

**St David Haigh & Aspull CE Primary School**

**SUPPORTING PUPILS  
AT SCHOOL WITH  
MEDICAL CONDITIONS**

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## **SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS**

### **AIM**

A clear policy that is understood and accepted by all staff, parents and children providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

The policy is to include:

- A clear statement of staff and governor responsibilities in respect of supporting pupils with medical conditions
- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Roles and responsibilities of staff administering medicines
- A clear statement of parental responsibilities in respect of medicines
- Written permissions from parents for medicines
- Confidentiality procedures
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- Safe disposal of medicines
- Hygiene and infection controls
- Notification to staff of medical needs of children in their care
- The school's emergency procedures
- Risk assessment and management procedures
- Accidental failure to administer medicine
- Guidelines for administering Asthma medications (including emergency inhalers)

### **Introduction**

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short term. Other children have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most of these children will be able to attend school regularly and take part in normal school activities.

This policy outlines responsibilities and procedures for supporting pupils at St David Haigh and Aspull CE Primary School who have medical needs.

### **Parents and guardians**

- Parents and guardians, as defined in the Education Act 1994, are a child's main carers. They are responsible for making sure that their child is well enough to attend school. Children should be kept at home when they are actually unwell.
- Parents are responsible for providing the Head Teacher with sufficient information about their child's medical condition and treatment or special care needed at school.
- With the Head Teacher, they should reach agreement on the school's role in the helping their child's medical needs.
- Where parents have difficulty understanding or supporting their child's medical condition themselves, the School Health Service can often provide additional assistance. However, ideally, the head should seek parent's agreement before passing on information about their child's health to other school staff.
- Parents' religious and cultural views should always be respected.

### **The Governing body**

The governing body has a duty to ensure that their insurance arrangements provide cover for staff to act within the school of their employment; that the procedures outlined in this policy are followed, and that any necessary training is made available to staff.

### **The Head Teacher**

The Head Teacher is responsible for implementing the governing body's policy in practise and for developing detailed procedures. When teachers or support staff volunteer to give pupils help with their medical needs, the head should agree to them doing this, and must ensure that teachers or support staff receive proper support and training where necessary. Day to day decisions about administering medication will normally fall to the Head Teacher. The Head is

also responsible for making sure parents are aware of the school's policy and procedures for dealing with medical needs. The Head is responsible for arranging back up cover when the member of staff responsible for a pupil with medical needs is absent or unavailable.

### **Teachers and other school staff**

Teachers who have pupils with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. They should be aware of the likelihood of an emergency arising and what action to take if one occurs. **Teachers' conditions of employment do not include the giving or supervising of pupils taking medicines. Any support member of staff agreeing to administer prescribed medicines should be in receipt of appropriate training. The training shall be commensurate with the situation.**

### **Other health professionals**

The school will receive support and advice as necessary from the following in conjunction with meeting the needs of pupils with medical needs:

- The local health authority
- The school health service
- The school nurse
- The general practitioner (with the consent of the child's parent)
- The community paediatrician

### **Short term medical needs**

At times, it may be necessary for a child to finish a course of medication at school. In order to reduce the time a child is away from school the school will administer medicines, for example the end of a course of antibiotics but only for a short course of up to 5 days, and only when previous avoidance strategies have been examined. Wherever possible, parents will be encouraged to administer the medicine outside school hours.

### **Long term medical needs**

The school needs to have sufficient information of any pupil with long term medical needs. The school will then draw up a written health care plan for such pupils, involving the parents, relevant staff and health professional. Refer to DFES 'Statutory guidance on supporting pupils at school with medical conditions'.

### **Individual health care plans**

These enable the school to identify the level of support that is needed at school. Those who may need to contribute to the plan are

- The Head teacher
- The parent or guardian
- The child (if sufficiently mature)
- Class teacher
- Teaching assistant
- School staff who have agreed to administer medication or be trained in emergency procedures
- The school health service, the child's GP or other health care professionals.

### **Administering Medication**

**In all instances the school will do all it can to persuade the parent to come in to school to administer medicines. No pupil will be given medication without the parent's written consent (form 3A). This consent will also give details of the medication to be administered, including:**

- Name of medication
- Dosage
- Method of administration
- Time and frequency of administration
- Other treatment
- Any side effects
- School will provide written consent for agreeing to administer the medication
- Staff will complete and sign record sheets (Form 3B or 3C if child has individual healthcare plan) each time they give medication to a pupil. In such circumstances, wherever possible, the dosage and administration will be witnessed by a second adult.
- If pupils can take their medication themselves, staff will supervise this, bearing in mind the safety of other pupils. Written parental consent is necessary for this.
- Staff members who are training will be able to administer medication.

Members of staff giving medicines should check:

- The child's name
- Prescribed dose
- Expiry date

- Written instructions on the packaging

Members of staff giving medicines will not be teaching members of staff but support staff who are:

Willing to perform such tasks

Trained where necessary for the task

If in doubt then do not administer medicines without checking with the school office staff who will then contact parents or the medical practitioner.

