

Trent CE Primary School Governing Body

Medical Policy

Inspired by Christ



Kindness Thankfulness Perseverance

“A new command I give you: love one another. As I have loved you, so you must love one another”
Inspired by Jesus’ example, the Trent school community aims to serve one another in love.

We show **kindness** to others because God has shown us great kindness.

We live **thankful** lives, because every good thing comes from God.

We **persevere**, not giving up, because God is our helper.

Approved by committee/GB	Full GB
Ratified by GB	March 2023
Date for review	February 2024

MEDICAL POLICY

1. INTRODUCTION AND GENERAL PRINCIPLES

The staff and governors of Trent CE Primary are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs. The policy is drawn up in consultation with a wide range of local key stake holdings within the school and health care setting and complies with Government guidelines for 'Managing Medicines in Schools and Early Years Settings (2004)' and NHS Barnet 'Guidance on Managing Health Care in Schools and Settings' (2010)

2. RATIONALE AND AIMS

To provide a clear policy that is understood and accepted by all staff, parents and children, providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

The policy includes:

- A clear statement of parental responsibilities in respect of medicines
- Roles and responsibilities of staff administering medicines
- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Written permissions from parents for medicines
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures
- Management of medical conditions

3. RESPONSIBILITIES

a) Parents or guardians have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.

b) There is no legal duty which requires school staff to administer medication; this is a voluntary role. While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in 'loco parentis', that is, to act as any reasonable parent would, this does not imply a duty or obligation to administer medication. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

c) The policy of this school is not to administer medication or medical care unless the pupil has a medical condition, which if not managed, could prove detrimental to their health or limit access to education.

The head teacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

4. PRESCRIBED MEDICINES

a) Prescribed medicines should only be brought 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. Medicines prescribed 'three times a day' should be administered "before school, after school and at night". This school recognises in extreme cases (as stipulated by a doctor in writing), and agreed by the head teacher, that staff may administer medication following completion of the school's medical form. However, parents and carers are allowed into school to administer medication if they so desire.

b) Exceptions to this are pupils on Educational Health Care Plans (EHCP) who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.

c) This school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in the original container dispensed by a pharmacist and include the pupil's name, prescriber's instructions for administration and dosage.

5. NON-PRESCRIBED MEDICINES

Non-prescribed medicines will only be administered with prior written permission from parents in extreme circumstances such as residential trips. Staff will check the medicine has previously been administered without adverse effect and the school's medical form must be completed. Staff will never administer medicines containing aspirin unless prescribed by a doctor.

6. ADMINISTERING MEDICINES

a) This school recognises no child under 16 should be given medicines without their parent's written consent. Following written consent using the school's medical form, any member of staff administering medicines to a pupil should check:

- The child's name and class
- Name of medication
- The prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container.

If in doubt about any procedure, staff will not administer the medicine before checking with parents or a health professional before taking further action.

b) A written record must be kept following administration of medicines to pupils on the school's record form.

c) If a child refuses to take a medicine, staff will not force them to do so, but will record this on the school's record form and parents/carers will be notified of the refusal.

7. LONG-TERM MEDICAL NEEDS

Where a pupil has a chronic illness, medical or potentially life threatening condition, the school will initiate a health care plan to meet individual needs and support the pupil. This will be drawn up by the school medical staff using recommendations from the child's health care plan and/or information from health care professionals, in consultation with the child's parents or guardians and will contain the following information:

- Definition and details of the condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Treatment and medication
- What action to take/not to take in an emergency
- Who to contact in an emergency
- Staff training where required
- The role the staff can play
- Consent and agreement

8. RECORD KEEPING

a) Parents should tell the school about the medicines their child needs to take and provide details of any changes to the prescription or the support required. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions. Requests for staff to administer medication should be written on the school's medical form: ***Authorisation for administering medication including emergency contact details.***

These should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of medication
- Any side effects
- Expiry date

Completed forms should be kept in the medical room and referred to when administering medication. The record folder must be completed by staff following administration.

- b) Requests for updated medical conditions including asthma, are distributed to parents at the beginning of each school year. These are collated by the Welfare Officer. All staff has access to this information and actions to take in an emergency.
- c) Children with food allergies have their photographs and details displayed in the catering manager's office to ensure that food products are safe for children.
- d) Updated medical conditions and reviews of policies and practice are monitored and disseminated by the welfare officer.

9. STORING MEDICINES

- a) Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines must be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and instructions for administration.
- b) Non-emergency prescribed medication is stored with the school's medical form in the medical room Medication requiring refrigeration is stored in the medical room fridge.

