

Wallop Primary School
Medical Policy – 2023

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Introduction

Policy Statement

Children with medical needs have the same rights of admission to a school as other children. Most children will at some time have short-term medical needs, for example, finishing a course of antibiotics. Some children have longer-term medical needs and may require medicines on a long-term basis to keep them well.

Some children with medical needs are protected from discrimination under the Equality Act 2010. The Equality Act defines a person as having a disability if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her abilities to carry out normal day-to-day activities.

There will be cases where the administration of medicines is routine and straightforward and where the responsibility for administering the medicine should rest with the child. There will be instances, however, where either the parent requests the School to exercise a degree of supervision over the child or the administration is more complicated. In such cases, the Headteacher will consult with staff where the school is considering taking responsibility for administration of medicines. It is essential that the practical and organisational implications are addressed before any decision is taken bearing in mind that there is no legal duty requiring school staff to administer medicines.

The school will undertake to ensure compliance with the relevant legislation and guidance set out in Hampshire Children's Services *Health Guidance for Schools* and the Royal Pharmaceutical Society guidance *The Handling of Medicines in Social Care* with regard to procedures for supporting children with medical conditions and requirements, including managing medicines.

The overall responsibility for all administration of medicines at the school rests with the

Headteacher as the 'Responsible Manager' and this responsibility has been delegated locally to the Administrative Assistant, Mrs Charlotte Evans.

It is the School's policy to ensure that all medical information is treated confidentially by all staff and that the administration of medicines is arranged and managed in accordance with the *Managing Medicines on Schools Premises (Supporting pupils at school with medical conditions)* DfE statutory guidance April 2014. This guidance also covers the more common illnesses and conditions that occur in schools and how best to deal with them. A copy of this document is available upon request.

The school notes that there is no legal or contractual duty, on teachers in particular and school staff generally, to administer medicine or supervise a pupil taking medicine and accepts that this is a voluntary role.

General Principles

The administration of medicine is the responsibility of parents/carers. Whilst there is no requirement on school staff generally to administer medicines, many volunteer to do so. Staff who are concerned about their position should contact their professional association or trade union.

Children suffering from short-term ailments who are clearly unwell should not be in school and the Headteacher would be within his/her rights to ask parents to keep them at home (see the Accident and Illness Policy for further details). Some parents may seek to send children to school with non-prescribed medicines (e.g. cough mixtures) and as a general rule, staff should not accept receipt of such medication. Medicines that cannot be sent home immediately, will be stored securely until they can be safely returned. The school will hold a small supply of Calpol that can be administered by an appointed first aider and with prior written consent of the parents/carers.

To help children with chronic illness or disability to lead as normal and happy a life at school as possible, it may be necessary for them to take prescribed medicines during school hours.

Most health advisers encourage children, even the very young, to take responsibility for their own medical care. This could cover self-administration of medicines, using an inhaler or giving their own injection. The school supports this practice, where appropriate.

There will be instances, particularly with young children and those with special needs, where adult support will be needed. Although responsibility for the medical care of children rests with parents/carers and the medical profession, it may not be feasible for parents/carers to come to schools to administer medicines. Also, such attendances could slow down the personal development of a child.

The Headteacher will agree with parents/carers exactly what support can be provided. Where parents'/carers' expectations appear unreasonable, the Headteacher will seek advice from the child's GP or other medical advisers and, if appropriate, the Children's Services Department.

The teaching profession has a general duty of care towards children in schools. Whilst, in

law, this duty cannot require teachers or other members of staff to administer medicines, it does expect them to react promptly and reasonably if a child is suddenly taken ill. In these cases clear procedures must be followed, particularly in potentially life threatening situations.

