

## Medical Policy

### Support for Children with Medical Needs

Parents have the prime responsibility for their child's health and should provide school with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed.

Parents should provide the School Welfare Assistant with full information about their child's medical needs, including details on medicines their child needs.

### Non-Prescription Medicines

Non-prescription medicines should not be brought to school.

The only exception to this is **one dose** of painkillers which may be carried if they will be required at lunch time. Please note that due to the extreme danger of paracetamol in even minor overdose; no more than two paracetamol should be carried at any time. Parents are responsible for ensuring that their child does not abuse, pass on or otherwise misuse the medication.

### School Paracetamol

The Streetly School does carry a small supply of paracetamol. These can be issued to a child for headaches, tooth ache, ear ache, period pain and to relieve mild cold symptoms, provided a parent has given permission on the school enrolment form. The School Welfare Assistant will issue **one** paracetamol to a child, as long as they have had something to eat and drink and provided they have not had any other products containing paracetamol in the last four hours. The child will be issued with a written note (form 4) giving the time, date and reason for administration. If paracetamol are required for any other reason, a parent will be contacted to obtain permission.

### Prescribed Medicines

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'. School can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

School cannot accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are requested to ask the prescriber about this. 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.

### Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion.

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. Again they must be supplied in their original container, with prescribers' dosage instructions and written consent from a parent or guardian.

### **Long-Term Medical Needs**

School needs to know about any particular 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. This can include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

### **Administering Medicines**

No child under 16 can be given medicines without their parent's written consent either by letter or form 1. Any member of staff giving medicines to a child will check:

- the child's name
- 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 medicines 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 will be discussed with the parent, if appropriate, or with a health professional attached to the school or setting

### **Self-Management**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and school encourages this.

Children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

For conditions such as asthma, diabetes and severe allergies children are allowed to carry their own medication around school. If required, staff will supervise children administering their medicine. Please note that children carrying medicines will be expected to store and use their medicines responsibly and not abuse, share or give their medicine to others. Please complete Form 2 and return it to the School Welfare Assistant.

Where children have been prescribed controlled drugs these should be kept in safe custody in the Medical Room. However children can access them for self-medication if it is agreed that it is appropriate.

Children with a short term need to finish a course of prescribed medicine may also bring their medicines to school. Depending on the storage conditions required and whether they need assistance with administration e.g. eye drops, the child may either be responsible for them or ask the School Welfare Assistant to supervise their administration. The parent should determine which they feel is appropriate for their child.

If school are to administer or supervise administration of medication, written instructions and consent from the parent are required.

### **Refusing Medicines**

If a child refuses to take medicine, staff will not force them to do so. In the case of Epi-pens, the individual child's health care plan will be followed. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

### **Record Keeping**

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required in writing. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of child
- name of medicine
- dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date

Parents please complete Form 1 and forward to the School Welfare Assistant.

Where medication is administered in school on a regular basis a record will be kept using form 3.

### **Trips and Visits**

Children with medical needs will be encouraged to participate in trips and visits. It may be that 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 should always be made aware of any medical needs, and relevant emergency procedures by the parent on the consent form. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit advice will be sought from parents and/or health professionals.

## **ROLES AND RESPONSIBILITIES**

**Parents and Carers** should provide the head with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the head, reach agreement on the school's role in supporting their child's medical needs, in accordance with the employer's policy. The head will seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.

For a child with medical needs, the head will need to agree with the parents exactly what support can be provided.

Parents should keep any child at home when they are acutely unwell in order to reduce the spread of infection. This is to protect other children with medical conditions such as asthma and diabetes, for whom illness can produce complications.

**Teachers and Other Staff** will have access to information on children's medical conditions and action to take in an emergency, provided the parents have given consent for this. Teachers will take all reasonable care to accommodate medical needs in their lesson planning.

### **Storing Medicines**

Large volumes of medicines should not be stored. Other than a small quantity of paracetamol, medical staff may only store, supervise and administer medicine that has been prescribed for an individual child. Medicines will be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Parents should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container.

Children will be made aware of where their own medicines are stored and who holds the key. The head is responsible for making sure that medicines are stored safely and passes on this responsibility to the School Welfare Assistant. All emergency medicines, such as asthma inhalers and adrenaline pens, should be carried by the child and a spare kept in the Medical Room if necessary. Other non-emergency medicines will be kept in a secure place not accessible to children.

### **Access to Medicines**

Children need to have immediate access to their medicines when required. Therefore, wherever practical and appropriate children will be allowed to carry their own medication. However, it is important to make sure that medicines are only accessible to those for whom they are prescribed, therefore any child caught misusing or sharing medication would no longer be allowed to carry their medication.

### **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 will be taken to a local pharmacy for safe disposal.

### **Emergency Procedures**

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 a parent is unable to get to school, a member of staff will accompany a child taken to hospital by ambulance, and will stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

### **Co-ordinating Information**

Coordinating and sharing information on an individual pupil with medical needs, particularly in secondary schools, can be difficult. The Streetly School has determined that this should be done by the School Welfare Assistant. The School Welfare Assistant should be a first contact for parents and staff, and will liaise with external agencies as required. A Medical Register is kept with details of name, year group, medical conditions and treatment for all pupils with a medical condition unless permission is withheld.

