WRAGBY PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

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Introduction

Wragby Primary School endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences at school. We are an inclusive school 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 Headteacher 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 the Headteacher is 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 – the Medicine and Healthcare Products Regulatory Authority warned against their use in the under 6s in 2009, (see http://www.npc.nhs.uk/rapidreview/). Many of these are not effective treatments, but can cause potential harm and as a general rule, we discourage this practice.

- There are recommended times away from school to limit the spread of infectious disease. Please see HPA guidelines for this: (https://webarchive.nationalarchives.gov.uk/)

- 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 model form (see Appendix C)

For more serious or chronic conditions, including allergies that require the potential use of an epipen, we require a care plan from a child's doctor stating exactly what needs to be given and when. This is usually requested via the school nurse service.

Training: teachers and support staff should receive appropriate training and guidance via the School Health Service for non-routine administrations.

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 (see below) is followed.

Standard Practice

1. Ask the Parent/Carer to complete a Medicine Administration request 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 Administration of Medicine Record Book when the child has taken the medicine and the child should counter-sign.
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 headteacher 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, and stored within the appropriate first aid cabinet.

All children with medical conditions should have easy access to their emergency medication.

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 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 forms – should highlight any health condition
- 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 (agreed by parents) should have access to 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 conditions)

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 care plan and risk assessment should be completed before the child's return to school.

Off-Site visits

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 are 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.

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, where necessary

Staff indemnity

Lincolnshire County Council fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. The administration of medicines falls within this definition so staff can be reassured about the protection their employer provides. The indemnity would cover consequences that might arise where an incorrect dose is

inadvertently given or where administration is overlooked. It also covers the administration of emergency medication when given according to an individual child's protocol (see Appendix B). In practice, indemnity means that the County Council and not the individual employee will meet any costs of damages arising should a claim for alleged negligence be successful. In practice, it is very rare for school staff to be sued for negligence and any action is usually between the parent and employer.

Appendix A – Medicines likely to be brought into or used at schools

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 the medicine record book.

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)

Paediatric paracetamol dose and frequency of dose in 24 hours

<6 years use 125mg/ml syrup	**6 – 24 months**	**5ml**	**Four times**
	2 – 4 years	**7.5ml**	**Four times**
	4 – 6 years	**10ml**	**Four times**

6 - 12 years use 250mg/ml syrup	**6 – 8 years**	**5ml**	**Four times**
	8 – 10 years	**7.5ml**	**Four times**
	10 – 12 years	**10ml**	**Four times**

Paediatric ibuprofen dose and frequency of dose in 24 hours

Using 100mg/5ml syrup

4-7 years	5ml	Three times
8-12	2 x 5ml	Three times

Ibuprofen should not be used with asthmatic children or in very dehydrated children.

Products containing aspirin should never be used with primary school aged children unless prescribed by a doctor.

Prescribed medicines

Antibiotics

A child taking antibiotics can recover quickly and be well enough to attend school, but it is essential that the full prescribed course of treatment is completed to prevent relapse, possible complications and bacterial resistance.

Inhalers

A child with asthma may have inhaler(s) which may need to be used regularly or before exercise, or when the child becomes wheezy.

Most commonly, blue salbutamol inhalers ("relievers") are used to relieve symptoms and brown steroid inhalers ("preventers") are used to prevent exacerbations and control the severity of the illness.

If the school and the parent feel that the child is capable and responsible, the child should look after and carry his/her own inhaler marked with his/her name. Cases should be considered individually after consulting with parents, the child's doctor or school nurse as appropriate.

Inhalers are very safe and it is unlikely that a child using another's inhaler is likely to come to any harm (although obviously medicines should only really be used by those that they have been prescribed for).

Enzyme additives

Children with cystic fibrosis may require added enzymes to ensure that they are able to digest their food. They are usually prescribed pancreatic supplements (eg Creon) and these must be taken with food. Children may need several capsules at a time. They are entirely safe if taken accidentally by another child.

Maintenance drugs

A child may be on medication (e.g. insulin) that requires a dose during the school day.

