

This policy will be presented to the FGB: 11 <sup>th</sup> November 2021		Medical Administration Team: J Whiting (Medical Administrator) J Tropman (Senior First Aider)
To be approved by	Full Governing Body/ <del>FPP</del> Committee/ <del>CSPW</del> Committee/ <del>Head Teacher</del>	<b>Review Date:</b> November 2024

**All information that is collected and stored relating to this policy is subject to the school's Data Protection Policy.**

### Introduction

Most children could at some time have a medical condition which affects their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of South End Infant School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities

### Roles and Responsibility

#### The role of the Head teacher and Governing Body

The ultimate responsibility for the management of this policy lies with the Head teacher and Governing Body.

#### The role of the Medical Administrator & Senior First Aider

The Medical Administration Team will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

The Senior First Aider will work with the Medical Administrator to ensure accurate and up to date records are kept for children with medical needs.

#### The role of Staff

##### Staff 'Duty of Care'

Anyone caring for children have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency.

Teachers who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-

teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading the appropriate Care Plan (see page 2 for more information) devised for individual children with complex medical conditions.

### **The role of Parent/Carers**

Parents/carers have prime responsibility for their child's health and should provide school with up to date information about their child's medical conditions, treatment and/or any special care needed. It is their responsibility to ensure that medication is in date.

If their child has a more complex medical condition, they should work with the school and other health professionals to develop an appropriate Care 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.

### **Identification**

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. Throughout the year we request through our newsletter that parents keep us up to date with any changes in medical information. We also annually send out data sheets for parents/carers to check and amend to ensure all our records are up to date.

### **Care Plans**

The main purpose of an appropriate Care Plan is to identify the level of support that is needed at school for an individual child. The Care Plan clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required.

A Care Plan will include:

- details of the child's condition
- 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
- special requirements e.g. dietary needs, pre-activity precautions
- dosage and any side effects of medicines

A copy will be given to parents/carers. Class Teachers/Teaching Assistants will have access to a copy kept in the Medical Needs File in the locked medical cupboard in the Main Office. A copy will be retained in the child's individual file. The general medical information booklet given to all staff including office and lunch time supervisors will indicate that the child has an appropriate Care Plan.

### **Communicating Needs**

Relevant information regarding children's medical needs will be copied to Teachers and Teaching Assistants. This will be available to new and supply staff, following their induction, so that they will be immediately aware of the medical needs of the children in their care.

A copy is available in the First Aid Station (Year 2 Wet Bay), and in the Hall Cupboard along with additional medical resources for use by Lunchtime supervisors.

A Medical Needs File is kept in the Main Office in the locked Medical Cupboard which will include copies of all Care Plans etc.

### **First Aid**

We have a number of school staff (see list in the Medical Needs Folder in the Main Office) who are trained 'First-Aiders' and in the event of illness or accident will provide appropriate First Aid. In the event of a more serious accident/incident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their parent/carer is unavailable.

The legal requirement for Early Years Practitioners to be trained in Paediatric First Aid is met.

We will endeavour to inform parent/carers, using a standard letter if their child has had a bumped head/body and received First Aid attention. Details of accidents/incidents are recorded online at the following pages.

<https://www.reportincident.co.uk/northamptonshire/1>

First Aid boxes are sited:

- in each year group Wet Bay
- with the Lunchtime Supervisors
- in the Staff Room
- in each classroom

Contents of these boxes (Appendix 6) are routinely monitored by the Medical Administrator. A list of contents is held in each First Aid Box.

### **Clinical Waste**

All clinical waste is placed in a sealed bag and disposed of in the labelled bins provided in the staff toilets.

### **Physical Activity**

We recognise that most children with medical needs can participate in physical activities and extra-curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their Care Plan. All staff should be aware of issues of privacy and dignity for children with particular needs.

### **School Visits**

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits.

Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of the child's Care Plan should be taken on trips and visits in the event of information being needed in an emergency.

### **Administration of Medicines**

The Head teacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day where those members of staff have volunteered to do so and have agreed to adhere to this policy.

Prescribed medication provided in its original pharmacy labelled container can only be administered to children where parents/carers provide such medication to the school and parents/carers must specifically request in person that the school administers it.

