

# Stokenchurch Primary School

## Medical Policy

### Introduction

Most pupils at some time in their school career will have a medical condition that may affect their participation in school activities. For most pupils this condition will be short-term. Other pupils have medical conditions that, if not properly managed, can limit their access to education. Most children with medical needs are able to attend school regularly and, with appropriate support from the school, can take part in normal school activities.

As a general rule children who are unwell should be kept at home, for as well as putting other children at risk they themselves are vulnerable to further infection. Additionally, children who are suffering from an illness which requires regular doses of medicines or drugs may not be well enough to attend school. Children who have been suffering from sickness/diarrhoea **MUST** remain absent for 48hours after the last episode.

Parents have a responsibility to inform the school if their child has a communicable disease. School will then contact the communicable disease department at Aylesbury Health Services.

However, there are instances where a child would not be able to attend school regularly without administration of medicines i.e. control and alleviation of asthma, diabetes, epilepsy, hay-fever and other such non-communicable conditions.

The Head teacher and staff are under no legal or contractual duty to administer medicines at school or to supervise the pupils taking it. This is a voluntary role. A permission to administer form would have to be completed before a member of staff could carry out this role. The Head teacher may, in consultation with First Aiders, request a parent or a person designated by the parent to attend the school at appropriate times to administer the medicines.

Pupils with medical needs will have a Health Care plan produced by the parents in association with the relevant first aider working with the pupil. The Health Care plan will include, but will not be restricted to the following;

- Details of the pupils condition
- Special requirements
- Medication or any side effects
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency

Parents are sent annually a medical information request form which updates the information held on their child. It is the parent's responsibility to keep the school updated on any conditions affecting their child or a change of a previous condition as soon as they are aware.

At least eight members of staff will be trained and qualified in First Aid at Work by the St. Johns Ambulance. They will attend refresher courses every 3 years.

A dedicated medical room is available for treatment of minor injuries and safe storage of medications.

## **Safe Working Practices**

### **Medication we are permitted to administer**

- Asthma inhalers,
- EpiPen/Jext pens for the treatment of anaphylaxis,
- Rectal Diazepam for the treatment of Epilepsy,

These medications should be sent into school in the original packaging as dispensed by the pharmacist and including the prescriber's instructions.

Prescribed creams and lotions which are for short term use. Guidelines say that "such medicines should only be taken into school where it would be detrimental to a child's health if it was not administered in the day."

Pain relief maybe administered to children in Years 4/5/6. This may only be a paracetamol based medicine. Ibuprofen & Aspirin may not be administered.

We have been advised that children who are prescribed antibiotics three times a day should not need to receive a dose at school. Parents may come into school and administer the dose themselves if they require their child to receive antibiotics during the school day. However if prescribed four times a day, then we may assist parents by giving the child a dose at lunchtime, providing the appropriate forms have been completed.

### **Requests for administration of medicines**

When a parent requests that a First Aider should administer or supervise the administration of a medicine prescribed by a doctor then they should provide the following:

- A completed Permission to administer form and Health Care plan.
- Any medicine or tablets should be sent in the original packaging as dispensed by the pharmacist and including the prescriber's instructions, to indicate the name of the pupil, dose and frequency of administration
- Medication should be brought into the school and collected by the parent.

Please note that school never administers medication to children who fall ill during the school day. In such cases parents will be contacted and asked to collect their child as soon as possible. To this end we ask parents to provide home, work and emergency telephone numbers and are requested to let the school know immediately of any changes.

### **Arrangements for administration of medicines to pupils**

Staff members who are expected to administer medication must be willing to undertake this task and will receive specific instructions and training as appropriate. The school will request training from the school nurse for certain medication - notably Rectal Diazepam/EpiPen and controlled drugs such as Ritalin. These medications may only be administered by persons who have been specifically trained by school nursing staff. Refresher training should be provided annually.

Records of training in the administration of medicines are kept on Form 7 for at least 20 years.

No variation may be made to the instructions on the label of bottles of prescribed medicines.

The medicines record book is consulted each time before any dose of medication is given to ensure the risk of double dosing does not occur.

## Administration of medicines record

The information entered in the medicines record book is:

- The name of the pupil and class
- Time & date of administration
- Medication and dose
- Name signed and printed by administrator to confirm that it has been given.

## Storage and security of medicines

All medication is stored in the medical room where pupils do not have unsupervised access.

Medicines which would cause harm if improperly or excessively used will be securely stored in a lockable medicines cabinet.

Medicines that require refrigeration are stored in the fridge in the medical room.

Medicines such as Asthma inhalers and EpiPens are stored in the medical room but are not locked away as pupils will need to have access to this medication when required and where it is readily available in an emergency.

Medication stored in the medical room is checked regularly for expiry dates and parents informed of the need to renew.

## Reporting of accidents

All children reporting to the medical room for any reason are recorded in the medical room Accident Book.

Any injury sustained by a child while at school, other than minor cuts and grazes, will be recorded in the Accident Book kept in the medical room. Depending on the severity of the injury, Parents will be contacted by the First Aider.

Should a child sustain a more serious injury, which causes concern to the First Aider and may require further treatment, then Parents will be contacted and advised to seek further help. Any incidents of this nature will be reported online to the Health and Safety Team and then an accident report will be verified online.

## Head Injuries

Should a pupil suffer a head injury, however minor, they will be taken to the medical room. If the head injury occurs whilst outside, during break/lunchtime they will be accompanied to the medical room by a member of staff who will be able to inform a First Aider on duty as to the nature /extent/detail of the injury. The pupil will be assessed and treated appropriately. Details will be recorded firstly into the accident book as a "head bump" and then into the head bump book where more detail will be logged. Dependent on the severity of the bump the following action will then be taken:

**A minor bump to the head** ie: hit with a skipping rope, will be assessed and the child monitored during the day.

**A more significant bump**, where contact has been made with a hard object and possibly a mark is obvious, will be assessed, treated, the child monitored during the day and a letter sent home informing parents of the bump. Obviously should a child begin to feel unwell at all whilst at school, then a phone call to parents will be made immediately.

