

LOW ASH PRIMARY SCHOOL

Medical Policy

**Mrs R J Gibson
Inclusion Leader
(Incorporating the role of SENCO)**

November 2016

Low Ash Primary School Medical Policy

Low Ash Primary School endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences at school. It is an inclusive community that aims to support and welcome pupils with medical conditions.

All children will experience illness in the course of their school careers, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions.

Staff working with pupils who have specific medical needs should understand the nature of children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.

Managing medicines

On occasion, children may need to take medicines whilst in school. Some children are on long term regular medication for chronic conditions or may need to take emergency/as needed medication to treat a change in their underlying condition.

There are cases where the responsibility for administering medicine can and should rest with the child. Where parents request the school to exercise a degree of supervision or to administer the medicine, the situation is more complicated. In such cases, staff should consult the head-teacher and any practical and organisational implications need to be addressed prior to assuming responsibility for this,

General Principles

The administration of medicine is the responsibility of parents and carers. There is no absolute requirement on teachers or support staff to administer medicines. However, where they volunteer to do so, guidelines are helpful.

Short-term illness

- Children who are suffering from short-term ailments and who are clearly unwell should not be in school and head-teachers are within their rights to ask parents/carers to keep them at home.
- Some parents may send children to school with non-prescribed medicines (e.g. cough mixture) -Many of these are not effective treatments, and as a general rule we discourage this practice. If a non-prescribed medicine is requested parental permission is required and recorded in the **Administration of Non-Prescribed Medicines with Parent Permission Form.**
- It is the responsibility of the parents that the medicine is appropriate to the need and permission is granted for a responsible First Aider in school to administer the medicine.
- There are recommended times away from school to limit the spread of infectious disease. Please contact the school office for advice on particular illnesses (Infectious Diseases File).

- Note, children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

Chronic illness/disability

It may be necessary for children with long term conditions to take prescribed medicines during school hours.

Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help,) from very young. This can include self-administration of medicines eg. using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Where young children or those with special needs require medication, adult support will be needed. Whilst responsibility for the medical care of children rests with parents and their health professionals, it may not be feasible for these individuals to come to school to administer medicines, and such repeated attendances could slow the personal development of a child.

Acute illness

The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations.

Good practice

Documentation:

- Where medicines are to be administered at school, it is important that a written instruction should have been received from the parent or doctor, specifying:
 1. Name and class of the child
 2. Medication involved
 3. Circumstances medication should be administered
 4. Frequency and level of dosage

Use a copy of the **Administration of Medicines Form** (held in the School Office)

- For more serious or chronic conditions, including allergies that require the potential use of an epipen, the Inclusion Leader will write a Care Plan. This will be agreed by parents and the child's doctor or the School Nurse stating exactly what needs to be given and when. This will be updated annually or when appropriate (as a child's condition alters). In the situation where the Inclusion Leader is not available, the Lead First Aider member of staff will make any adjustments to medication and treatment and inform the relevant staff, informing the Inclusion Leader of any changes.

Training:

Teachers and support staff should receive appropriate training and guidance via the School Health Service for non-routine administrations. (Low Ash School Nurse is Laura Lennon: 01274 228444 - September 2014)

Giving regular medicines :

- We encourage parents whose child is taking medication three times a day to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose, follow standard practice (see below).
- If medicine has to be taken four times a day and a lunchtime dose is necessary, the standard practice is followed.

Standard Practice

1. Ask the Parent/Carer to complete an **Administration of Medicines Form**.
 2. Refer to this form prior to giving the medicine.
 3. Check the child's name on the form and the medicine.
 4. Check the prescribed dose.
 5. Check the expiry date.
 6. Check the prescribed frequency of the medicine.
 7. Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.
 8. Check the child's name again and administer the medicine.
 9. Complete and sign the relevant record attached to the **Administration of Medicine Form** when the child has taken the medicine and the child should counter-sign.
- NB: The process should be observed and counter-signed by another member of staff.
10. If uncertain, DO NOT give - check first with parents or doctor.
 11. If a child refuses medication, record and inform parents as soon as possible.

