Borrow Wood Primary School

POLICY ON SUPPORTING CHILDREN WITH MEDICAL NEEDS

Written by:	Zoe Fletcher and Teri Ellis	**Date:** 17th January 2023
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Next review due by:	November 2027	

Foreword

This policy fully complements information contained in the DfE document 'Supporting Pupils with Medical Needs' which was issued to all schools in 1997. The latter document contains information of a broader and more general nature and also includes several useful forms, a number of which have been adapted for use by schools. These are reproduced in the appendix.

Responsibility of Parents and Guardians

Parents and guardians have the principal responsibility for the administration of medication to their children who have the right to be educated with their peers, regardless of any short or long-term needs for medication whilst at school.

It is preferable for medication to be given at home whenever possible. If medicines are prescribed to be taken three or more times per day, parents should ask the prescribing doctor if the administration of the medication can occur outside normal school hours. If a child needs non-prescribed medication, for a maximum of 3 days, the parent is to consult with the Head Teacher or Medical Lead regarding this.

Responsibility of School Staff

There are two main sets of circumstances in which requests may be made to the Head Teacher or Medical Lead to deal with the administration of medicines to pupils at school:

(a) Cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy;

(b) Cases where children recovering from a short-term illness are well enough to return to school but are receiving a course of antibiotics or other medication.

Each request for medicine to be administered to a pupil in school should be considered on its merits. The Head Teacher or Medical Lead should give consideration to the best interests of the pupil and the implications for the school. Staff administering medication in accordance with appropriate training or the details supplied by the parent or guardian may rest assured that they are covered by the DFE's insurance policy.

It is generally accepted that school staff may administer prescribed medication whilst acting *in loco parentis.* However, it is important to note that this does not imply a duty upon school staff to administer medication and the following should be taken into account:

- No member of staff should be compelled to administer medication to a pupil
- No medication can be administered in school without the agreement of the Headteacher or his/her nominated representative
- If it is agreed that medication can be administered a named volunteer should be identified to administer it
- Appropriate guidance and training (where necessary) has been given to the volunteer
- Parents or guardians requesting administration of medication should be given a copy of this document and asked to complete the form 'Parental Request for Medication to be Administered to Pupils'. Completion of this form safeguards staff.
- School staff may consult with the Health Service to liaise with the person prescribing medication to enquire whether it can be given outside of school hours. This may help reduce to a minimum the amount of medication being given in school. Staff may also consult with the School Health Service with regard to administration of any medication.

Procedures to be Followed

1. If medication cannot be given outside of school hours, parents or guardians should fill in a request form giving the dose, the method of administration, the time and frequency of administration, other treatment, any special precautions and signed consent. An example of this form is reproduced in Appendix 1.

2. All essential medication should be brought to school by the parent or guardian and **not** the pupil. It should be delivered personally to the Head or designated member of staff. Only the smallest practicable amount should be kept in school.

3. All medication taken in school must be kept in a clearly labelled pharmacy bottle, preferably with a child safety top which must give the owner's name, contents and the dosage to be administered.

4. Whilst medication is in school it should be kept in a locked cupboard away from the children, in the medication cupboard in Silver Birch or medicine cupboard in the Lower Staffroom and should be readily accessible to the named volunteer when required. The **exception** to this is the use of an inhaler or auto adrenalin pen.

5. Medication to be taken orally should be supplied with an individual measuring spoon or syringe. Eye drops and ear drops should be supplied with a dropper. A dropper or spoon must only be used to administer medicine to the owner of that implement.

6. When medication is given, the name, the dose, the mode of administration, time of the dose and date of expiry should be checked. A written record should be kept of the time it was given and by whom to avoid more than one person ever giving a dose. This should be kept with the parental consent form.

7. Where any change of medication or dosage occurs, clear written instructions from the parent/guardian should be provided. If a pupil brings to school any medication for which consent has not been given, the staff of the school can refuse to administer it. In such circumstances the Head should contact the parent as soon as possible.

8. Renewal of medication which has passed its expiry date must be the responsibility of the parent or guardian. However, if parents are unable to collect expired medication then staff should take it to the local pharmacy so that it can be disposed of safely. The medication must not be disposed of in any other way.

9. In all cases where, following the administration of medication, there are concerns regarding the reaction of the pupil, medical advice should be sought immediately.

If in doubt about any of the above procedures the member of staff should check with the parents or guardians or a health professional before taking further action.

