Boarder is prescribed medication by a GP and does not wish Boarding Staff to know. In these situations, Boarders must be made aware to keep the medication in a locked area and that he/she must not endanger themselves or others through misuse.

It is essential that whether the Boarder self-administers with or without the Parent/Guardian's knowledge that they also sign this form to acknowledge that they understand the implications.

Refer to Section 3 CONSENT TO TREATMENT with regards to assessing a Boarder's ability to self-medicate.

## **7. Disposal of Medicines**

- Any unused prescribed medication must be returned to the pharmacy.
- A record must be kept to show:-
  - \* Name of Boarder
  - \* Date of return
  - \* Name, strength and quantity of the medication
  - \* Signature of the House Parent returning the medication.
- If a Boarder returns home with prescribed medication and completes the course at home then confirmation must be obtained from the Parent/Guardian.

- Sharp boxes will be used for the disposal of needles. These will be obtained by the Parents/Guardians on prescription from the Boarder's GP or Paediatrician. Collection and disposal of the boxes will be arranged with the Local Authority's Environmental Services.

## **8. Administration to save a life**

- Certain medicines can be given or supplied without the direction of a Medical Practitioner for the purpose of saving a life by anyone in an emergency. For example, the administration by injection of Adrenaline (1mg in 1ml), Chlorpheniramine and Hydrocortisone.

## **9. Immunisations**

- Employees of the School cannot give immunisations unless these are individually prescribed, labelled and supplied for that Boarder by a General Medical Practitioner.
- Should vaccinations be required then these will be administered by the local Health Centre/Hospital.
- Liaison with the Parent/Guardian is essential both prior to vaccinations and after, should there be any complications.

## **10. Hygiene**

- All Staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.
- Staff will have access to protective disposable gloves and take care when dealing with spillages of blood and other body fluids and disposing of dressings or equipment.

## **11. Emergency Treatment**

- Boarders are advised to contact a House Parent or member of staff on duty, immediately, in an emergency.
- A list of qualified First Aiders is kept in the House Parents Office.
- A member of Staff will always accompany a Boarder taken to Hospital by ambulance.
- Parents/Guardians will be notified as soon as possible.
- Health Professionals will be responsible for any decisions on medical treatment when Parents/Guardians are not available.
- Staff will not take Boarders to Hospital, in their own car, in an emergency as it is safer to call an ambulance.

## 12. Care of boarders who are unwell during the day:

Students inform the houseparent on duty that they are feeling unwell. The staff member will determine whether the student should go for breakfast or not.

The senior staff will determine whether or not the Boarding School can treat the illness or whether the student should be taken to the GP or the hospital. If the senior member of staff is unsure then they should telephone the GP for advice.

The school office should be informed that the student is ill or at the GP / hospital. Should a child be deemed unfit for school but does need to seek medical advice the boarder can be placed in the school's own sick room where they will be monitored by staff during the day.

If a child becomes ill during the day they should not be sent to the office unaccompanied but be escorted by somebody suitable. The school office will assess and either consult the GP / hospital or place the child in the sick room.

### Useful References

The National Minimum Standards for Boarding Schools, Inspection Regulations, available from:

<http://www.boarding.org.uk/370/about-the-bsa/national-standards>

The Administration and Control of Medicines in Care Homes and Children's Services, available from:

Royal Pharmaceutical Society of Great Britain

<http://www.rpharms.com/home/home.asp>

Supporting pupils at school with medical conditions (September 2014)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Boarding Briefing Paper 4 – Medical Protocols and Practice. Boarding Schools Association. Available from:

[www.boarding.org.uk](http://www.boarding.org.uk)

Children and Families Act 2014 Duty to support pupils with medical conditions:

<http://www.legislation.gov.uk/ukpga/2014/6/part/5/crossheading/pupils-with-medical-conditions/enacted>

*Reviewed by Deborah Frost, September 2020*

*Next Review Date: September 2021*