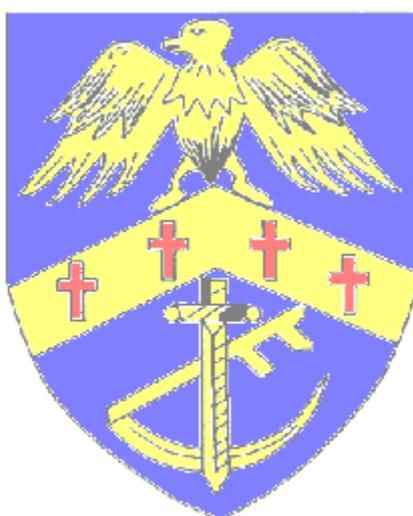


SUNNYMEDE JUNIOR SCHOOL

POLICY FOR SUPPORTING CHILDREN WITH MEDICAL NEEDS AND ADMINISTERING OF MEDICINE



Ratified by Governing Body: July 2015
Review: Every Two Years
Next Review Date: July 2017

AIMS

To set out a clear policy that is understood and accepted by all staff, parents and children and which provides a sound basis for ensuring that:

- children with medical needs receive proper care and support in school, including participation in school trips and sporting activities
- attendance for such children with medical needs is as regular as possible
- pupils at school with medical conditions have full access to education, including school trips and physical education.

CIRCUMSTANCES IN WHICH MEDICINES WILL BE ADMINISTERED IN SCHOOL

Medicines should only be brought to school when it is essential and where it is detrimental to a child's health if the medicine is not administered in the school day.

There are two main sets of circumstances in which requests may be made to the school to deal with the administration of medicines to pupils at school:

- (a) cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy;
- (b) cases where children recovering from a short-term illness are well enough to return to school but are receiving a course of antibiotics or other medication.

Each request for medicine to be administered to a pupil in school should be considered on its merits. The school should give consideration to the best interests of the pupil and the implications for the school. Staff administering medication in accordance with appropriate training or the details supplied by the parent or guardian may rest assured that they are covered by the County Council's insurance policy.

It is generally accepted that school staff may administer prescribed medication whilst acting *in loco parentis*. However, it is important to note that this does not imply a duty upon school staff to administer medication and the following should be taken into account:

- No member of staff should be compelled to administer medication to a pupil
- No medication can be administered in school without the agreement of the Headteacher or his/her nominated representative
- If it is agreed that medication can be administered, a named **employee** of the school (not a volunteer) should be identified to administer it.
- Appropriate guidance and training (where necessary) has been given to the nominated member of staff
- Parents or guardians requesting administration of medication should be given a copy of the form 'Parental Request for Medication to be Administered to Pupils' (**APPENDIX 1**), which must be completed. This is available from the school office and to download from the Documents section of the school website. Completion of this form safeguards staff and pupils by allowing only prescribed medication to be administered. Parents and Carers will be reminded of this policy, which can also be accessed from the school reception and on the school website
- School staff may consult with the Health Service to liaise with the person prescribing medication to enquire whether it can be given outside of school hours. This may help reduce to a minimum the amount of medication being given in school. Staff may also consult with the School Health Service with regard to administration of any medication.

THE ROLE OF GOVERNORS

The governing body must ensure that:

- appropriate arrangements are in place in the school to support pupils with medical conditions so that they can access and enjoy the same opportunities at school as any other child.
- school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- monitoring arrangements are put in place to ensure that policies, individual healthcare plans, procedures and systems are properly and effectively implemented in accordance with statutory requirements - in particular procedures for administration of medicines.
- this policy is readily accessible to parents and school staff and is updated regularly and reflects any relevant change in legislation.
- to ensure that sufficient staff are suitably trained and that the policy is implemented effectively by staff

THE ROLE OF THE HEADTEACHER

The Head teacher ensures that:

- the school's policy for supporting pupils with medical conditions is developed and effectively implemented.
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- all staff who need to know are aware of the child's medical condition and that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- In all complex cases, liaise with the parents and, where parent expectation is deemed unreasonable, seek the advice of the school nurse or medical advisor.

RESPONSIBILITY OF PARENTS AND GUARDIANS

Parents and guardians have the principal responsibility for the administration of medication to their children who have the right to be educated with their peers, regardless of any short or long term needs for medication whilst at school.