Medication will not be accepted without a completed Medication Consent Form ( Appendix 1/pink form) with clear instructions as to administration. This will be signed by the Head teacher/ Deputy and a Senior First Aider.

The Head teacher will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a child's needs the Head teacher should seek advice from the school nurse or doctor, the child's GP or other medical adviser.

Each item of prescribed medication must be delivered in its original, pharmacy labelled container and handed directly to the Head teacher or person authorised by the Head teacher. The school will not accept medication which is in unlabelled containers.

Where original labels /boxes need to be returned home, school will make a photocopy.

Each item of prescribed medication must have the pharmacy label still attached and the original packaging with the following information:

- Child's name
- Child's date of birth (If necessary)
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if necessary)
- Expiry date

Staff who volunteer to assist in the administration of medication must receive appropriate training/guidance identified by the Head teacher in liaison with health professionals. The Head teacher or his/her representative will seek the advice of healthcare professionals on the type of training required for each authorised member of staff and what types of medication that training covers. A log of appropriately trained staff is held on the Staff Training Form for Medications (Appendix 2) in the Medical Needs File. All medication to be administered will be kept in the locked Medical Cupboard in the Main Office with the exception of inhalers and auto injectors which are kept in individual labelled boxes in classrooms. In the event of medication needing to be stored in a cool place it will be kept on the highest shelf of the top fridge in the staffroom which is inaccessible to the children.

The school member of staff administering the medication must record details of each occasion when medicine is administered to a child on the Medication Administration Record (Appendix 3/pale green form) and send a copy home to the parent/carer at the end of each week.

If children refuse to take medication, the staff should not force them to do so. The school should inform the child's parent/carer as a matter of urgency, and may need to call the emergency services. Details of refusal must be recorded on the Medication Administration Record and a Failure to Administer form (Appendix 4/red form) must be sent home on the day of refusal.

Parent/carers will be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.

Non prescribed medication, including tablets and creams or cough sweets, such as allergy relief and paracetamol can be administered in school as long as schools follow the Medical Needs Policy. Medication should be provided in the original packaging and written records must be kept in line with the policy. The school should obtain confirmation from the parent/carer that the child has used this medication before and did not suffer any allergic or other adverse reactions. Office Staff are able to administer non prescribed medication for children as long as there is written consent from parents and they are on site that day. Sun cream is not covered by this policy.

Under no circumstances will school administer out of date medication.

### **Anaphylaxis, Asthma, Diabetes, Eczema and Epilepsy**

The school recognises that these are common conditions affecting many children. The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and trips. The school ensures that all staff in the school have a good understanding of these conditions, through relevant training and do not discriminate against any child who is affected.

### **Anaphylaxis**

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non-foods (wasp and bee stings, and certain medicines). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and

genitourinary system. In the event of an attack it is important to administer an Epipen as soon as possible to those children who have been prescribed one, and then call 999 for an ambulance. If staff suspect Anaphylaxis they must call an ambulance and follow normal First Aid procedures.

### **How will staff know which children have been prescribed an Epipen?**

Photographs of all children needing an Epipen can be found in the Medical Needs File stored in the locked cupboard in the Main Office with their individual Care Plan. Copies are also stored in individual children's files.

### **How will staff know when and how to administer an Epipen?**

There will be annual training sessions for those staff who have undertaken First Aid Training or who volunteer to administer the Epipen.

### **Where are Epipens stored?**

Epipens are stored in the locked Medical Cupboard in the Main Office. Each child has an emergency box/bag containing an Epipen(s), a copy of their appropriate Care Plan, any other relevant medication, a pen, a copy of the Medication Administration Record (Appendix 3/pale green form) and a pair of gloves. Each box/bag is labelled with the child's name, photograph and date of expiry of Epipens. These are kept in the classroom.

## **Asthma**

### **Asthma medicines**

Immediate access to reliever medicines is essential. Reliever inhalers (blue) are kept in the classroom in individual named box for children who require regular use. Parents/carers are asked to ensure that all reliever inhalers are labelled with a chemist dispensing label containing the child's name. It is the parent/carers responsibility to ensure that the inhalers are in date and replaced regularly. Asthma medicines will only be administered to children once a Medication Consent Form (Appendix 1/pink form) has been completed. Children are encouraged, wherever possible, to administer their own inhaler with adult supervision.