Aims and Objectives

The aims and objectives of the school will be achieved by:

- establishing principles for safe practice in the management and administration of:
 - prescribed medicines;
 - non-prescribed medicines;
 - maintenance drugs; and
 - emergency medicine.
- providing clear guidance to all staff on the administration of medicines;
- ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines;
- ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines;
- ensuring the above provisions are clear and shared with all who may require them;
- ensuring this policy is reviewed periodically or following any significant change which may affect the management or administration of medicines; and
- providing safe systems for transporting medication to and from school/home.

Procedures

General

Where medicines are administered at the school – with or without involvement of staff – it is most important that robust procedures are in place. A clear school policy understood and accepted by staff, parents and children provides a sound basis for ensuring that children with medical needs receive proper care and support. Keeping accurate records, use of consent forms and preparing a health care plan, will minimise the chance of something untoward happening.

Administration of Medicines/Treatment Consent Form

Subject always to the School Security Policy, a member of staff will visit the parents/carers of a child before they start at the school or the parents/carers will visit the school. As part of this process, the member of staff will establish the nature of any prescribed medicines to be taken by the child whilst at School.

Subsequently, this information will be discussed with the Headteacher and appointed first-aider to establish if the staff at the school are willing and qualified to administer this medicine and if any specific training will be needed prior to the child arriving.

If the Headteacher agrees that the medicine can be administered by staff at the school, then the parents/carers will be required to complete and sign an Administration of Medicines/Treatment Consent Form before the child starts at the school. This form will be filed in the child's main file, with copies given to the First Aid Appointed Person.

Should the medicine change or additional medicines be prescribed during the time the child remains at the school, then parents/carers must notify the school in writing before any changed medicines are administered by the staff. This will be filed in the child's main file with a copy given to the First Aid Appointed Person who will then arrange for a new Administration of Medicines/Treatment Consent Form to be completed. Any such new form will again be filed in the child's main file with a copy given to the First Aid Appointed Person.

Health Care Plan

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support required. All children who have medical needs will require an individual plan.

An individual health care plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by medical or health care professionals. Staff should agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently. Staff should judge each child's needs individually as children vary in their ability to cope with poor health or a particular medical condition.

Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child. In addition to the input from the School Health Department, Hampshire Primary Care Trust, the child's GP or other health care professionals (depending on the level of support the child needs), those who may need to contribute to a health care plan include:

- the Headteacher;
- the parents/carers;
- the child (if appropriate);
- class teacher;
- support staff ;
- staff who are trained to administer medicines; and
- staff who are trained in emergency procedures.

Confidentiality

The Headteacher and staff should always treat medical information confidentially. The Headteacher should agree with the child, where appropriate, or otherwise the parents/carers, who else should have access to records and other information about a child. For example, some parents/carers might be concerned about displaying in first-aid or staff rooms, information about children with a particular medical condition.

Training

It is most important that training and guidance is sought via the School Health Service for non-routine administrations. Identified staff within the school will also provide in-house training to the rest of the staff team, based on the current policy and safe working practices and procedures. A record of training should be maintained.

Routine administration of medicines

Sometimes it may be helpful for the school to seek clarification of the timing of administrations. The school must not make its own interpretation if there is any confusion and must confirm with the parents/carers the doctor's advice in respect of timing. When making enquiries of this nature it should be explained that the professional judgement of the doctor is not being questioned and the enquiry is related to practicalities from the School's point of view. Parents/carers may be asked to speak to their GPs/Paediatricians with regards to seeking consent for the school to have direct communication with them, in order to clarify any medication queries.

A standard practice should be followed when administrating medicines:

- refer to the written instructions received by the school;
- check the prescribed dose and frequency (prescribed medication that does not have a clear pharmacy label should not be administered);
- check the expiry date;
- measure out the prescribed dose and check the child's name again (for liquid medicines the parent/carer should provide measuring spoons);
- complete and sign the Medication Administered Register when the child has taken/been given the medicine; and
- if uncertain, do not give the medicine and check with the child's parents/carers or doctor.