## **Confidentiality**

The head and staff will always treat medical information confidentially. The head 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 should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## **DRAWING UP A HEALTH CARE PLAN**

### **Purpose of a Health Care Plan**

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary such as Form 2.

An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

## **MANAGING MEDICAL CONDITIONS**

### **Asthma**

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicine. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and The Streetly School does.

Children who are able to use their inhalers themselves will be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff will make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school if required. Children should have a reliever inhaler with them when they are in school.

The school environment endeavours to be asthma friendly, by removing as many potential triggers for children with asthma as possible ie spray deodorants/perfumes etc.

### **Diabetes**

Children with diabetes will be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Children with diabetes should bring an "emergency snack box" containing glucose tablets or a sugary drink to school. This can be kept in the Medical Room.

### **Anaphylaxis**

The decision on how many adrenaline devices the school should hold, and where to store them, has to be decided on an individual basis between the head, the child's parents and medical staff involved.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person they will be allowed and encouraged to do so. There should always be a spare set kept safely which is not locked away and is accessible to all staff. In large schools or split sites, it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents, the school and the treating doctor.

## **FIRST AID**

### **Training and Qualifications**

The School welfare Assistant is primarily responsible for the administration of first aid and will be qualified in *First Aid at Work* every three years as per the current regulations. Other key members of staff such as PE teachers, Classroom Assistants and Administration staff will also be offered training in *Emergency Aid* every three years.

### **Infection Control**

Disposable gloves will be worn when cleaning wounds to prevent cross-contamination.

### **Disposal of Waste**

Disposal of clinical waste and bodily fluids will be carried out in accordance with the protocols laid down in the Health and Safety Policy.

***Proposed by Roland Roberts, seconded by Ian Sunn and agreed by Standards Committee on Tuesday 13<sup>th</sup> May 2008.***

***Proposed by Jacqueline Jones seconded by Rev Alan Bartlam and ratified by Full Governing Body on 3<sup>rd</sup> June 2008***

***To be reviewed May 2010***

**FORM 1**

**Parental agreement for school/setting to administer medicine**

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

Name of School/Setting \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Group/Class/Form: \_\_\_\_\_

Medical condition/illness: \_\_\_\_\_

**Medicine**

Name/Type of Medicine (as described on the container): \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Expiry date: \_\_\_\_\_

Agreed review date to be initiated by *[name of member of staff]*: \_\_\_\_\_

Dosage and method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Are there any side effects that the school/setting needs to know about? \_\_\_\_\_

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency: \_\_\_\_\_

**FORM 2**

**Request for child to carry his/her medicine**

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

**If staff have any concerns discuss request with school healthcare Professionals**

Name of School/Setting: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Group/Class/Form: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Procedures to be taken in an  
emergency: \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**If more than one medicine is to be given a separate form should be completed for each one.**

**FORM 3**

**Record of medicine administered to an individual child**

Name of School/Setting \_\_\_\_\_

Name of Child \_\_\_\_\_

Date medicine provided by parent \_\_\_\_\_

Group/class/ form \_\_\_\_\_

Quantity received \_\_\_\_\_

Name and strength of Medicine \_\_\_\_\_

Expiry date \_\_\_\_\_

Quantity returned \_\_\_\_\_

Dose and frequency of Medicine \_\_\_\_\_

Staff signature \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of Staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_

Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of Staff \_\_\_\_\_

Staff initials \_\_\_\_\_

Date \_\_\_\_\_


Time Given \_\_\_\_\_

Dose Given \_\_\_\_\_

Name of member of Staff \_\_\_\_\_

Staff initials	_____	_____	_____
Date	_____	_____	_____
Time Given	_____	_____	_____
Dose Given	_____	_____	_____
Name of member of Staff	_____	_____	_____
Staff initials	_____	_____	_____
Date	_____	_____	_____
Time Given	_____	_____	_____
Dose Given	_____	_____	_____
Name of member of Staff	_____	_____	_____
Staff initials	_____	_____	_____

# FORM 4

Date /	Time :	Pupil's Name	Class/Form	Location of incident	
Details of Treatment and Additional Comments					F 2508 completed ✓
Name of parent/carer contacted (if applicable)					Time :
Bump/Bruise	Vomiting/Nausea	Nosebleed	Headache / high temperature	Head injury	Cut/graze
Asthma	Other	Parent contacted	Unable to contact parent	After first aid the child was well enough to remain in school	The child was collected from school
The school is notified that our child should consult a doctor					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>IMPORTANT</b> </div> <b>FOR THE ATTENTION OF THE PARENT/CARER</b>					<p>If your child suffers any drowsiness, vomiting, impaired vision or excessive pain after returning home, please consult your doctor or local hospital.</p>
 <b>The Streetly School</b> Queslett Road East, Sutton Coldfield B74 2EX Tel. 0121 353 2709					REPORT SLIP NO. <span style="font-size: 1.5em;">7351</span>
<b>ACCIDENT/INJURY/ILLNESS REPORT SLIP</b>					