- c) Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in the medical room. Children should know where their medicines are stored; all staff know where medicines are stored.
- d) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The welfare officer will also check medication expiry dates twice a year.

10. DISPOSAL OF MEDICINES

- a) 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 year. Any medicines that have not been collected will be taken to a local pharmacy for safe disposal.
- b) Sharps boxes will always be used for the safe disposal of needles. Parents should obtain these from their child's GP and return to a pharmacy for safe disposal.

11. EMERGENCY PROCEDURES

- a) All staff are aware of procedures when dealing with a medical emergency. These should be supervised by a trained First Aider.
- b) All staff are aware of pupils on a health care plan and understand the need to follow agreed emergency support.
- c) All staff know how to call the emergency services;
- d) In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.

12. EDUCATIONAL VISITS

- a) This school actively encourages children with medical needs to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose.
- b) Prior to an overnight school trip, parents must complete an up-to-date medical questionnaire about pupil's current general health and medication. Prescribed medication will be administered, providing parents have completed the school's medical form. Parents are invited to provide written consent to enable staff to act 'in loco parentis' and administer Calpol analgesia if required. Where this is refused, parents are requested to discuss alternative support measures with staff.
- c) Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of health care plans will be taken on all visits as well as emergency medication that may be required.

13. AFTER SCHOOL ACTIVITIES AND EXTENDED SERVICES

Children with medical needs, attending on site school activities, before or after the end of the normal school day will have access to required medication via the person in charge of the activity supported by a school first aider as appropriate.

14. STAFF TRAINING

- a) Trent CE Primary holds training on common medical conditions once a year; this is delivered by the school nurse or relevant health care professionals.

- b) Staff training is provided to support the administration of emergency medications such as EpiPens or insulin. The school keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.
- c) Trent CE Primary has several appointed First Aiders and Paediatric First Aiders. Training is reviewed regularly and updated annually

15) MEDICAL CONDITIONS ASTHMA

This school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve their potential in all aspects of school life.

- a) Parents have a duty to inform staff if their child is asthmatic. Preventative inhalers should be provided and labelled with the pupil and class name. These should be kept in an assigned container within the classroom and accompany the child if they are educated outside the school premises.
- b) Children with asthma must have immediate access to inhalers when they need them and know that must have them with them in the classroom and at all the other times around school. Where a spacer device may be required the pupil may need support to use this and these will be located in the medical room or within the first aid bag if the pupil is engaged in an offsite activity. Following the change in legislation 1st October 2014 the school now will keep spare Salbutamol inhalers in school in the medical room. THESE INHALERS WILL NOT CARRY A PRESCRIPTION LABEL AND WILL ONLY BE USED IN THE ABSENCE OF THE CHILD'S CORRECT INHALER. ANY PRESCRIBED INHALER MUST NOT BE USED FOR ANOTHER CHILD.
- c) A record sheet to record the frequency of an inhaler use can be found in the medical folder. This should be completed for all KS1 pupils and for KS2 children where usage exceeds normal daily administration.
- d) Parents should be notified when a child has used an inhaler excessively or more regularly than usual.
- e) Leaders of 'after school clubs' are notified on club registers if a member is asthmatic.

HEAD INJURIES

- a) Pupils who sustain a head injury MUST be reviewed by a First Aider in school. If a pupil has a visible wound, swelling or adverse reaction, parents will be informed and are welcome to assess their child personally. Where there are no residual effects, the pupil can remain in school whilst being observed. A head injury will be recorded on 'Medical tracker' and information emailed to parents.

EPILEPSY, ANAPHYLAXIS AND DIABETES

Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken.

Following the change in legislation on 1st October 2017, the Human Medicines (amendment) Regulations 2017, have allowed primary schools to buy adrenal auto-injector devices without prescription. Therefore, they will keep spare auto-injectors in school, in the school medical room. THESE AUTO-INJECTORS WILL NOT CARRY A PRESCRIPTION LABEL AND WILL ONLY BE USED IN THE EVEN OF THE CHILD'S CORRECT AUTO-INJECTOR FAILS. ANY PRESCRIBED AUTOINJECTOR MUST NOT BE USED FOR ANOTHER CHILD

16) Defibrillators

The school has a Heartsine Samaritan PAD automated external defibrillator (AED). The AED will be stored in the corridor outside the medical room on a hook, out of reach for children.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency.

A risk assessment regarding the storage and use of AEDs at the school will be carried out when conducting the health and safety walkabout with governors.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, first aiders will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on a regular basis by the medical lead, who will also keep an up-to-date record of all checks and maintenance work.

This policy is reviewed annually.