Non-Routine Administrations

- **Unusual Administrations**

Some children require unusual types of treatment. As examples, these might be injections, administration of rectal diazepam, and assistance with catheters or use of equipment for children with tracheotomies.

In all cases, professional training and guidance via the School Health Service or appropriate medical team must be obtained before the School accepts the commitment.

- **Conditions Requiring Emergency Action**

The school has a written procedure for summoning an ambulance in an emergency displayed in the School Office. However, some life-threatening conditions may require immediate treatment. Some staff may volunteer to stand by to administer the medicine prescribed and if they do so they must receive professional training and guidance via the School Health Service.

Medicines for these purposes should only be held where a Health Care Plan for the child concerned has been written up for the School by a medical professional. The full indemnity provisions referred to later apply in these emergency situations.

- **Acute allergy to bee stings or nuts**

A very small number of people are particularly sensitive to bee stings or nuts and require an immediate injection of adrenaline or an immediate inhalation of adrenaline to save life (depending on individual medical prescription).

- **Major fits**

Some children require rectal diazepam if a fit does not stop spontaneously. Wherever possible, a second member of staff (of the same gender as the child) should be present during such administrations to minimise the potential for accusations of abuse.

- **Diabetic Hypoglycaemia**

Blood sugar level in diabetics may drop to a very low level causing confusion and even unconsciousness. If the child does not respond to the dextrose or Lucozade tablets they may carry or to biscuits or other food/drink containing sugar, Hypostop or an injection of Glucagon may be required.

- **Failure of Routine**

Another form of emergency can arise if the normal routine for administering treatment of an unusual nature breaks down, e.g. the trained member of staff is absent. Immediate contact with the parents/carers needs to be made to agree alternative arrangements.

Refusal to take medicine

If a child refuses to take medicine, staff should not force them to do so, but note this in the register and Home/School Diary and follow agreed procedures. The procedures may either be set out in the school policy or in an individual child's health care plan. The parents/carers should be informed of the refusal on the same day. The Headteacher, class teacher and First Aid Appointed Person should also be informed. If a refusal to take medicines results in an emergency, the school's emergency procedures must be followed.

Disposal of medicines

Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held by the school at the end of each term. If parents/carers do not collect all medicines, they should be taken by a member of staff to a local pharmacy for safe disposal. Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged through the School Office with the district council's environmental services.

Storage

Stocks of medicines will be stored safely in a secure cabinet in the main school office. Large volumes of medicines should not be stored. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Only trained staff should ever transfer medicines from their original containers. Weekly medicines will be stored in a secure cupboard in the main school office.

Children should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily

available and should not be locked away. The school allows children to carry their own inhalers. Other non-emergency medicines should generally be kept in a secure place not accessible to children. A few medicines need to be refrigerated. A separate lockable fridge for the storage of medication only is located in the main office. There should be restricted access to any refrigerator holding medicines.

Children need to have immediate access to their medicines when required. Special access arrangements will be made for emergency medicines that the school keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed. This will be considered when agreeing to children wishing to carry their own medicines.

The supply, possession and administration of some medicines are controlled by the Medicines Act (1968) and the Misuse of Drugs Act (1971). Some controlled drugs may be prescribed as medication for children. A member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions. A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for the school to look after a controlled drug where it will be administered to the child for whom it has been prescribed. Controlled drugs will be kept in a locked cupboard and only named staff agreed by the Headteacher should have access. A record should be kept for audit and safety purposes. A controlled drug, as with all medicines, should be returned to the parents/carers when no longer required for them to arrange for safe disposal. Misuse of a controlled drug, such as passing it to another child for use, is an offence.

General Issues

Medical Accommodation

The School Premises Regulations 2012 require every school to have a suitable room that can be used for medical or dental purposes and for the care of pupils during school hours. The area, which must contain washing facilities and be reasonably near a toilet, need not be solely used for medical purposes but should be readily available when needed. Adequate space and facilities should be maintained so that health care staff can undertake their work in a professional and dignified manner.