Refusal or Forgetting to Take Medication

If pupils refuse or forget to take medication, the school should record the information and inform the child's parent or guardian as a matter of urgency. If necessary, the school should call the emergency services.

Non-prescribed Medication

As a rule, non-prescribed medication should not be issued. However, at the discretion of the Head, Paracetamol and other analgesics can be issued, provided the practice is strictly controlled in the same way as prescribed medication. Once again, the written permission of the parents or guardians should be sought. The Head or Medical Lead should authorise specific members of staff to dispense medication. In order to monitor and prevent the danger of overdose by any individual they should keep a record of issues, giving the name of pupil, time, dose and reason for administering the medication. Staff should always inquire of the child whether any side effects or allergic reaction has been experienced before administering the drugs. As indicated on all medication bottes not

to give medication to a child for more than 3 days without speaking to their GP. School have adopted this same 3 day rule and will advise parents to seek medical advice.

On no account should aspirin or preparations that contain aspirin be given to pupils unless prescribed by a doctor.

Paracetamol must be kept securely under lock and key and dispensed with care since over-dosage is dangerous. The suggested dosage (normal strength) is as follows:

Children aged 2 – 4 yrs	7.5ml (5ml + 2.5ml) **suspension** (not to be repeated until at least 4 hours have elapsed)
Children aged 4 – 12yrs	10ml (2 x 5ml) **suspension** (not to be repeated until at least 4 hours have elapsed)
Children aged 9-12 years	½-1 **tablet** (not to be repeated until at least 6 hours have elapsed)

Paracetamol must not be kept in first-aid boxes.

In the main, children of primary school age should only be given Paracetamol in exceptional circumstances under the supervision of their GP. However, in certain circumstances, such as if a child is running a temperature, the Head can authorise the use of Paracetamol by agreement with the parent or guardian.

Further Guidance Relating to Children with Specific Medical Needs

A very small number of children need medication to be given by injection, auto-injector or other routes. This is an unusual circumstance and the arrangements are best worked out between the school, parents, school doctor and the doctor who prescribes the medication. Experience suggests that it is helpful to have a meeting of all interested parties in school as it is essential that the parents and the teaching staff are happy about the arrangements that are made.

Staff willing to administer medication should be made fully aware of the procedures and be properly trained. Usually this will be provided by the local Health Authority. An individual healthcare plan for each pupil with a medical need should be completed. An example form is reproduced in Appendix 2 of this document or a full health care risk assessment for complex needs.

Anaphylaxis

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. Appropriate local arrangements should include:

- the establishment of procedures on the use of auto adrenalin pens and injections
- the provision of appropriate instruction and training to all staff
- awareness of all staff that the child has this particular medical condition
- the symptoms associated with anaphylactic shock
- the auto adrenalin pen type and content eg adrenalin, anti-histamine
- the locations of the auto adrenalin pen, preferably in an easily accessible place which is known to staff, for example a medication box
- labelling of auto adrenalin pens for the child concerned
- the names of those trained to administer it, such as first aiders

- records of dates of issue

- emergency contacts

This type of information should be suitably posted in the areas where the medication is to be kept and should accompany the medication on school trips etc. The arrangements for swimming and other sporting activities should also be considered. This information should include the name of the child and, ideally, a photograph.

Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment, usually in the form of an inhaler. It is good practice to allow pupils who can manage their own medication from a relatively early age to do so. The inhalers should be stored safely in the green box in the child's classroom, the child can access their inhaler with supervision when needed.

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone. However, the guidelines given in Appendix 3 may be helpful. Schools may wish to copy the information and display it as emergency guidance.

Diabetes

Diabetes is a condition, which develops when the body is unable to maintain the correct amount of glucose in the blood.
There are two types of Diabetes and the management of these is different.
Type 1 Diabetes – solely insulin dependent.
Type 2 Diabetes –can be treated by diet, tablets and/or insulin

Specific training needs to be undertaken by those volunteering to support a child with Diabetes. Guidance for the Management of Children and Young People with Diabetes in Education needs to be referred to in the completion of the Childs Individual Health Care Plan.

Epilepsy

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Information regarding emergency management is given in Appendices 4. Appendix 4 covers the procedures to be followed with regard to first aid for all seizures.

