
CHALONER PRIMARY SCHOOL

Medical Policy



Date Policy Approved	March 2019
Review frequency	Every three years
Next review date	On or before March 2022
Approving body	Full Governors

Introduction

We have an increasing number of children with medical conditions attending our school. At Chaloner, we have a duty, acting *in loco parentis*, to take reasonable care of children and this includes the possibility of administering medicine. (In this document the word “medicine” is used to include “medicines and prescribed drugs”, the term “medication” is used to refer to a person’s particular dose of medicine and the term “administration” means the acts involved in giving or applying the dose of medicine).

Pupils in schools who require medication will fall into three broad groups.

- Those who are completing a course of prescribed treatment.
- Those who have long-term medical conditions.
- Those with conditions that can, often without warning, require swift emergency medication.

All these pupils are regarded as having medical needs.

At Chaloner, we recognise that school staff have legitimate concerns over their legal position in administering medicines. There is no legal duty that requires school staff to administer medication. Contractually, staff cannot be forced to administer medicines but they are under a duty to obey reasonable instructions, taking into account the circumstances, the nature of the drugs concerned, and their expertise. We have two trained members of staff qualified to administer medication to limit any opportunities for negligence.

Whilst parents are responsible for their child's medication, the Headteacher will decide if our school can assist a child who needs medication during the school day.

Management and Organisation

Although we will be generally carrying out parental wishes in administering medicines, it is important that safe procedures are established which identify acceptable arrangements for staff to follow.

This document states Chaloner school's policy on assisting pupils with long-term or complex medical needs, its policy on pupils carrying and administering their own medication themselves and the information required from parents or guardians with respect to any medication that is to be given to the child.

The only medicines that should be administered are those where clear written instructions are provided by the parent or carer and are in accordance with the instructions of the child’s doctor. Appendix 2 provides an example of a form to be completed by parent or carer, informing the school of all relevant details. **Oral instructions from the child must not be accepted.**

In the event of a child refusing medication, school staff should not force them to do so. Parents should be informed as a matter of urgency and if the situation is life threatening, the emergency services should be called. As a general rule staff should not give non-prescribed medications such as pain killers to pupils. Aspirin should never be given to a child under the age of 16 unless prescribed by a doctor

We have two trained members of staff responsible for managing the administration of medicines. They are Tracey Ibbotson and Andrea Bailey. All other staff are trained to deal with an emergency. No member of staff will be asked to administer medicines unless s/he has received appropriate training and guidance. **S/he should also be aware of possible side effects of the medication and what to do if they occur.**

Records are kept of all the medicines administered at school by the person responsible and including all the relevant details. All medicines are kept in a secure location and quantity of administration is checked by a second person. (see appendix 1)

Parents and staff are kept informed of the school's arrangements for the administration of medicines, they are kept informed of any changes to these arrangements as, and when they occur.

Advice on Types of Ailments and Medication

For all medical needs that arise in our children we arrange for relevant training for all staff in school.

Short-term ailments

Children suffering from these who are clearly unwell should not be in school and Headteachers are within their rights to ask parents or carers to keep them at home. Some parents may seek to send children to school with non-prescribed medicines (e.g. cough mixtures) and generally speaking we cannot be expected to accept responsibility for administering medicines of this nature. In cases where medicines are brought into school, younger children should not be expected to take responsibility for them. Medicines must be brought to the main office and collected by parents or carers.

Chronic illness or disability

Children in this condition may need to take prescribed medicines during school hours in order to lead a normal and happy life. In some cases, age-appropriate doses of analgesics such as Paracetamol may be given to older children. Preferably these should be administered by the responsible person and only for certain conditions e.g. headaches. In these cases, it is good practice for the responsible person to ensure that the child swallows the tablets and to record the relevant information. This will ensure that if the child is requesting frequent treatment, this is recorded and can be brought to the attention of parents. **(A pupil under the age of 16 should never be given aspirin unless prescribed by a doctor).**

Asthma.

Pupils with asthma have airways that narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen,

animal fur and house mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulties in breathing and can be alleviated with treatment. (Please refer to Chaloner Primary School's Asthma Policy).

