

## MEDICAL POLICY

### 1. INTRODUCTION AND GENERAL PRINCIPLES

The staff and governors of Kew Woods Primary School are 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. This policy complies with DCFS guidelines for 'Managing Medicines in Schools and Early Years Settings (2004)'

### 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 appropriate 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, Special Educational Needs Co-coordinator 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.

b) It is the parent/carers responsibility to make sure that their child is well enough to attend school.

c) When prescribed medication parents will provide the first dosage of medication to the child. Due to possibilities of unknown allergies staff will not dispense a first dose of medication to a child.

**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.

c) Staff will have access to information on pupils' medical conditions and actions to take in an emergency.

d) Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

e) 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, that staff may administer medication following completion of a permission form.

b) Exceptions to this are pupils on health care plans 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 and prescriber's instructions for administration and dosage.

d) The school will not accept or administer medication which is bought 'over the counter' unless planned within a child's Health Care Plan e.g. anti histamine for severe allergies or when children are attending residential trips.

#### 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 a permission form must be completed. (see appendix 1)

**Staff will never administer medicines containing aspirin unless prescribed by a doctor and only then when following a Health Care Plan for complex medical needs.**

## 6. ADMINISTERING MEDICINES

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

- The child's name
- 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, using a Medicines Record Form kept in the main school office (see appendix 2)

c) If a child refuses to take a medicine, staff will not force them to do so, but will record this the Medicines Record Form and parents/carers will be notified of the refusal immediately.

## 7. LONG-TERM MEDICAL NEEDS

Where a pupil has a 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 health care professionals in consultation with the child's parents or guardians and school Special Educational Needs Co-ordinator 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 completed at the school office and a Medicine permission form must be completed for each item prescribed. Staff will not administer medication brought into school by children or without written permission. (see appendix 1)**

A copy of completed forms should be kept in the class medical folder and in the main school office and referred to when administering medication. The Class Medicines Record form (appendix 2) must be completed after each dose of medicine is administered.

b) Information about medical needs are collated by the Special Educational Needs Co-ordinator is distributed to all staff annually. If parents inform staff members of changes to medical needs then this information will be re-distributed to appropriate staff members.

All staff have access to Health Care Plans for children with complex medical needs. This will be stored in the main school office and the classrooms of each child which the Health Care Plan refers to.

c) Children with food allergies have their Health Care Plans displayed in the school kitchen so dietary needs can be met.

d) Updated medical conditions and reviews of policies and practice are monitored and disseminated by the Special Educational Needs coordinator.

## 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 consent Form in the school office. Medication requiring refrigeration is stored in the school office fridge. Staff requiring medication for a child will take medication from school office, administer in the medical room, complete the Medicine Record Form at school office and return medication office locked cupboard.

c) Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in the class teacher's cupboard. Children should know where their medicines are stored; they

should not be locked away. Staff will keep a record of use of inhalers and report to Special Educational Needs Coordinator and parents if pattern of use increases or if irregular. (see appendix 4)

d) Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. Class teachers will also check medication expiry dates twice a year.

e) Sharps boxes will remain in the school office and collected when required.

## 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 should be taken to a local pharmacy for safe disposal.

b) Sharps boxes should 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 when full.

## 11. EMERGENCY PROCEDURES

a) All staff are aware of procedures when dealing with a medical emergency, including those specific on Health Care Plans.

b) 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. (see appendix 5) Prescribed medication will be administered, providing parents have completed permission 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) STAFF TRAINING

a) Staff training is provided to support the administration of emergency medications such as Epi-pens 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.

b) Kew Woods Primary School has several appointed First Aiders and Paediatric First Aiders. Training is reviewed regularly and updated every three years.

### 14) 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 teacher's cupboard 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 where they are kept. A spacer device may be required and the pupil may need support to use this.

c) Parents should be notified when a child has used an inhaler excessively or more regularly than usual. (see appendix 4)

d) Pupils with asthma are listed in the school provision maps which are circulated annually and updated where needed throughout the year.

#### HEAD INJURIES

Pupils who sustain a head injury **MUST** be reviewed by a First Aider in school. Where there are no residual effects, the pupil can remain in school whilst being observed. The school will contact the parents or carers as well as send a routine accident record slip home.

#### 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.

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