The main school office has been allocated for this role in the school and washing facilities are located close by.

Medi-alerts

Some children wear bracelets or necklaces which alert others to their medical condition in an emergency. As with jewellery, these items are a potential source of injury in games or certain practical activities. The Headteacher should make all staff aware of any medi-alerts worn by the children under their supervision and in appropriate circumstances they should be covered with sweatbands or removed temporarily.

Anapens and Epi-Pens

To avoid possible breakage, anapens and epi-pens are to be kept in a stout container, e.g. an old spectacle case.

Impaired mobility

Providing the approval of the GP or consultant has been given, there is no reason why children wearing plaster casts or using crutches should not attend school subject to a completed risk assessment being in place. Restrictions will be necessary on games or practical work to protect the child or others. Similarly, 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.

Sporting activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. Flexibility will allow all children to participate in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs. Some children may need to take precautionary measures before or during exercise and may also need immediate access to their medicines, such as asthma inhaler. Staff supervising sporting activities should be advised by the Headteacher of any relevant conditions and consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Off-site activities and educational visits

A medical condition must not be seen as an automatic barrier to joining an off-site activity or educational visit. The challenge for the school and the staff is to make these activities available to all those who want to participate whilst maintaining the safety of all concerned, the integrity of the activity and the ability to manage the visit or venture. Further information is available in 'Off-site activities and educational visits' or direct from the Outdoor Education Unit. All medical considerations are to be detailed on Part Two of each off-site activity risk assessment.

Home to school transport

Whereas the school is not responsible for some of the home to school transport of its pupils, it will ensure that the local authority and its transport contractors are aware of particular medical issues for individual children and will require confirmation that safe systems are in place for transporting medication to and from School/home, including the maintenance of written records. Where children are transported on the school minibus then staff will follow

Employees' medicines

Staff may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children and should be kept in lockable containers.

Staff protection

Practical and common sense hygiene precautions will minimise the risk of infection to pupils and staff where contact with blood or other body fluids is possible. Should cross infection be suspected, medical advice must be immediately sought by the school.

Staff indemnity

Hampshire County Council fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. For the purposes of

indemnity, the administration (or supervision of self-administration) of medicines falls within this definition and hence staff can be reassured about the protection their employer provides.

The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, the indemnity means the County Council and not the employee will meet the costs of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parents/carers and the employer.

First Aid

First-aid matters are dealt with in the School First Aid Policy.

Medicines likely to be brought into or used at school

Non-prescribed medicines

- Parents/carers supplied

Parents/carers may wish to send children to school with medicines, such as cough mixtures. They are to be informed that the school will not take responsibility for medicines of this nature.

- School supplied

Children must never be given aspirin or medicines containing Ibuprofen unless prescribed by a doctor. Other medicines should not be purchased by the school except by agreement with the child's doctor. Parents/carers must give written consent for their child to be given any non-prescribed medication. (School only supplies and asks consent to give Calpol).

Prescribed medicines

- Antibiotics

A child taking antibiotics can recover quickly and be well enough to attend school but it is essential that the course of treatment is completed.

- Inhalers

A child with asthma may have an inhaler, which may need to be used regularly or before exercise, or when the child becomes wheezy. If the school and parents/carers 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 in consultation with parents/carers and the child's doctor as necessary. The medical profession has confirmed that inhalers are very safe and it is unlikely that a child using another child's inhaler will come to any harm.

- Enzyme additives

A child with cystic fibrosis may not be able to digest food without added enzymes. It is important that the child has a pancreatic supplement (normally Creon) with food. This is not a drug and many children need several capsules at a time. These are entirely safe if taken, accidentally, by another child.

- Maintenance drugs

A child may be on medication (e.g. insulin) for a condition that requires a dose during the school day. This requirement should be set out in the child's health care plan.

