

# Safeguarding – Medical Policy

## Low Ash Primary School



Approved by:	<b>The Governing Body</b>	Date 20.10.21
Last reviewed on:	<b>21.10.20</b>	
Next review due by:	<b>Autumn Term 2022</b>	

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.

The advice, recommendations and procedures set out in this Medical Policy are to ensure good practice takes place when caring for the learners at Low Ash.

The school is aware that on occasion, in the best interests of a child, decisions may need to be made about procedures which are not set out in this document. Any such decisions are the responsibility of any member of the SLT (with First Aid advice) and the staff member acting as Lead First Aid.

There are cases where the responsibility for administering medicine can and should rest with the child. This will be supervised by a member of staff.

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 headteachers 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. (See: NUT Guidance on the Administration of Medicines, 2014; DfE - Supporting pupils at school with medical conditions, 2015; City of Bradford MDC Administration of Medicine Guidance, 2018)

### **Short-term illness**

- Children who are suffering from short-term ailments and who are clearly unwell should not be in school and headteachers 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, or designated member of staff, 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.

As appropriate:

- Seek First Aid advice from a certified First Aid staff member in school
- Call Emergency Paramedic support – 999
- Inform parents/carers of the situation and actions.

### **Good practice**

#### **Documentation:**

Where medicines are to be administered at school, parents are to have given written permission in **Letter: Written permission for the administration of medicines** (see Appendix 1). If a child requires medicine, a member of staff from school is to contact the parents to receive verbal permission on the day.

All medicines administered must be written in the **Medicine Log** (See Appendix 2) which can be confirmed by a phone call.

For prescribed or non-prescribed medicines which are requested to be given during the school day, parents must complete an **Administration of Medicines Form** (see Appendix 3).

Written instruction from the parent or doctor, should specify:

1. Name and class of the child
  2. Medication involved
  3. Circumstances medication should be administered
  4. Frequency and level of dosage
- 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 Aid Staff Member 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.

Epipen and asthma training are to be delivered by the School Nursing Team annually.

## 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 **Medicine Log**
- NB: The process should be observed 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.

## 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. This will be in addition to written permission which will be sought on admission or at the start of a school year. 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).

## Medicine storage

It is the responsibility of the headteachers 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 (DOB) and instruction for usage.

Emergency medication for children with medical conditions should be easily accessible to relevant adults caring for the child. This should be kept in the First Aid Box in the classroom, out of reach of children.

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 of staff (First Aider) is responsible for checking dates of medication and arranging disposal if any have expired.

Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in the Medical Room. 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 the Medical Update Form (which is sent to parents annually to be completed and returned)
- Care plans – for children with medical conditions giving details of individual children's medical needs at school. These need 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 with Medical Boxes in the class rooms, out of reach of children. Specified members of staff should have access to copies. A copy of care plans are displayed in a room with coded access (only accessible to school staff) to ensure consistent awareness across school. 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, any personal care plans, 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 the responsibility of 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.

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.

Signed: Governor responsible for Inclusion: .....

Appendix 1

**Letter: Written permission for the administration of medicines**

**Low Ash Primary School, Wrose Road, Wrose, Shipley. BD18 1AA**

**Telephone:-Bradford 01274 582927 Fax:- 01274 586503**

**email: office@lowash.bradford.sch.uk website: www.lowash.bradford.sch.uk**

Dear Parents/Carers,

We always have the best interests of the children when designing any procedures and need to ensure that medicines in school are carefully administered and monitored, for the welfare of the children. If schools do agree to administer medication, it is at the school's discretion.

To enable school to be in the position where we can give any medicines, we will require written permission. If there is an occasion when your child requires Calpol during the day, so that they can stay in school, we will contact you to obtain verbal permission. This will be in addition to the written permission you provide below.

If your child has had medicines prescribed, which need to be administered 4 x a day, we will ask if parents/grandparents/carers are able to come into school and administer the medicines. If this is not possible, then school can administer the medicines **only** if we have **written permission from the Parent/Carer**.

In emergencies, we will act for the safety of your child. We will have inhalers and epipens in school for emergencies which we can administer to any child in a life-saving situation. Staff are trained to use these. We will obviously contact you immediately if there is a medical situation.

Below is a permission letter which parents/carers need to return and sign before we can give any medicines to a child. This forms part of our admissions procedure.

.....  
**Written permission for the administration of medicines if required.**

I give permission for my child: \_\_\_\_\_ (currently in Year ) to receive appropriate medication while attending Low Ash Primary School.

Signed (Parent/Carer): \_\_\_\_\_ Dated: \_\_\_\_\_







Relationship to Pupil:

I understand that I must deliver the medication personally to (agreed member of staff) and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.

I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.

I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.

Signature:

Date:

Parent / Carer  
name in capitals:

Each item of medication must be delivered in its original container and must be clearly labelled with the following information: pupil's name, name of medication, dosage, frequency of dosage, date of dispensing, storage requirements (if necessary) and expiry date.