**A written record must be kept each time medicines are administered.** (Form 3B or 3C for a child with an individual healthcare plan, kept in the 'Medicines' file in the school office should be used to record.)

### **Refusing medication**

If a child refuses to take medication, the school staff will not force them to do so. The school will inform the child's parent or guardian as a matter of urgency. If necessary, the school will call the emergency services.

### **Prescribed Medicines**

**The school will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

It is helpful when clinically appropriate that medicines are prescribed in dosages that enable it to be taken outside of school hours. We will encourage parents to discuss this with the prescriber. Prescribers should be encouraged to issue two prescriptions, one for home and one for school, thus avoiding the need for repackaging of medicines.

**Controlled drugs** should never be administered unless cleared by the Head Teacher. Reference should be made to the DfES 2014 Statutory guidance on supporting pupils at school with medical conditions.

### **Non-Prescription Drugs**

School staff will not give non-prescribed medication to children except in special cases at the complete discretion of the Head Teacher. In the case of children suffering regularly from acute pain, such as a migraine, the parents will authorise and supply appropriate painkillers together with written instruction about when the child should take the medication. A member of staff will supervise the pupil taking medication, keep a log of all medication taken and notify the parents in writing on the day painkillers are taken.

*Staff should never give non-prescribed drugs to a child unless there is specific written permission from the parent. This will be an exceptional situation rather than the norm.*

**A child under 16 should never be given Aspirin or medicines containing Ibuprofen unless prescribed by a doctor.**

### **Self-Management**

Children who are able will be encouraged to manage their own medicines. This will generally apply to relief treatments for asthma. Other medicines should be kept in secure storage so access will only be through the school office.

### **Record Keeping**

Parents should inform the school of the medicines their child needs. Records are reviewed annually by parents on data collection sheet. Reports on medical needs are forwarded to classes at the start of school year, any amendments forwarded as they occur. School will check that the medicine is in its original container and that the dispenser's instructions are clear.

**A written record of medicines administered will be kept in the school office and this will also be signed by the parents to acknowledge the entry. A copy of consent form '3A' will also be kept in the office.**

### **Educational Visits**

Staff supervising excursions should be aware of any medical needs, and relevant emergency procedures. In some circumstances an additional supervisor or parent might accompany a particular pupil. If staff members have concerns about providing for a pupil's safety, or the safety of other pupil's on a trip, they will seek medical advice from the school health service or the child's GP.

All medicines required by children on such undertakings will be part of the overall risk assessment for the visit. Medicines not self managed by pupils will be in the safe care of a nominated member of the support staff. This colleague should be one who is willing to carry this responsibility. Complex medical needs for a specific pupil may necessitate a health plan for the visit. If any member of staff is concerned they should seek advice from the school office.

An emergency asthma inhaler pack, available from the school office will be taken on educational visits - see ('Guidelines for managing Asthma', section 10 of this document for further guidance).

### **Sporting Activities**

Children with medical needs will be encouraged to take part in sporting activities appropriate to their own abilities. Any restrictions on a pupil's ability to participate in PE will be included in their individual health care plan. Some pupils may need to take precautionary measures before or during exercise and/or need to be allowed immediate access to their medication if necessary. Teachers should be aware of relevant medical conditions and emergency procedures. Asthma relievers not self-managed should be taken to the field in a box or container and be supervised by a support member of staff.

### **Confidentiality**

The school will treat medical information confidentially. The Head teacher will agree with the parents who will have access to records and information about a pupil. If information is withheld from staff they cannot be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **Storing Medicines**

- Where practical, the parent or child will be asked to bring in the required dose each day.
- When the school stores medicine it will be labelled with the name of the pupil, the name, the dosage of the drug and the frequency of the administration.
- Where a pupil needs two or more prescribed medicines, each should be kept in a separate container.
- Pupils' should know where their medication is stored and who is responsible.
- Pupils are permitted to carry their own asthma inhalers.
- An emergency salbutamol inhaler will be stored in the school office.  
(see 'Guidelines for managing asthma, section 10 for further info)
- Other medicines are kept in a secure place in their original containers not accessible to pupils and refrigerated when necessary. This will be the responsibility of the school office.
- Emergency medicines such as asthma inhalers and adrenaline pens should not be kept locked away but always in the vicinity of the relevant pupils.

**The Storing of medicine is an exceptional duty and be only used when medical advice dictates that no other course of action is possible. Any problems or issues arising shall be initially referenced to the 2014 Statutory guidance on supporting pupils in school with medical conditions DfES, a copy of which is kept in the school office.**

### **Disposal of medicines**

Parents must collect medicines held at school at the end of each term. Parents are responsible for the disposal of date-expired medicines.

### **Hygiene/infection control**

Staff should follow basic hygiene procedure.

Staff should use protective disposable gloves and take care when dealing with blood or other body fluids and disposing of dressing or equipment.

