



## UNSWORTH PRIMARY SCHOOL "Together we build Understanding"



### Medicines in School Policy

#### Rationale

At Unsworth Primary School we aim to provide the highest quality care and education for all our children thereby giving them a strong foundation for their future learning. We aim to create a safe and happy environment with motivating and enjoyable learning experiences that enable all children to become confident and independent learners. We value the individual child and work alongside parents and others to meet individual needs and aid every child to reach their full potential.

Children and young people have different individual needs and aspirations and need different levels of support to achieve their potential, some children have medical needs. Most children will at some time have short term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines in particular circumstances (children with severe allergies) or on a long term basis to keep them well. There is no legal or contractual duty on staff to administer medicine or supervise a child taking it, however some staff volunteer to provide medical assistance and staff will always aim to take swift action to assist any child in an emergency.

#### Purpose

This guidance is to support the inclusion of children with medical needs in relation to the Disability Discrimination Act (DDA) 1995, the Care Standards Act 2000 and the Medicines Act 1968, where all children are treated with equal concern. Professionals should have regard to relevant anti-discriminatory practice and follow the DfE Supporting Pupils at School with Medical Conditions guidance (2015) to ensure there are safe procedures in school.

Staff have a common law duty of care to act like any reasonable prudent parent and ensure children are healthy and safe, which complies with the schools equality policy to support children within a range of education and care settings.

#### Key to Success

At school entry in Reception Class all parents and carers are asked to inform the school of any health/medical conditions using the admissions form and this is updated annually or where parents notify the school of a change. Identified health/medical needs will be followed up by the School's Medical Coordinator and School Nursing Service as appropriate. Medical Health Care Plans will be drawn up where required in consultation with parents and identified professionals. Parents/carers have the prime responsibility for their child's health and should:

- provide school with information about their child's medical condition(s).
- obtain details from their child's GP or paediatrician for school, where required.
- notify school if there are any changes in their child's medical needs.
- supply medication to school in its original boxed packaging from the pharmacist (with the child's name, date and dose) e.g. an inhaler or an Epi-pen.
- ensure medicines must not exceed the expiry dates.

#### Procedures

##### Prescribed Medicines

Medicines should only be sent in to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Children should not bring medicine to school, as teachers do not have the authority to administer medication. If this is necessary, then the parent or guardian should come to school to administer this. The school may take responsibility for the administration of 'non-urgent' drugs in exceptional cases and where dosage of 4 times a day or more is required once an Administering Medication to Pupils Form has been completed by the parent/carer.

- Only Medicines prescribed by a doctor, dentist or nurse prescriber will be accepted into school. Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.
- School will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

- It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime, therefore will not be administered by the school.

### **Administering Medicines**

No child will be given medicines without their parent's/carer's written consent on a school form. Any member of the office staff/Senior Leadership Team giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container

The administration will be witnessed by a second adult. If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the Head teacher in the first instance and the parent, if appropriate, or with the school nurse. Written records will be kept each time medicines are given. Staff will complete and sign a record each time they give medicine to a child.

### **Recording the Administration of Medicines**

Any administration of medicine in school will be recorded on Form M1, which is found in the main school office. This form should be completed whenever ANY medicine is administered to a child by the Head teacher, Deputy Head teacher, School Business Manager or Administrative Assistant only and counter signed by another staff member.

#### Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicine for use by children, e.g. methylphenidate.

#### Non-Prescription Medicines

Staff should not give a non-prescribed medicine to a child. However the Head teacher may agree for very exceptional circumstances (eg awaiting dentist/doctor's appointment that day) and he/she has received written permission from the parent/s. The letter must state that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

#### Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion, to help minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day.

#### Long-Term Medical Needs

It is important that school has sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family. Unsworth Primary School needs to know about any particular medical needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

### **Asthma**

Children with asthma need to have immediate access to their reliever inhalers when they need them. Parents will need to complete a Health Care Plan to store written information about the child's asthma including details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the child's doctor, and send in their child's inhaler to keep in school. Inhalers will be kept together in the classroom in a bag.

Inhalers must be kept in the original packaging labelled by the pharmacist. If a spacer device is used, this should also be named. Children will be encouraged to be independent, but will be supported by an adult. The adult will record the date and time of dose in the class medical record, this is kept in the Medical Needs Folder in each Classroom. Children may be encouraged to take their inhaler when coughing, wheezing or there is a whistling noise in their chest, tight feelings in the chest or becoming short of breath. Not all children can verbalise these symptoms so it is imperative that staff know who has asthma in their class and that they have a Health Care Plan

It is accepted that sometimes children will need to take their inhaler before PE. Some children may have an asthma attack. An ambulance and parents will be called if:

- the symptoms do not improve in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

Children with asthma will be encouraged to participate in all aspects of the school day including physical activities. They will need to take their reliever inhaler with them on all off-site activities.