It is preferable for medication to be given at home whenever possible. If medicines are prescribed to be taken three or more times per day, parents should ask the prescribing doctor if the administration of the medication can occur outside normal school hours. Where it is agreed that a pupil may be given prescribed medication during the school day, parents can opt to come in to school themselves to administer the medication at the specified time. Non-prescription medication (such as cough medicines) will be administered in school with their agreement. In some circumstances, analgesics may be administered also.

It is the responsibility of parents to:

- **provide the school with up-to-date information about their child's medical needs**
- **Ensure emergency contact details are up-to-date at all times**
- **ensure that any medication to be administered to their child in school, including asthma pumps and epi-pens, is within date and presented in its original**

packaging / container provided by the prescribing doctor / pharmacist, and that there is sufficient of it, (e.g. inhalers/ oral piriton) should it be required.

- ensure that any prescribed medication is brought to the main reception and collected from there at the end of each day, or at the end of the prescribed course, whichever arrangement is made with school office staff. Medicine will not be accepted if it is brought to school by the pupil. Should this situation arise, the medication will be taken from the child and the parent will be contacted.

Parents should also be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents are asked at the beginning of each school year to inform school of any changes via the Healthcare Plan pro forma which is sent out to be filled in. This is then kept in the school Medical File and updated if there are any changes.

THE ROLE OF STAFF:

All staff should be aware of the possible medical risks attached to certain pupils. They should be aware of possible emergency action and emergency contacts.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Whilst administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff are to receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

Staff who agree to administer medicine, under the authorisation of the Headteacher, must ensure they follow all policies and procedures related to this, including careful administering and recording of the prescribed medicine given.

THE ROLE OF SCHOOL NURSES:

The school nursing services are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but should support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

THE ROLE OF SCHOOL PUPILS:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

PROCEDURES TO BE FOLLOWED WHEN ADMINISTERING PRESCRIBED MEDICATION

1. If medication cannot be given outside of school hours, parents or guardians should fill in a request form giving the dosage, the method of administration, the time and frequency of administration, other treatment, any special precautions and signed consent. See **APPENDIX 1**.

2. All essential medication should be brought to school by the parent or guardian and **not** the pupil. It should be delivered personally to the school office or designated member of staff.
3. All medication taken in school must be kept in its original container/ packaging from the pharmacy. This must be clearly labelled, preferably with a child safety top, and must give the owner's name, contents and the dosage to be administered.
4. Medication held in school is kept in a locked cupboard out of children's reach in the main office. It is only accessible to the named volunteers. Where medication requires cooled conditions, this is stored in a fridge that is also in the main office area and permanently visible to office staff. The exception to this is the use of an asthma inhaler.
5. Medication to be taken orally should be supplied with an individual measuring spoon or syringe. Eye drops and ear drops should be supplied with a dropper. A dropper or spoon must only be used to administer medicine to the owner of that implement.
6. When medication is given, the name, the dosage, the mode of administration, time of the dose and date of expiry should be checked. A written record must be kept of the time it was given and by whom to avoid more than one person ever giving a dosage. This should be kept with the parental consent form (**APPENDIX 1**).
7. Where any change of medication or dosage occurs, clear written instructions from the parent/guardian should be provided. If a pupil brings to school any medication for which consent has not been given, the staff of the school will refuse to administer it. In such circumstances a member of staff should contact the parent as soon as possible.
8. Renewal of medication which has passed its expiry date must be the responsibility of the parent or guardian. However, if parents are unable to collect expired medication then staff should take it to the local pharmacy so that it can be disposed of safely. The medication must not be disposed of in any other way.
9. In all cases where, following the administration of medication, there are concerns regarding the reaction of the pupil, medical advice should be sought immediately.
10. It is the responsibility of the pupil to come to the main school office to take their medication at the appropriate time. However, if a parent feels that this could be problematic for their child and forgetting to take medication would have serious health implications, the parent should put this request in writing along with a copy of the 'Parent request for a school to administer medication'. This letter should outline the serious implications that could occur should their child forget to come to take their medication. A discussion will then take place to agree an alternative plan.
11. When medication is given, it is good practice for another member of staff to be present when medication is given to a pupil. This is not always possible but will be adhered to whenever the situation allows.

If in doubt about any of the above procedures, the member of staff should check with the parents or guardians or a health professional before taking further action.

REFUSAL TO TAKE MEDICATION

If pupils refuse to take medication, the school should inform the child's parent or guardian as a matter of urgency. If necessary, the school should call the emergency services.