Further, general information on epilepsy is given on pages 15 and 16 of the DfE document. However, information on important aspects of the condition is given below:

Status Epilepticus

Status epilepticus is a condition in which a seizure shows no sign of stopping or a series of seizures takes place without the individual properly regaining consciousness. A five minute seizure does not in itself constitute an episode of status and it may subsequently stop naturally without treatment. However, emergency precautions after the five minute mark has passed will ensure that prompt attention will be available if a seizure does continue. Such precautions are especially important if the child's medical history shows a previous episode of status epilepticus.

Any child not known to have had a previous seizure should receive medical assessment as soon as possible. Both medical staff and parents need to be informed of any events of this nature.

B: Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	Borrow Wood Primary School
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Borrow Wood Primary School
Arundel Drive
Spondon
Derby
DE21 7QW

Tel: 01332 662826

E-mail: admin@borrowwood.derby.sch.uk
www.borrowwood.derby.sch.uk

Head teacher
Mrs Natalie Bartlett

Child's Name:

Class:

Administration of Medication

Date	Medicine type	Dosage	Time Administered	Signature	Witness	Parent signature

A: Individual healthcare plan

Name of school	Borrow Wood Primary School
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date of diagnosis	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school?	Appointed first aiders Mrs T Ellis /Mrs N Molloy / Miss T Fletcher / Mrs E Hird/ Mrs J Brennan / Mrs M Dawkins-Smith / Mrs C Byrne /Miss A Evans/Mrs T Forster/Mrs S McIntosh/Miss R Allen/Mrs E Hothi

1. Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

2. Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.

3. Daily care requirements

4. Arrangements for school visits/trips etc

5. Other information

6. Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Appointed first aiders - Mrs T Ellis,Mrs N Molloy, Mrs E Hird, Mrs M Dawkins-Smith, Mrs C Byrne, Mrs J Brennan

Plan developed with

Staff training needed/undertaken – who, what, when

Appointed first aiders - Mrs T Ellis and Mrs N Molloy Paediatric first aiders - Mrs C Byrne, Miss H Rutland, Miss A Evans, Mrs K Kinirey, Miss H Gibb

Form copied to

MANAGEMENT OF AN ATTACK OF ASTHMA

(i) Ensure that the reliever medicine is taken promptly and properly:

A reliever inhaler (usually blue) should quickly open up narrowed air passages; try to make sure it is inhaled correctly. Preventative medicine is of no use during an attack; it should be used only if the child
is due to take it

(ii) Stay calm and reassure the child:

Attacks can be frightening and it is important to stay calm and do things quietly and efficiently:

- listen carefully to what the child is saying and what he or she wants (the child has probably been through it before
- try tactfully to take the child's mind off the attack
- do not put arms around the child's shoulder as this is restrictive

(iii) Help the child to breathe:

- encourage the child to try and breathe slowly and breathe out for longer (in an attack people tend to take quick shallow breaths)
- allow the child to take his or her favoured position. Most people find it easier to sit fairly upright or lean forwards slightly. They may want to rest their hands on their knees to support their chest. They must not lie flat on their backs. Do not put an arm around the child or restrict his or her movement
- loosen clothing around the neck and offer the child a drink of warm water as the mouth becomes dry with rapid breathing

(iv) If any of the following apply call a doctor urgently:

- the reliever has no effect after five to ten minutes
- the child is distressed or **unable to talk**
- the child is getting exhausted
- there are any doubts at all about the child's condition

(v) If a doctor is not immediately available call an ambulance

(vi) Repeat doses of reliever as required (every few minutes if necessary until it takes effect)

(vii) Do not be afraid of causing a fuss. Doctors prefer to be called early so that they can alter the medication

(viii) After the attack:

- minor attacks should not interrupt a child's concentration and involvement in school activities
- normal activity should be encouraged as soon as the attack is over

EPILEPSY

First Aid for all Seizures

Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and ***let the seizure run its course.***

Check the time the child starts to fit

Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements

Do not try to put anything at all between the teeth

Do not give anything to drink

Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care

Arrange for other children to be escorted from the area, if possible

Call for an ambulance **if:**

(a) a seizure shows no sign of stopping after a few minutes
(b) a series of seizures take place without the individual properly regaining consciousness

As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position, to aid breathing and general recovery. Wipe away saliva from around the mouth

Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose

If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence

If a child is known to have epilepsy:-

It is not usually necessary for the child to be sent home following a seizure, but each child is different. If the Headteacher feels that the period of disorientation is prolonged, it might be wise to contact the parents or guardian. Ideally, a decision will be taken in consultation with the parents or guardian when the child's condition is first discussed, and a Health Care Plan drawn up

If the child is not known to have had a previous seizure medical attention should be sought