### **Epilepsy**

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition. Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents and health care professionals should provide information to schools, to be incorporated into the individual Medical Health Care Plan, setting out the particular pattern of an individual child's epilepsy. If a child experiences a seizure in a school, details will be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset)
- any unusual "feelings" reported by the child prior to the seizure • parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the child lost consciousness
- whether the child was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist. After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours. Children who take anti-epileptic medicines to stop or reduce their seizures should not need to be given these during school hours. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or a paediatrician should provide guidance as to when to administer it and why. Children with epilepsy will be included in all school activities unless otherwise stated in their Medical Health Care Plan. An ambulance and the parent/carers will be called if:

- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child's Medical Health Care Plan
- a seizure lasts for five minutes if you do not know how long they usually last for that child
- there are repeated seizures, unless this is usual for the child as set out in the child's health care plan

## **Diabetes**

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes). About one in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms, which will be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do, it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

Children with diabetes need to ensure that their blood glucose levels remain stable and need to check their levels by taking a small sample of blood and using a small monitor at regular intervals. This may need to happen during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

Where staff agree to administer blood glucose tests or insulin injections, they will be trained by an appropriate health professional.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Special arrangements will be made as necessary during lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a hypoglycaemic reaction (hypo) in a child with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- irritability
- lack of concentration
- headache
- shaking or trembling
- mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this will be discussed when drawing up a health care plan.

## **Anaphylaxis**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription (Epi-pen). Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance MUST always be called.

All teachers and HLTAs/Cover Supervisors are trained in the use of an Epi-pen. Children with a prescribed Epi-pen will have a health care plan, written with the School Nurse and parent/carer. The Epi-pens are easily accessible to staff and are stored within each classroom for identified children. Spare Epi-pens are located in the admin office in the First Aid cupboard along with Health Care Plans.

The catering manager is made fully aware of the children's known dietary requirements to minimise risk to the child. Photographs and known allergies are listed in the kitchen and on the staffroom Medical board.

### **Medical Health Care Plans**

At Unsworth Primary School, children with medical needs will have their own individual Medical Health Care Plan with written guidelines to help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. Medical Health Care Plans will be created for any children with ongoing medical related needs. Not all children with medical needs will have a plan.

A Medical Health Care Plan clarifies for staff, parents and the child the help that can be provided. Staff will agree with parents how often they will jointly review the health care plan (this will be at least once a year, but will depend on the nature of the child's particular needs). All staff involved with the child will be informed of each child's Care Plan.

### **Staff Training**

A Medical Health Care Plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals. Where staff agree to assist a child with medical needs, the Head teacher will arrange appropriate training in collaboration with local health services and the school medical coordinator.

### **Confidentiality**

The Head teacher and staff will always treat medical information confidentially. The Head teacher/medical coordinator will agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they cannot be held responsible if they act incorrectly in giving medical assistance.

### **Refusing Medicines**

If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and follow agreed procedures. Parents will be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school emergency procedures should be followed in calling 999.

### **Educational Visits**

Children with medical needs will be encouraged to participate in safely managed visits. School will consider what reasonable adjustments will be needed to enable children with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits (an additional supervisor, a parent or another volunteer might be needed to accompany a particular child). Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions will always be aware of any medical needs, and relevant emergency procedures by the group leader. Medical Health Care Plans will be taken on visits in the event of the information being needed in an emergency.

Where staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.

### **Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow 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 Medical 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 to be allowed immediate access to their medicines such as asthma inhalers.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes should be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

### **Hygiene and Infection Control**

All staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### **Emergency Procedures**

As part of general risk management processes all schools arrangements are in place for dealing with emergency situations.

- Other children know what to do in the event of an emergency.
- All staff know how to call the emergency services.
- All staff should also know who is responsible for carrying out emergency procedures in the event of need. (List of first aiders is on display on the staffroom medical board).
- A member of staff will always accompany a child taken to hospital by ambulance if a parent is not available, and will stay until the parent arrives.
- Health professionals are responsible for any decisions on medical treatment when parents are not available.
- Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- Individual Medical Health Care Plans include instructions to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

Policy created November 2018 by A Rhodes (Acting Head teacher)  
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