Medicine storage

It is the responsibility of the head-teacher to ensure safe storage of medicines. All medicines should be kept in the container supplied which should be clearly labelled with the child's name, another identifier (such as date of birth) and instruction for usage. Emergency medication for children with medical conditions should be easily accessible to relevant adults caring for the child.

Some medicines (eg liquid antibiotics, insulin) require refrigeration - but must not be frozen. These should be kept in suitable additional and airtight containers (eg Tupperware boxes) and marked 'Medicines'.

Medicine disposal

Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

A named member (First Aider) of staff is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur three times a year and be documented.

Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in a locked cupboard. Collection of sharps boxes is arranged with the local authority's environmental services.

General medical issues

Record keeping

- Enrolment/Admissions forms - should highlight any health condition
- It is the responsibility of the parent to provide relevant and up to date information on their child's allergies, including food allergies, penicillin and ibuprofen allergies. These will be recorded on the admissions Form and/or the Data collection Sheet (which is sent to parents annually to be amended where necessary and returned)
- Healthcare plans - for children with medical conditions giving details of individual children's medical needs at school. These needed to be updated after a medical emergency or if there is a change in treatment etc. and should be reviewed at least annually. They should be kept in a secure location but specified members of staff should have access to copies. All staff must protect a pupil's confidentiality.
- Centralised register of children with medical needs
- Request to administer medicines at school
- Log of training relevant to medical conditions

Medi-alerts

(Bracelets/necklaces alerting others to a medical condition) As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

Impaired mobility

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

A PEEP (Personal Emergency Evacuation Plan) may be put in place for the child (written by the Inclusion Leader and agreed by the Site Manager and SLT).

Off-Site visits

Good Practice will be to:

- Have all medical information available prior to the trip and relevant details added to the risk assessments: The Medical Register, the class list of asthmatics and allergy sufferers, completed medical details on Parental Permission Forms (for residential trips). This information is to be taken on the trip to refer to.
- Take a First Aid kit whenever children are taken off-site.
- Buckets and towels, in case of sickness on a journey, are also sensible precautions.
- All staff attending off-site visits to be aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

- The class teacher is responsible for inhalers to be taken out of school for all children in their class who require an inhaler. These will be held by the Class Teacher or Class Teaching Assistant and accessible at all times.

Employee's medicines

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children.

Staff protection

"Universal precautions" and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Always wear gloves.
- Wash your hands before and after administering first aid and medicines
- Use the hand gel provided.

Staff indemnity

Bradford MDC fully covers liability for its staff arising from the provision of incidental medical treatment arising from the following activities:

1. First aid,
2. The administration of prescribed and non-prescribed drugs or medicines. Staff who administer such medicines must have received appropriate training and follow the instructions given by a medical professional.

Non-prescribed medicines

Parent supplied - parents may wish to send children to school with medicines such as cough mixtures. This should be discouraged as school cannot take responsibility for such medicines.

School supplied

- Whilst it is the parent/carer's responsibility to supply medicine for their child, in some circumstances, it may be appropriate for the school to administer medicine. We try to keep children in school wherever possible, so where a child has a minor ache or pain that could be treated with paediatric paracetamol (eg Calpol) or ibuprofen (eg Neurofen), the parent will be contacted and permission sought. Only where parental permission is given, will the child be given the medicine. The dose should be recorded in **Administration of Non-Prescribed Medicines with Parent Permission Form.**
- Paediatric paracetamol and ibuprofen are useful over-the-counter medicines and widely used to treat childhood fever and pain.
- **Be wary of confusion** - brand names (eg Calpol, Neurofen) are often interchangeably used with generic names (paracetamol, ibuprofen) and this can lead to confusion, particularly now that some pharmaceutical companies have broadened their range (eg Calprufen is ibuprofen made by the manufacturers of Calpol).

This Medical Policy will be:

- reviewed annually by the Governing Body and Head Teacher

- incorporated into Health and Safety provision at Low Ash
- shared with all members of staff
- available from the School Office
- available on the school website alongside the Inclusion Policy.

Ratified by the Full Governing Body: Date: November 2016

Signed: Governor responsible for Inclusion:

To Be Reviewed: January 2018