All prescribed medications likely to be administered during school times will be detailed within the child's health care plan.

Blood, body fluids and biting

Body fluids include blood, urine, faeces, vomit, eye discharge, nasal discharge and saliva.

When dealing with body fluids staff must:

- use disposable non-powdered vinyl gloves and a disposable plastic apron;
- use goggles if there is a risk of splashing to the face;
- clear up spills of body fluids immediately and appropriately, using paper towels;
- take care not to splash or otherwise transfer body fluids to the mouth, eyes and nose or on any skin cuts or sores (which should be covered with a waterproof dressing);
- clean and then disinfect surfaces;
- discard material contaminated by the fluid, along with gloves and apron in two yellow plastic bags, one inside the other; secure the bags and dispose of safely;
- wash and disinfect mops and other equipment used in the clearing up in an equipment sink or washing machine, NOT in a kitchen sink, and dry them;
- securely bag soiled clothing in two yellow plastic bags and arrange for parents/carers to collect. When handling soiled clothing wear gloves and a plastic apron. Never rinse clothes by hand.

Body fluid disposal kits comprising non-powdered vinyl gloves, plastic aprons, absorbent granules, disposable paper towels, face masks, anti-bacterial sprays, deodorising sprays, safety glasses, scoops and yellow disposal bags are stored in **the** main school office.

Blood and body fluids may contain blood-born viruses, although these infections are rare in children – see entries for hepatitis and HIV in *Health Guidance for Schools*.

Incidents may occur whereby the blood/body fluids of one person enter the body of another person. This can occur through a sharp implement, such as a needle contaminated with blood, pricking another person. This can occur if children find discarded needles and inadvertently injure themselves.

It is also possible for a child to stab several other children with the same drawing pin or textile needle which also results in one person's blood being transferred to another person.

Biting injuries permit the transfer of body fluids between people.

Exceptionally, blood/body fluids could splash into the eyes, nose or mouth of another person or onto broken skin. Broken skin can occur following cuts or if there is a skin condition such as eczema or dermatitis.

All these types of incidents involving the potential transfer of blood/body fluid to another

person require medical advice to be sought the same day. In addition to the individuals concerned seeking medical advice, advice on the incident should also be sought from the School Health Service or Health Protection Team.

Substance misuse

Substance misuse may be of tobacco, alcohol, illegal drugs, prescribed or over the counter medication or solvents. All schools are required to have a drug education programme as part of their PSE provision and also a policy describing how they will respond to drug-related incidents.

If first aid is required and substance misuse is suspected, the health and safety of the pupil is paramount and questions about the circumstances should be left until later.

If there is evidence of substance misuse, such as pills, alcohol or suspected illegal drugs, then the Headteacher must be informed promptly and any evidence should be placed in a secure container and shown to medical staff on arrival at hospital. Thereafter the matter will be dealt with in accordance with the School's substance misuse procedures.

The school and grounds are designated as no smoking areas and it is the responsibility of all staff to ensure their personal tobacco products are not accessible to children and that they are kept in a locked container when on school premises.

Sharps disposal

Care needs to be taken regarding disposal of sharps where these have to be used in School (e.g. syringes for diabetics). Guidelines are available from the School Health Service or the Environmental Health Department.

Sharps should be discarded straight into a sharps bin conforming to BS7320 and UN3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

Outbreaks of infection

Certain infections can pass easily between pupils and staff. These include diarrhoea and vomiting, influenza and infections with a rash. If there is a sudden increase of pupils who are ill with similar symptoms over and above what is a usual expected everyday number for the school, or several pupils/staff are ill with symptoms who are connected in some way, e.g. same class, same group, same food, you should keep a log of these pupils/staff reported ill with symptoms and dates of onset and report this to the Headteacher who will advise the School Health Service, Children's Services Health & Safety team and the local health protection team. See also the School Accident and Illness Policy.

Review

This Medical Policy will be reviewed annually.