Many of the relevant medical charities have developed resources to support school looking after children with chronic medical problems.

Asthma UK http://www.asthma.org.uk/media/95603/School%20Policy_16pp.pdf Cystic fibrosis trust http://www.cftrust.org.uk/ Diabetes UK http://www.diabetes.org.uk/Information-for-parents/Living-with-diabetes-new/School/ Epilepsy Action http://www.epilepsy.org.uk/info/education The Anaphylaxis Campaign http://www.anaphylaxis.org.uk/schools/help-for-schools

Appendix B – Non-routine administration of medicines

Any request for 'Unusual Administration' of medicine or treatment should be referred to the school nurse for advice.

Conditions requiring emergency action

As a matter of routine, all schools must have a clear procedure for summoning an ambulance in an emergency (Appendix D).

Some life-threatening conditions may require immediate treatment and some staff may volunteer to stand-by to administer these medicines in an emergency. If they do, they must receive professional training and guidance via the School Health Services.

If the trained member of staff is absent, immediate contact with the parent needs to be made to agree alternative arrangements.

Medicines for these purposes should only be held where there is an individual protocol for the child concerned that has been written up for the school by a doctor.

Examples of these conditions follow – but should be more fully explained during training and in the individual's protocol:

1. **Anaphylaxis** (acute allergic reaction)

A very small number of people are particularly sensitive to particular substances eg bee sting, nuts and require an immediate injection of adrenaline. This is life-saving.

2. **Major fits**

Some epileptic children require rectal diazepam if they have a prolonged fit that does not spontaneously stop. A second member of staff must be present during the administration.

3. **Diabetic hypoglycaemia**

Blood sugar control can be difficult in diabetics, and blood sugar levels may drop to a very low level causing a child to become confused, aggressive or even unconscious. If the child does not respond to the dextrose tablets they carry, or to other foods/drinks containing sugar, Hypostop (a sugar containing gel rubbed into the gums) or an injection of Glucagon may be required.

Appendix C - Request for school to administer medication

Administration of Medicines & Treatment Consent Form

Name of School	
Name of Child	
Address of Child	

Parents' Home Telephone No.	
Parents' Mobile Telephone No.	

Name of GP	
GP's Telephone No.	

Please tick the appropriate box

My child will be responsible for the self-administration of medicines as directed below	
I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of emergency, as staff may consider necessary	
I recognise that school staff are not medically trained	

Signature of parent or carer	
Date of signature	

Name of Medicine	Required Dose	Frequency	Course Finish	Medicine Expiry

Special Instructions	
Allergies	
Other Prescribed Medicines	

Appendix D – Procedure for summoning an ambulance in an emergency

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action.

If it is not an emergency and in the case of a child, parent/carers should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult.

Where it is deemed an emergency, a member of staff (usually the Admin Officer) will call for an ambulance. Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness etc) along with the school address and contact information.

The child's parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once parents or other relatives have arrived in hospital.

Appendix E – First Aid

Children should not help with First Aid.

Current First Aiders in School
Key First Aiders: All staff have basic first aid training.
Paediatric First Aid: Mr Walker; Mrs Osgodby, Mrs Kenyon, Mr Hempstead, Mrs Steels, Ms Hart

Always wear gloves when administering First Aid.First Aid book – entries must be clear, in ink, and include:

- Name of child and class
- Signature of the person reporting the accident
- Date and time
- Where it occurred and what happened
- The resulting injury
- How it was dealt with.

Parents should be notified of any First Aid given to a child during the school day (by letter, sticker or phone call). Any serious injuries (other than non-serious bruises, grazes etc) will require the parents to be contacted immediately.

If the accident occurs due to a Health and Safety oversight, please pass on the information to the Site Caretaker (Mr Walker).

Relevant legislation and guidance

Managing Medicines in Schools and Early Years settings (2004)

Disability Discrimination act 1995 and Special Educational Needs and Disability Acts (2001 and 2005)

The Education Act 1996

Health and Safety at Work act 1974

Management of Health and Safety at Work Regulations 1999

Medicines Act 1968 Date of Policy April 2014

January 2022