### **Emergency procedures**

Allocated members of staff are regularly trained in First Aid and know how to call the emergency services. A pupil taken to hospital by ambulance will be accompanied by a member of staff until the pupil's parent or guardian arrives.

### **Administration of rectal diazepam in epilepsy and febrile convulsions, and anaphylaxis procedure**

The administration of medication for these conditions requires specific training and procedures.

### **Accidental failure of the agreed procedures**

Should a member of staff fail to administer any medication as required they will inform the Head Teacher and parent as soon as possible.

### **Guidelines for managing Asthma**

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. School staff who have volunteered to assist children with inhalers, will be offered training from the school nurse.

1 If school staff are assisting children with their inhalers, a Consent Form 3A from parent/carer should be in place. Individual care plans need only be in place if children have severe asthma which may result in a medical emergency.

2 Inhalers **MUST** be readily available when children need them. Pupils of year 3 and above should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be labelled clearly with the child's name and stored in a readily accessible safe place. Individual circumstances need to be considered, e.g. in relation to the child's individual medical needs.

3 It would be considered helpful if parent/carer could supply a spare inhaler

for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year and will be returned to the parent/carer at the end of the school year regardless of expiry date.

4 All inhalers should be labelled with the child's name.

5 Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.

6 School staff should take appropriate disciplinary action if the owner of or other Pupils' misuse inhalers.

7 Parent/carers should be responsible for renewing out of date and empty inhalers.

8 Parent/carers should be informed if a child is using the inhaler excessively.

9 Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler **MUST** be available during PE and games. If pupils are unwell they should not be forced to participate.

10. An emergency salbutamol inhaler will be kept in the school office, with the asthma register, for emergency use only by pupils on the asthma register with written parental consent for its administration (form 3D). Any emergency inhalers will be checked every term to ensure they are in date and replaced as necessary - a written record of checks is kept with the asthma register and with the inhaler itself.

Wherever possible there will be two members of staff supervising the administration of the medication. Staff responsible for administering an emergency inhaler should refer to the department of health 'Guidance on the emergency use of salbutamol inhalers in schools' doc, a copy of which is kept with the inhaler, before taking any action. Once administered form 3C must be completed and kept in the Medicine file in the school office.

## **KEY POINTS**

- THE SCHOOL WILL NOT NORMALLY AND REGULARLY ADMINISTER MEDICINES TO CHILDREN UNLESS THE ABOVE POLICY APPLIES**
- NO TEACHING STAFF WILL ADMINISTER MEDICINES OR SUPERVISE CHILDREN SELF ADMINISTERING MEDICINES**
- ANY STAFF MEMBER ADMINISTERING MEDICINES WILL DO SO WILLINGLY AND WITH APPROPRIATE TRAINING**
- ANY AND ALL MEDICINES WILL BE NOTIFIED TO THE SCHOOL OFFICE AND KEPT UNDER ITS SUPERVISION.**  
This includes asthma relievers and adrenaline pens.

The Office will know where these medicines are in school and the asthma register shall be updated annually and as and when new children come to school.

# FIRST AID BOXES

## **FIRST AID BOXES**

First aid boxes, identified by a white cross on a green background, are provided in school there are adequate supplies for the nature of the hazards involved. All boxes will contain at least the minimum supplies required under law.

Only specified first aid supplies will be kept. No creams, lotions or drugs, however seemingly mild, will be kept in these boxes.

The location of first aid boxes and the name of the person responsible for their upkeep will be clearly indicated on notice boards throughout school.

First aid boxes will display the following information:

- The name of the person responsible for their upkeep;
- A written record of stock checks
- The nearest location for further supplies;
- The contents of the first aid box and replenishing arrangements;
- The location of the accident book.

First aid boxes are maintained and restocked when necessary by authorised school personnel. Used items should be replaced promptly. School personnel will be made aware of the procedure for re-ordering supplies.

#### **First aid box contents**

As a guide the minimum contents of a first aid box should contain:

- a leaflet giving general guidance on first aid (for example HSE leaflet *Basic advice on first aid at work*);
- 20 individually wrapped sterile adhesive hypoallergenic dressings (assorted plasters) appropriate to the type of work (dressing may be coloured blue for food handling);
- 2 sterile eye pads;
- 4 individually wrapped triangular bandages (preferably sterile);
- 6 medium individually wrapped sterile un-medicated wound dressings (approximately 12cm x 12cm)
- 2 large wrapped sterile un-medicated wound dressings (approximately 18cm x 18cm)
- 1 pair of disposable latex non-powdered gloves.
- Gauze squares.

#### **Emergency procedures**

- The nominated first-aiders are:
  - see signs in school

These members of staff should be called upon in the event of a medical emergency.

Details of first aid procedures can be found in the First Aid Policy which is kept in the 'Medicine Forms' file in the School Office.

- If a child needs hospital treatment, a member of staff should always accompany the child, and should stay until the parent arrives.
- Staff should **never take children to hospital in their own car**; it is safer to call an ambulance.

**Approved By:**

**Date:**

**Date of Review: Sept 2018**