ADMINISTERING NON-PRESCRIBED MEDICATION

Non-prescribed medication will be administered at the discretion of the school. Paracetamol and other analgesics may be issued at the school's discretion, provided the practice is strictly controlled in the same way as prescribed medication. The Head should authorise specific members of staff to dispense tablets. In order to monitor and prevent the danger of overdose by any individual, they should keep a record of issues, giving the name of pupil, time, dosage and reason for administering tablets. Staff should always inquire of the child whether any side effects or allergic reaction has been experienced before administering the drugs. The school's health record of the child should be checked to confirm if there are any known allergies, and if so what are those allergies that are known.

ASPIRIN or preparations that contain aspirin **MUST NOT** be administered to pupils unless prescribed by a doctor.

COMMON CHILDHOOD ILLNESSES

Parents should not send children to school if they are unwell. Common childhood illnesses and recommended exclusion times are listed in **APPENDIX 2**

ADMINISTERING OF FIRST AID

Minor injuries are dealt with by a responsible adult. There are a number of members of staff who have up-to-date qualifications in basic first aid and who may deal with basic injuries and first aid-matters. They follow our school's own internal procedures and guidelines, along with both oral and written advice provided during their training; this includes reference to the document '*Paediatric First Aid Made Easy: An easy to understand first aid guide for parents and people who work with children*'.

All reported injuries are logged in the accident book, which is kept in the office. Minor injuries are not routinely reported to parents but a note is always sent home if your child has sustained a head bump. If your child is involved in an accident that requires more than basic first aid, or if we consider them too ill to remain in school, we will contact you by telephone so that you can take your child home or to a doctor. **It is, therefore, important that we have up-to-date contact numbers registered in school.**

CALLING AN AMBULANCE

An ambulance should be called in the following situations:

- If all the recommendations for treatment have been carried out correctly and-the child is not responding
- If the child is struggling to get air in
- If the child's lips turns blue
- If the child is very distressed and unable to talk
- If the child is becoming exhausted
- If the child is struggling to breathe (unresponsive to immediate treatment)

- If their breathing rate increases (unresponsive to immediate treatment)
- If the child loses consciousness, however brief, at any time
- Where appropriate, a child has a suspected broken bone
- Other situations where there is concern by the person(s) assessing.

Parents will be contacted immediately if an ambulance is called.

The procedure in APPENDIX 3 should be followed when calling an ambulance and is displayed prominently in the medical room and main office.

EDUCATIONAL VISITS

All medicines required by children on such undertakings will be part of the overall risk assessment for the visit. The person responsible for organising the trip is responsible for checking with the school office staff which pupils on the trip have any medical requirements and ensuring this is planned for and included in the risk assessment. They should work with the Educational Visits Co-ordinator to ensure that this is considered as part of the risk assessment for the trip or activity. The Educational visits Co-ordinator must remember to check that medical needs have been accounted within the final risk assessment and ensuring that a member of staff has been allocated to take responsibility for carrying and administering the medication.

Medicines will be in the safe care of a nominated member of staff who has agreed to take on this responsibility, along with the administration information. 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 office staff / headteacher.

FURTHER GUIDANCE RELATING TO CHILDREN WITH SPECIFIC MEDICAL NEEDS

A very small number of children need medication to be given by injection, epi-pen or other routes. This is an unusual circumstance and the arrangements are best worked out between the school, parents, school nurse and the doctor who prescribes the medication. Experience suggests that it is helpful to have a meeting of all interested parties in school as it is essential that the parents and the teaching staff are happy about the arrangements that are made.

Staff willing to administer medication should be made fully aware of the procedures and be properly trained. Usually this will be provided by the local Health Authority. An individual healthcare plan for each pupil with a medical need will be completed where a more complex regime of medication or healthcare is required.

Anaphylaxis

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. Appropriate local arrangements should include:

- the provision of appropriate instruction and training to nominated staff
- the symptoms associated with anaphylactic shock
- awareness of all staff that the child has this particular medical condition
- the Adrenaline 'auto-injector' type prescribed (i.e. 'epi-pen', or 'JEXT')
- Other drugs i.e. anti-histamine ('Priton'), & inhalers ('Ventolin')
- labelling of epi-pens for the child concerned
- records of dates of issue, and expiry dates.
- the locations of the epi-pen, preferably in an easily accessible place which is known to staff, for example a medication box

- the names of those trained to administer it, such as first aiders
- emergency contacts

This type of information should be suitably posted in the areas where the medication is to be kept and should accompany the medication on school trips etc. The arrangements for swimming and other sporting activities are also planned for appropriately for individual cases. Information should include the name of the child and, ideally, a photograph.

