

St. Andrew's CE (VA) Infant School

Medicines in School Policy



| Title | Medicines in School Policy |
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| 1.1 | 24/09/19 | Information relating to Karanbir Cheema case added. | Stephanie Hardaker (Administrator) |
| 1.2 | 1/7/20 | Reviewed – no changes | Jo Swallow (Head of School) |

Medicines in School Policy

Rationale

St. Andrew's CE (VA) Infant 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 DfES Managing Medicines in Schools and Early Years Settings Guidance, March 2005 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. This complies with Calderdale's Inclusion Policy to support children within a range of education and care settings, and Calderdale's "Access to Education for Children and Young People with Medical Needs" Policy which ensures that pupils with medical needs receive the health related support to enable them to be included in school life.

Key to Success

At school entry in Reception Class all parents and carers are asked to inform the school of any health/medical conditions (on back of the school data sheet). The School Administrator and School Nursing Service will follow up identified health/medical needs as appropriate and Medical Health Care Plans will be drawn up where required. Parents/carers have the prime responsibility for their child's health and should provide school with information about their child's medical condition(s). Parents/carers should obtain details from their child's GP or pediatrician for school, where required. Parents/carers must notify school if there are any changes in their child's medical needs.

Parents/carers must 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. 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 original containers as dispensed by the pharmacist and include the prescriber's instructions for administration and dosage. School will not accept medicines that have been taken out of the container **and will** not 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/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 medicine 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 medicines to a child.

Recording the Administration of Medicines

Any administration of medicines in school will be recorded on Form M1, which is found in the main school office. This form should be complete whenever ANY medicine is administered to a child by the Head Teacher, Head of School, 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 of School may agree for **very** exceptional circumstances (e.g. 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 setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion, to help minimize 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. The impact may be direct in that the condition may affect cognitive or physical abilities, behavior 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.

St. Andrew's Infant 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 an Asthma 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 blue 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 green 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 an Asthma 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:

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| <ul style="list-style-type: none">• the symptoms do not improve in 5 – 10 minutes• the child is too breathless to speak | <ul style="list-style-type: none">• the child is becoming exhausted• the child looks blue |
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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:

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| <ul style="list-style-type: none">• any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset, stress)• 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 |
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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 minute while others may need to sleep for several hours. Children who take anti-epilepsy 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 pediatrician 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/carer 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 other 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 hypoglycemic 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 hypoglycemic reaction (hypo) in a child with diabetes:

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| <ul style="list-style-type: none"> • hunger • sweating • drowsiness | <ul style="list-style-type: none"> • pallor • glazed eyes • irritability | <ul style="list-style-type: none"> • lack of concentration • headache • shaking or trembling • a change in mood, especially angry or aggressive behaviour |
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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 kiwi, 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 (February 2019) and Jext Pen (September 2019). Children with a prescribed Epi-Pen will have a care plan, written with the School Nurse (Locala) and parent/carer. The Epi-Pens are easily accessible to staff and are stored centrally in the hall in the First Aid cupboard (on the top shelf) in a named clip-lock box with the child's photograph on the front, along with their Care Plan procedure to follow.

The Catering Manager is made fully aware of the children's known dietary requirements to minimize risk to the child. Photographs and known allergies are listed in the kitchen and First Aid Cupboard.

Medical Health Care Plans

At St. Andrew's Infant 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. 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 natures 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.

Confidentiality

The Head Teacher and staff will always treat medical information confidentially. The Head Teacher / Head of School 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 by 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 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 ability. 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 disposal of needles. Sharps boxes should be obtained by parents on prescription from the child's GP or pediatrician. 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 and 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 (take the red disc located in every room to the office).
- 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. (Diane MacDonald is trained First Aider at Work, the Pediatric First Aid list is in the First Aid cupboard, located in the hall – Sharon Bairstow, Dayle Wood, Liz Wright, Lisa Pearson and Matthew Cupryk).
- 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 Review:

This policy should be reviewed within 12 months of the date it was written.

Following the sad death of Karanbir Cheema in July 2017 we have ensured our school policy includes the following:

- School did not routinely monitor the use of the medications policy.
The medication policy is checked and updated annually; staff are made aware of any changes that may affect how they assist children.
- Medication in school was not routinely checked, for expiry dates.
Staff are made aware to check expiry dates on medication and make a note of these. Staff are to inform the office when medication is due to expire so new medication can be requested from parents.
- Labelling of medication boxes was poor.
All medication from home is checked on entry into school for a clear prescription label. Any medication that is long term will be kept in a clear box with the child's photograph and name clearly labelled.
- The staff had received inadequate training.
All staff receive annual training on medical needs i.e. epi-pen, jext pens etc. If a new child was to start school who required different medical needs appropriate training would be given at the earliest convenience.
- EHCP planning was poor.
EHCPs are checked annually and updated regularly with information from parents. Information from the EHCP is kept on SIMs, CPOMs, class folders

and the EHCP folder in the Main Office. An overview of medical needs is kept in the kitchen and also the First Aid cupboard.

- Pupils were unaware of the severity of allergic reactions likely to occur.
All allergens are kept away from school. Parents, children and staff are reminded regularly of what is not permitted in school and why.
- Communication with the family on case management was poor.
EHCP are sent home annually for parents to update information and ensure we are doing everything we need to. Any medication administered is recorded appropriately and always supervised by another member of staff. A call or text home will be made with any immediate medical information i.e. bumped head.
- Guidance on use of Epi Pens, the number needed on site was unclear and administration was unclear.
All staff are given Epi Pen and Jext pen training annually.