Inhalers for Asthma.

These are often used to prevent wheezing (following exercise) as well as treatment for wheezy episodes. Each case should be considered separately, but older children are often able to decide for themselves when to take the inhaler and can carry it with them and self-administer an appropriate dosage. **If a pupil is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place and supervise its use. Children with asthma must have immediate access to their inhalers when they need them.** The inhaler should be clearly marked with the individual pupil's name. The use of inhalers by younger children should be recorded. The medical profession has confirmed that inhalers are very safe and unlikely to cause harm to a child using another child's inhaler by mistake. (Please refer to Chaloner Primary School's Asthma Policy and Guidance on the use of Emergency Salbutamol Inhalers)

Epilepsy.

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Parents of pupils, who suffer from epilepsy, may be reluctant to disclose their child's epilepsy to the school. A positive school policy will encourage them to do so. This will also ensure that both the pupil and school staff are given adequate support.

The nature, frequency and severity of the seizure will vary greatly between individuals. The symptoms of most children with epilepsy are well controlled by modern medication. Many pupils with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing lights or flickering lights, video games and computer graphics and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs.

Nothing must be done to alter the course of a seizure once it has begun. The pupil should not be restrained and there should be no attempt to put anything into the mouth. **A fully qualified First Aider who will know how to deal with the patient should be summoned at once,**

Pupils with epilepsy should not necessarily be excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming or working in science laboratories. **Concerns about any potential risks should be discussed with pupils and their parents/carers . If necessary, seek additional advice from the GP, Paediatrician or school nurse/doctor. Individual Care Plans for children with Epilepsy are written with discussion from the parents or carers and Medical practitioners such as a member from the School Nursing Team.**

Diabetes

This is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels.

Children with diabetes normally have daily insulin injections, to control their blood glucose level. Most children can do their own injection and may simply need supervision if very young and a suitable private place to carry it out.

Pupils with diabetes need to eat regularly. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. If a child has a hypo, it is important that a fast-acting sugar, such as glucose tablets, a sugary drink or a chocolate bar, is given to eat.

It is important that the Qualified First Aider is called immediately.

Anaphylaxis

This is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the pupils concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction. At Chaloner all children with Anaphylaxis have a care plan and all staff are made aware of who they are and what their allergies are.

Allergic reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty in breathing

Medication and control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline called an epi-pen. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than hold back. Responsibility for giving the injection should be on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional.

Antibiotics.

A child taking antibiotics can recover quickly and may be well enough to attend school but it is essential that a course of treatment is completed (see storage of medicines and drugs below). It is helpful if, where possible, medication can be prescribed in dose frequencies that enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

Enzyme Additives.

A child with cystic fibrosis may not be able to digest food without added enzymes. This is not a drug and it is important that it is taken with food.

Maintenance Drugs.

A child may be on daily medication (e.g. anticonvulsants) for a condition that requires a dose during the school day.

Routine Treatment of Children

Generally, schools cannot be expected to supervise routinely the treatment of children, who receive thrice daily medication, since the school day is usually short enough for medication to be given at home, before and after school. In these cases, the merits of each case will be considered and necessary advice may be sought from the School Health Nurse.

Health Care Plan

For children with long-term medical needs an individual health care plan is created with the parents and relevant professionals. This identifies the level of support that is needed, both to support the child and to support the school. The individual health care plan can also help to identify particular safety measures that need to be taken to support the pupil.

In particular, each pupil who suffers from anaphylaxis must have a health care plan that gives more detailed information relating to the pupil and the condition, since each pupil's symptoms and allergens will vary. The school, parents and health professionals should be involved in preparing the health care plan. It will also contain information about staff indemnity. If appropriate, we increase the information contained on the health care plan (for example, more family contacts and details of staff trained to use the epi-pen).

