



Broughton C of E Primary School



Medical Policy

SCHOOL MISSION STATEMENT:

Broughton Primary School aims to:

- Provide a high quality education in a Christian setting whereby children can grow in knowledge and understanding, and in the acquisition of appropriate skills, attitudes and values.
- Foster dynamic interaction between home, church, school and the wider community.
- Make prayer and worship experiences which are central to daily life, and contribute successfully to the development of faith of each individual in the school community.
- Create a family environment in which all members of the school community learn to relate positively to each other.

Broughton C of E Primary School endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences at school. It is an inclusive community that aims to support and welcome pupils with medical conditions.

All children will experience illness in the course of their school careers, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions.

Staff working with pupils who have specific medical needs should understand the nature of children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.

Managing Medicines

On occasion, children may need to take medicines whilst in school. Some children are on long term regular medication for chronic conditions or may need to take emergency/as needed medication to treat a change in their underlying condition.

There are cases where the responsibility for administering medicine can and should rest with the child. Where parents request the school to exercise a degree of supervision or to administer the medicine, the situation is more complicated. In such cases, staff should consult the head-teacher and any practical and organisational implications need to be addressed prior to assuming responsibility for this.

General Principles

The administration of medicine is the responsibility of parents and carers. There is no absolute requirement on teachers or support staff to administer medicines. However, where they volunteer to do so, guidelines are helpful.

Short-term illness

- Children who are suffering from short-term ailments and who are clearly unwell should not be in school and head-teachers are within their rights to ask parents/carers to keep them at home.
- Some parents may send children to school with non-prescribed medicines (e.g. cough mixture – the Medicine and Healthcare Products Regulatory Authority warned against their use in the under 6s in 2009, see <http://www.npc.nhs.uk/rapidreview/?p=311>). Many of these are not effective treatments, but can cause potential harm and as a general rule, we discourage this practice.
- There are recommended times away from school to limit the spread of infectious disease. Please see HPA guidelines for this (http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1274087715902)
- Note, children who have had sickness and/or diarrhoea should be kept off school until 24 hours symptom-free.

Chronic illness/disability

It may be necessary for children with long term conditions to take prescribed medicines during school hours.

Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help,) from very young. This can include self-administration of medicines eg. using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Where young children or those with special needs require medication, adult support will be needed. Whilst responsibility for the medical care of children rests with parents and their health professionals, it may not be feasible for these individuals to come to school to administer medicines, and such repeated attendances could slow the personal development of a child.

Acute illness

The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations.

Good practice

Documentation:

- Where medicines are to be administered at school, it is important that a written instruction should have been received from the parent or doctor, specifying:
 1. Name and class of the child
 2. Medication involved
 3. Circumstances medication should be administered
 4. Frequency and level of dosage
- For more serious or chronic conditions, including allergies that require the potential use of an epi-pen, we require a care plan from a child's doctor stating exactly what needs to be given and when. This is usually requested via the school nurse service.

Training: teachers and support staff should receive appropriate training and guidance via the School Health Service for non-routine administrations. (School Nursing Service 01772 777250)

Giving regular medicines:

- We encourage parents whose child is taking medication three times a day (or 'tds'), to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose, follow standard practice (see below).
- If medicine has to be taken four times a day (or 'qds') and a lunchtime dose is necessary, the standard practice (see below) is followed.

Standard Practice

1. Ask the Parent/Carer to supply written information.
2. Refer to this form prior to giving the medicine.
3. Check the child's name on the form and the medicine.
4. Check the prescribed dose.
5. Check the expiry date.
6. Check the prescribed frequency of the medicine.
7. Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.
8. Check the child's name again and administer the medicine.
9. If appropriate/in extreme circumstances it may be advised to record the administration of the medicine (following professional guidelines) and the child may counter-sign.

10. If uncertain, DO NOT give – check first with parents or doctor.
11. If a child refuses medication, record and inform parents as soon as possible.

Medicine storage

It is the responsibility of the head-teacher to ensure safe storage of medicines. Medicines are stored in the Medical Room. A refrigerator is available should medication need to be stored at a lower temperature.

All medicines should be kept in the container supplied which should be clearly labelled with the child's name, another identifier (such as date of birth) and instruction for useage.

All children with medical conditions should have easy access to their emergency medication.

Some medicines (e.g. liquid antibiotics, insulin) require refrigeration – but must not be frozen. These should be kept in suitable additional and airtight containers (e.g. Tupperware boxes) and marked 'Medicines'.

Defibrillator – School have recently acquired this which is stored on an outside wall, as you approach school. The code (1995) has been shared with staff, church community & Sports Groups who use our school. All teaching staff received training as part of their First Aid training in September 2014.

Medicine disposal

Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

A named member of staff Mr Frost is responsible for checking dates of medication and arranging disposal if any have expired. This check occurs at the end of each term.

General medical issues

Record keeping

- The Red Folder in the Medical Room contains all records from medical professionals highlighting any health conditions.
- Care plans – for children with medical conditions giving details of individual children's medical needs at school. These need to be updated after a medical emergency or If there is a change in treatment etc. and should be reviewed at least annually. They should be kept in a secure location but specified members of staff (agreed by parents) should have access to copies. All staff must protect a pupil's confidentiality.
- Centralised register of children with medical needs. (The SEN list and the list in the Medical Room is updated at least annually, or where there needs to be additions or adjustments made).
- Request to administer medicines at school.
- Log of training relevant to medical conditions.
- Form 3bs are completed annually indicating any medical conditions and parent/carer's contact details in the event of a medical emergency. Both the original forms and copies are kept in each classroom.
- A list of trained First Aiders is displayed in the Entrance Hall.