**A serious bump** will be assessed, treated and a phone call to parents will be made immediately. All contact numbers will be rung until verbal contact is made. We will advise if we think the child is unwell enough to continue at school, inform of the nature of the injury sustained and whether further medical assistance is necessary.

Teaching staff are always kept informed of a child who has suffered a head injury and asked to maintain observation of the child during the remainder of the school day.

### **School visits and journeys**

This policy applies to school visits and journeys.

### **Pupils with special medical needs**

(Asthma, conditions requiring rapid intervention i.e. Adrenalin (Epi-pens), Anaphylaxis, Epilepsy and Controlled drugs,)

### **Information, instruction and training**

Where pupils require more complex administration of medicines, training will be provided by the school nurse and records of this training will be kept.

Medical information and a photograph of these children are on permanent display in the staff room.

### **Supervision**

For the protection of both staff and pupils a second willing member of staff will be present while any intimate procedures i.e. administration of Rectal Diazepam, are being followed. One of the members of staff involved in the administration will be of the same gender as the pupil.

Staff will respect and protect the dignity of pupils as far as possible, even in emergencies.

### **Asthma**

This school recognises that Asthma is an important condition affecting many school children.

The Parent:

- should inform the school if their child suffers from Asthma, however mildly
- ensure the Asthma inhalers taken to school is clearly labelled as obtained from the pharmacy with the child's name, dose and Dr's name
- take responsibility for checking inhalers are working and not empty
- fill in and return the Asthma card provided by the school giving details as to when inhalers should be taken and typical triggers
- inform staff if their child is particularly wheezy at any time and likely to need to use their inhaler more frequently than usual
- complete a Permission to administer and Healthcare plan.

This school:

- encourages and helps children with Asthma to participate fully in all aspects of school life
- will do all it can to make sure the school environment is favourable to children with Asthma e.g. adjusting their activities
- recognises that immediate access to inhalers is vital
- will monitor the use of inhalers and inform parents if a pupil is observed using their inhaler more frequently than usual
- has a clear understanding of what to do in the event of a child having an Asthma attack
- will ensure that staff are made aware of Asthma sufferers in their class. A laminated card with child's details is kept with the class registration documents.

- staff who teach PE, Games or any other activity involving physical exertion will ensure the child can use their inhaler prior to exercise and has immediate access to their inhaler when needed. Should a child become too wheezy they will be allowed to use their inhaler and rest until feeling well again,

## **EpiPen/Jext pens**

Parents are required to complete a Permission to administer form for the administration of EpiPen/Jext pen and a Healthcare plan to provide detailed information of the specific allergy affecting their child, any signs and symptoms to be on the alert for and emergency action to take..

Parents should give clear detailed instructions on when to administrate the EpiPen/Jext pen and any specific instructions regarding emergency contacts.

The school will immediately employ their Red Alert Plan including phoning for an ambulance at once, particularly if there is any doubt about the severity of the reaction or the pupils response to medication.

## **Epilepsy**

Parents must inform the school of the type and duration of seizures their child has and the severity and likely triggers, if known, of the condition so that action can be taken to minimise exposure.

Parents must complete a Healthcare plan, informing staff of the action to take in the event of a seizure including medication and emergency action.

Pupils will not be unnecessarily excluded from any school activity although extra care and supervision may be needed to ensure their safety. A risk assessment will be conducted by the school and recorded for these pupils.

## **Controlled Drugs**

Controlled drugs i.e. Ritalin, will be stored securely in a lockable medicine cabinet at all times.

When they are prescribed for a pupil, arrangements must be made for them to be brought in and collected from school by a responsible person, not the pupil.

Should a pupil require the administration of Ritalin then Parents are required to complete a Permission to administer form. The drugs will only be administered and checked by a trained member of staff in conjunction with a second member of staff.

Records of times, dates and quantities will be recorded in the medication book and signed by two members of staff.

Should the pupil go on a school visit or journey, the tablets will be carried by an authorised, trained person in a locked bag which they will keep on their person at all times.

## **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).

The majority 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. People with Type 2 diabetes are usually treated by diet and exercise alone.

Each person may experience different symptoms and this should 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.

Staff with diabetes should make their condition known and their treatment plan available.

### **Medicine and Control for children**

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.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this 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.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional. Administering injections is a matter for personal preference and no member of staff will be expected to carry out this task without full training and their consent.

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 made need to be made for pupils with diabetes when there are staggered 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.

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

**An ambulance should be called if:**

**recovery takes longer than 10-15 minutes or if the person becomes unconscious**

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**
- **shaking or trembling**
- **lack of concentration**
- **irritability**
- **headache**
- **mood changes, especially angry or aggressive behaviour**

Some children may experience **hyperglycaemia** (high glucose level) and have a 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. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Information and photographs of children with diabetes are in the medical room.

## **Disposal of medicines**

### **Arrangements**

When a course of treatment is completed or discontinued, any remaining medicines will be returned to the parent as soon as possible. School staff will not dispose of medicines.

Parents should collect medicines held at the school at the end of the summer term and return the medication at the start of the new academic year in September.

Parents are responsible for the disposal of date expired medicines and ensure new medication is always available in school for their child.

### **Hygiene**

Staff are familiar with the 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**

All staff should also know who is responsible for carrying out emergency procedures in the event of need. The office staff are usually responsible for calling emergency services. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.