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 be alleviated with treatment, usually in the form of an inhaler. It is good practice to allow pupils who can manage their own medication from a relatively early age to do so. If children have asthma and can take their medication themselves, they should be allowed to carry their inhaler around at all times. This is especially important if the inhaler or nebulizer is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe.

If pupils are not able to do so, inhalers should be stored safely away and issued by staff, usually the class teacher, as and when needed by the child. This method may be more appropriate for younger pupils with asthma who may not be able to use the inhaler without help or guidance.

Even if the inhaler is needed as a preventative measure to be taken three times a day, it is unlikely that it will need to be kept in school.

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone. However, the guidelines given in **Appendix 4** are followed where needed. A copy of this guidance is displayed in the First Aid room as emergency guidance.

Epilepsy

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Information regarding emergency management is given in **Appendix 5** which covers the procedures to be followed with regard to first aid for all seizures.

Information on important aspects of the condition is given below:

Status Epilepticus

Status epilepticus is a condition in which a seizure shows no sign of stopping or a series of seizures takes place without the individual properly regaining consciousness. A five minute seizure does not in itself constitute an episode of status and it may subsequently stop naturally without treatment. However, emergency precautions after the five minute mark has passed will ensure that prompt attention will be available if a seizure does continue. Such precautions are especially important if the child's medical history shows a previous episode of status epilepticus.

Any child not known to have had a previous seizure should receive medical assessment as soon as possible. Both medical staff and parents need to be informed of any events of this nature.

In very rare cases the administration of rectal diazepam will be required. Any child requiring rectal diazepam is ultimately the responsibility of a Consultant Paediatrician and will be part of a healthcare plan.

APPENDIX 1

Sunnymede Junior School

PARENTAL REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Sections A,B and C To be completed by the Parent / Carer and returned to the school office

The administration of medication should be kept to a minimum and parents are asked to consider the possibility of administering the daily doses out of school hours. If this is not possible the following consent form must be completed and agreed by the school:

- Medication **MUST** be delivered to / collected from the school office by parent / carer only and in its original packaging
- Medication **WILL NOT** be dispensed without written permission
- It is the child's responsibility to come to the office for their medication, unless an alternative plan has been agreed in writing with the school (see section B)

Section A

Child's Name		Child's Class	
Condition		Medication Name	
Dosage (Amount to be given)		Time of day dosage should be given	
Start day of medication		Last date medication to be given	
Means of administration e.g. spoon, syringe. Other information – This must be provided		Known side effects / special precautions – if any (please attach any relevant information)	
Please indicate if you will bring / come to collect the medication from the school each day or if you prefer to leave it in school until the end of the prescribed period			

Section B

Please sign one of the options below

A) My child knows when to come to the office for their medication and I understand that it is their responsibility to do so	Signature:
B) I will come to the school in person to administer my child's medication	Signature:
C) My child's medication at the prescribed time is vital and failure to take it would have serious health implications for my child's health. As such, I am attaching a letter explaining these implications and would like to arrange a meeting to discuss an alternative plan with the school	Signature:

Section C

Parent / Carer signature		Daytime contact details	
Print Name		Date	
Relationship to child			

Section D Office use only

Member of staff delegated to administer medication		Where option C of section B has been selected by the parent, record the agreement that has been made:
Member of staff to administer medication in the above's absence		

A log of medication in respect of this request will be maintained and kept with this request – see Appendix 2

Appendix 2

Common Childhood illness Exclusions guidelines

Please ensure that your child knows how to wash his/her hands thoroughly, to reduce the risk of cross-infection. School attendance could be improved for all if children and families were wash and dry their hands well five times or more a day.