Storage of Medicines and Drugs

It is the responsibility of the Headteacher to ensure medicines are stored safely. Medicines must be kept in the container supplied, which must be clearly labelled with the name of the child and instructions for use. Medicines stored by the school must be kept in a secure place out of the reach of other pupils. Some medicines (e.g. liquid antibiotics and insulin) may need to be kept in a separate refrigerator. It may be impracticable for these medicines to be locked away but they should be placed in a sealed airtight container (e.g. tupperware) and clearly marked 'medicines'.

Some medicines, such as asthma inhalers must be readily available to pupils. Some pupils will require their medicines in an emergency situation. Staff need to know the location of

these medicines and ensure that they are easily accessible. (Please refer to Chaloner Primary School's Asthma Policy Guidance on the use of Emergency Salbutamol Inhalers.)

All staff should know how to call the emergency services and who is responsible for carrying out emergency procedures in the event of need for professional medical assistance. If a pupil needs to go to hospital by ambulance, they should always be accompanied by a member of the school staff who will remain until the arrival of the pupil's parent or primary care giver.

The best way to get a child to hospital in an emergency is by ambulance, in an emergency situation a member of staff's own car might be the favoured option. The member of staff should always be accompanied by another adult and should be appropriately insured,

Administering Medicines

At Chaloner only the two trained staff for administering medication may carry this out. They are Tracey Ibbotson and Andrea Bailey. A standard procedure must be followed which includes:

- refer to written instruction received by school
- check prescribed dose
- check expiry date
- check prescribed frequency of medication
- measure out prescribed dose and check the child's name
- complete and sign record when child has taken or has been given medicine
- if there is uncertainty, do not give the medicine but check with the child's parents/carers or doctor

Unusual administrations.

In some cases children require unusual administrations of medicine, for example, injections. Such cases need to be considered individually. In all cases proper training via the health service must be obtained before a school accepts a commitment of this kind. Sometimes a treatment can be classed as intimate or invasive. In such a case most staff will be far more comfortable in carrying out such treatment if they can work in pairs.

Emergency Procedures.

At Chaloner we have clear procedures for summoning an ambulance in the case of an emergency. However, some conditions require emergency treatment and staff may volunteer to administer medication for particular conditions which require immediate treatment. In such cases, volunteer staff should be properly trained and a health care plan should be established between the school, health service practitioners and the parents to ensure the health and safety of that child.

APPENDIX 1**Administration of Medication in School Record Form****Chaloner Primary School Medication Record**

Pupil Name:

Name of Medication and dose:

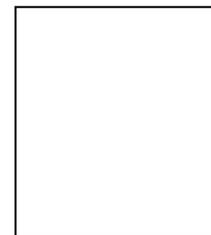
Storage of Medication:

Date and time given	Dose given	Location	Any reactions	Staff administering medication	Second staff check

Appendix 2

Chaloner Primary School

Health Care Plan



Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

1. Family Contact Information

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

2. Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

3. Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

4.

Name of medication	
Dose	
Method of administration	
When to be taken	
Side effects	
Contra-indications	
Administered by/self-administered with/without supervision	
Storage	

Name of medication	
Dose	
Method of administration	
When to be taken	
Side effects	
Contra-indications	
Administered by/self-administered with/without supervision	
Storage	

5. Daily care requirements

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6. Specific support for the pupil's educational, social and emotional needs

7. Describe what constitutes **an emergency**, and the action to take if this occurs

8. Other information

9. Who is responsible in an emergency (*state if different for off-site activities*).

10. Who is responsible for providing support in school

Head Teacher – implementation of plan

<p>Class Teacher – daily monitoring of pupil Medication co-ordinator – monitoring & administering medication held in school Medication Co-ordinator/Office Manager – liaising with family re. care plan First Aiders – dealing with any first aid situations</p>

11. Arrangements for school visits/trips etc.

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12. Plan developed with

Head Teacher, Class Teacher, Medication Co-ordinator, Office Manager and Family

13. Staff training needed/undertaken – who, what, when

<p>Staff training record held at the School office Training dates are monitored by the School office.</p>
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14. Form copied to

Parents

Parent/Carer

Signed _____ Date _____

Date _____

Head Teacher

Signed _____ Date _____

Medication Co-ordinator

Signed _____

Class Teacher

Signed _____