Medi-alerts (bracelets/necklaces alerting others to a medical conditions)

As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

Impaired mobility

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

Off-Site visits

Take a First Aid kit whenever children are taken off-site. Buckets and towels, in case of sickness on a journey, are also sensible precautions.

School keep form 3bs for all children indicating any medical conditions. These are updated annually or amended if required – whenever children are off-site these always accompany them and copies are retained in the school office.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

Employee's medicines

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children.

Staff protection

“Universal precautions” and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Always wear gloves.
- Wash your hands before and after administering first aid and medicines
- Use the hand gel provided.

Non-prescribed medicines

Parent supplied - parents may wish to send children to school with medicines such as cough mixtures. This should be discouraged as school cannot take responsibility for such medicines.

School supplied – whilst it is the parent/carer’s responsibility to supply medicine for their child, in some circumstances, it may be appropriate for the school to administer medicine. We try to keep children in school wherever possible, so where a child has a minor ache or pain that could be treated with paediatric paracetamol (eg Calpol) or ibuprofen (eg Neurofen), the parent may supply written permission for the child be given the medicine.

Products containing aspirin should never be used with primary school aged children unless prescribed by a doctor.

Prescribed Medicines

Antibiotics

A child taking antibiotics can recover quickly and be well enough to attend school, but it is essential that the full prescribed course of treatment is completed to prevent relapse, possible complications and bacterial resistance.

Inhalers

A child with asthma may have inhaler(s) which may need to be used regularly or before exercise, or when the child becomes wheezy. (see Asthma Policy on the School Website)

Most commonly, blue salbutamol inhalers ("relievers") are used to relieve symptoms and brown steroid inhalers ("preventers") are used to prevent exacerbations and control the severity of the illness.

If the school and the parent 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 after consulting with parents, the child's doctor or school nurse as appropriate.

Inhalers are very safe and it is unlikely that a child using another's inhaler is likely to come to any harm (although obviously medicines should only really be used by those that they have been prescribed for).

Maintenance drugs

A child may be on medication (e.g. insulin) that requires a dose during the school day.

Many of the relevant medical charities have developed resources to support school looking after children with chronic medical problems.

Asthma UK http://www.asthma.org.uk/media/95603/School%20Policy_16pp.pdf

Cystic fibrosis trust <http://www.cftrust.org.uk/>

Diabetes UK <http://www.diabetes.org.uk/Information-for-parents/Living-with-diabetes-new/School/>

Epilepsy Action <http://www.epilepsy.org.uk/info/education>

The Anaphylaxis Campaign <http://www.anaphylaxis.org.uk/schools/help-for-schools>

Any request for 'Unusual Administration' of medicine or treatment should be referred to the school nurse for advice.

Conditions Requiring Emergency Action

As a matter of routine, our school has a clear procedure for summoning an ambulance in an emergency.

Some life-threatening conditions may require immediate treatment and some staff may volunteer to stand-by to administer these medicines in an emergency. If they do, they must receive professional training and guidance via the School Health Services.

If the trained member of staff is absent, immediate contact with the parent needs to be made to agree alternative arrangements. Medicines for these purposes should only be held where there is an individual protocol for the child concerned that has been written up for the school by a doctor.

Examples of these conditions follow – but should be more fully explained during training and in the individual’s protocol:

1. **Anaphylaxis** (acute allergic reaction)

A very small number of people are particularly sensitive to particular substances eg bee sting, nuts and require an immediate injection of adrenaline. This is life-saving.

2. **Major fits**

Some epileptic children require rectal diazepam if they have a prolonged fit that does not spontaneously stop. A second member of staff must be present during the administration.

3. **Diabetic hypoglycaemia**

Blood sugar control can be difficult in diabetics, and blood sugar levels may drop to a very low level causing a child to become confused, aggressive or even unconscious. If the child does not respond to the dextrose tablets they carry, or to other foods/drinks containing sugar, Hypostop (a sugar containing gel rubbed into the gums) or an injection of Glucagon may be required.

Procedure for summoning an ambulance in an emergency

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action.

If it is not an emergency and in the case of a child, parent/carers should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult.

Where it is deemed an emergency, a member of staff (usually the Admin Officer) will call for an ambulance. Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness etc) along with the school address and contact information.

The child’s parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once parents or other relatives have arrived in hospital.

First Aid

Children should not help with First Aid.

There is a list of First Aiders displayed in the Entrance Hall.

Always wear gloves when administering First Aid.

First Aid book – entries must be clear, in ink, and include:

- Name of child and class
- Signature of the person reporting the accident
- Date and time
- Where it occurred and what happened
- The resulting injury
- How it was dealt with.

Parents should be notified of any First Aid given to a child during the school day (by letter, sticker or phone call). Any serious injuries (other than non-serious bruises, grazes etc) will require the parents to be contacted immediately.

If the accident occurs due to a Health and Safety oversight, please pass on the information to the Site Supervisor or the Headteacher.

Relevant legislation and guidance

This Policy should be viewed alongside::

Appendix A: - The Department of Education's 'Supporting pupils at school with medical conditions'.

Appendix B: - Medicine Safety and other related topics.