Chickenpox	Exclude 5 days from onset of rash. Notify school immediately as any pregnant staff members need to be advised.
Conjunctivitis	Parents/carers are to apply relevant creams. Children are to stay off school if unwell.
Nausea	Nausea without vomiting – please return to school 24 hours after child last felt nauseous.
Diarrhoea and/or vomiting	Children are to stay off school for 48 hours after last bout of vomiting or diarrhoea (this is 24 hours after last bout plus 24 hours recovery time). Please check your child understands the necessity/reason for washing & drying hands frequently.
German measles (rubella)	Return to school six days after the rash appears, but advise school immediately as any pregnant staff members need to be informed.
Hand, foot & mouth disease	No exclusion necessary
Head lice	No exclusion, but please wet-comb thoroughly for first treatment, repeat every three days for two weeks to remove all lice.
Cold sores	Only exclude if unwell – encourage hand-washing to reduce viral spread.
Impetigo	Exclude until treatment has been received for two days and sores have crusted over.
Measles	Exclude for four days after rash appears.
Mumps	Exclude for five days after swelling appears.
Ringworm	Exclude until treatment has commenced.
Scabies	Can return to school once first treatment has been given (although itchiness may continue for 3-4 weeks). All family members should be treated).
Scarletina(scarlet fever)	Exclude for five days until rash has disappeared or 24 hours after fever commencement of antibiotic course.
Slapped cheek	No exclusion – infectious before rash. Notify school immediately as any pregnant staff members need to be advised.
Threadworms	No exclusion – encourage hand washing and nail scrubbing. Treatment at home recommended.
Whooping cough	Exclude until five days of antibiotics have been given. If mild form and no antibiotics given, exclude for 21 days.
Viral infection	Exclude until child is well and temperature is normal (37 degrees)

Contacting Emergency Services

Dial 999, ask for an ambulance and be ready with the following information

1. Your telephone number.
2. Give your location as follows:
Sunnymede Junior School, Billericay, ESSEX
3. State the postcode: **CM11 2HL**
4. Give exact location in the school of the person needing help.
5. Give your name.
6. Give the name of the person needing help.
7. Give a brief description of the person's symptoms (and any known medical condition).
8. Inform ambulance control of the best entrance and state that the crew will be met by a member of staff at this entrance and taken to the pupil.
9. Don't hang up until the information has been repeated back to you.

Speak clearly and slowly and remain calm

APPENDIX 4

MANAGEMENT OF AN ATTACK OF ASTHMA

(i) Ensure that the reliever medicine is taken promptly and properly:

A reliever inhaler (usually blue) should quickly open up narrowed air passages; try to make sure it is inhaled correctly. Preventative medicine is of no use during an attack; it should be used only if the child is due to take it

(ii) Stay calm and reassure the child:

Attacks can be frightening and it is important to stay calm and do things quietly and efficiently:

- listen carefully to what the child is saying and what he or she wants (the child has probably been through it before)
- try tactfully to take the child's mind off the attack
- do not put arms around the child's shoulder as this is restrictive

(iii) Help the child to breathe:

- encourage the child to try and breathe slowly and breathe out for longer (in an attack people tend to take quick shallow breaths)
- allow the child to take his or her favoured position. Most people find it easier to sit fairly upright or lean forwards slightly. They may want to rest their hands on their knees to support their chest. They must not lie flat on their backs. Do not put an arm around the child or restrict his or her movement
- loosen clothing around the neck and offer the child a drink of warm water as the mouth becomes dry with rapid breathing

(iv) If any of the following apply call a doctor urgently:

- the reliever has no effect after five to ten minutes
- the child is distressed or **unable to talk**
- the child is getting exhausted
- there are any doubts at all about the child's condition

(v) If a doctor is not immediately available call an ambulance

(vi) Repeat doses of reliever as required (every few minutes if necessary until it takes effect)

(vii) Do not be afraid of causing a fuss. Doctors prefer to be called early so that they can alter the medication

(viii) After the attack:

- minor attacks should not interrupt a child's concentration and involvement in school activities
- normal activity should be encouraged as soon as the attack is over

APPENDIX 5

EPILEPSY

First Aid for all Seizures

Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and ***let the seizure run its course.***

Check the time the child starts to fit

Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements

Do not try to put anything at all between the teeth

Do not give anything to drink

Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care

Arrange for other children to be escorted from the area, if possible

Call for an ambulance **if:**

- (a) a seizure shows no sign of stopping after a few minutes
- (b) a series of seizures take place without the individual properly regaining consciousness

As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position, to aid breathing and general recovery. Wipe away saliva from around the mouth

Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose

If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence

If a child is known to have epilepsy:-

It is not usually necessary for the child to be sent home following a seizure, but each child is different. If the Headteacher feels that the period of disorientation is prolonged, it might be wise to contact the parents or guardian. Ideally, a decision will be taken in consultation with the parents or guardian when the child's condition is first discussed, and a Health Care Plan drawn up

If the child is not known to have had a previous seizure medical attention should be sought

N.B: Where a child with epilepsy is known to have been prescribed rectal diazepam, the pupil's Healthcare plan must be strictly adhered.

