

Chilmark and Fonthill Bishop Church of England Primary School

Supporting Pupils with Medical Conditions

Written 2018

Last review 2022

Updates/changes

2019 SEND section added to medicines in school policy

2020 Paediatric First aiders are also part of the staff provision (EYFS)

Our 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.

Chronic illness / disability

Procedure to be followed when school is notified that a pupil has a medical condition - we will work with agencies and LA to ensure that the right provision is made. <https://www.gov.uk/illness-child-education>

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.
- There are recommended times away from school to limited the spread of infectious disease. see HPA guidelines for this (<http://www.hpa.org.uk>)
- Note, children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

Medication

It may be necessary for children with medical 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.

SEND

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.

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.

The school will always make reasonable adjustments to ensure that needs are met whenever possible. <https://www.gov.uk/rights-disabled-person/education-rights>

Medicine should ideally only be administered if the required dose cannot be taken outside of the school day.

- **A consent form is required when the situation requires the administration of medicine and this will be kept on file**

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Standard Practice

1. Ask the Parent/Carer to complete a Medicine Administration request form annex B
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).
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 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. Each class has a clear container labelled Medication box and this will contain all Inhalers for children in that class. Each child will be identified by their name and photo and will have their own medication document sheet to record usage.

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 and marked 'Medicines'. • 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.

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.

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Training: teachers and support staff should receive appropriate training and guidance via the School Health Service for non-routine administrations. (School nurse is Tiff Ferris 07825722418)

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 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.

Off-Site visits

Take a First Aider and 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

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.

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.

Emergency action

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/carers 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

First Aid

Children should not help with First Aid.

All staff have first aid training

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, contact the Headteacher immediately.

Unacceptable Practice

School staff should use their discretion and judge each case on its merits; it is not acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment

- Ignore the views of the child or the parents
- Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
- If the child becomes ill, send them to the school office unaccompanied
- Penalise children for their attendance record if their absences are related to their condition eg hospital appointments
- Prevent children from drinking, eating or toilet or other breaks whenever they need to, in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support the child's medical needs
- Prevent or create barriers to children participating in any aspect of school life, including school trips eg requiring the parent to accompany the child

Complaints

Follow School procedure

Staff Indemnity

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.

Relevant legislation and guidance

Supporting pupils at school with medical conditions D of E February 2014

Section 21 Education Act 2002

Section 178 Education Act 2002

Managing Medicines in Schools and Early Years settings (2004)

Equality Act 2010

Health and Safety at Work act 1974

Management of Health and Safety at Work Regulations 1999

Medicines Act 1968

Useful websites

Asthma UK <http://www.asthma.org.uk/media>

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.