School holds a generic emergency inhaler for use if a child loses or breaks their own. This will only be used for those children already diagnosed with asthma and for whom we have written parental consent. We already have a register of those children in the medical book.

### **Record keeping**

Each time a child receives their asthma medication it is recorded on an Administration of Inhalers Record Sheet (Appendix 5a/b/pale blue forms) kept in the inhaler wallet. These are sent home as appropriate.

### **PE, games & activities, including after school clubs**

Taking part in sports, games, activities and clubs is an essential part of school life for all pupils. Staff are aware of which children have asthma from the school's Medical Register and Class Information File. Children with asthma are encouraged to participate fully in all PE lessons. Staff will remind children whose asthma is triggered by exercise, to take their reliever inhaler to wherever PE is being taught. Staff follow the same principles as described above for games, activities and clubs involving

physical activity. Staff need to be aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. Leaders of after school clubs must familiarise themselves with medical needs of the children attending. It is the responsibility of the parents/carers to inform club leaders of relevant medical information.

### **The school environment**

The school does all that it can to ensure the environment is favourable to pupils with asthma. The school does not keep furry or feathery animals. As far as possible the school does not use materials in lessons that are potential triggers for children with asthma. If, however, particular fumes do trigger their asthma, children are removed from the classroom by an adult and taken to sit in the wet bay areas, where they can be supervised until fully recovered. Prescribed medication will be administered as required.

### **Asthma attacks**

#### **IN THE EVENT OF A CHILD HAVING AN ASTHMA ATTACK**

Stay calm and reassure the child

Encourage the child to breath slowly

Ensure that any tight clothing is loosened

Help the child to take their reliever (blue) inhaler and use the spacer device if appropriate.

Usually 2-4 puffs are enough to bring the symptoms of a mild attack under control. This medication is very safe; do not be afraid to give more if it is needed

Note time attack commenced and length.

Inform and seek assistance from a First Aider on site

Complete administration of inhaler record sheet (appendix 5a/b – pale blue form)

#### **ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR**

There is no significant improvement in 5 – 10 minutes

The child is distressed and gasping or struggling to breath

The child has difficulty in speaking more than a few words at a time

The child is pale, sweaty and may be blue around the lips

The child is showing signs of fatigue or exhaustion

The child is exhibiting a reduced level of consciousness

#### **WHILST THE AMBULANCE IS ON ITS WAY**

The child should continue to take puffs of their Reliever (blue) inhaler until the symptoms improve. If the child has a spacer device and reliever (blue) inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff).

If the child's condition is not improving and the ambulance has not arrived, repeat the process in the previous bullet point

Contact the parents/carers, once the emergency situation is under control and the ambulance has been called.

It should be noted when an attack began and the number of times the inhaler has been used.

### **Diabetes**

Diabetes is a very serious condition, and could result in a Hypoglycaemia attack (Hypo) where blood sugar level become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school have their own Care Plan and their details are recorded in the Medical Needs File. Each child with diabetes has an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack which is kept in the locked Medical Cupboard in the Main Office.

### **Eczema**

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

### **Epilepsy Seizures**

#### **IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE**

Stay calm

Phone 999 and parents/carers

Remove the other children

If the child is convulsing then put something soft under their head if appropriate.

Protect the child from injury (remove harmful objects from nearby)

NEVER try and put anything in their mouth or between their teeth except for oral medicines if prescribed

Try and time how long the seizure lasts

When the child finishes their seizure stay with them and reassure them; check vital signs and monitor. If necessary place in the recovery position.

Do not give them food or drink until they have fully recovered from the seizure

### **Head Lice**

Any case of head lice should be reported to the school. Staff will alert parents/carers if head lice are detected during the school day. Parent/carers will be advised on an appropriate course of action as advised by the local health authority. It is the parents responsibility to ensure children do not return to school until treated.

### **Infectious Diseases**

Information concerning the control of infectious diseases can be found on the Health Protection Agency [www.hpa.org.uk](http://www.hpa.org.uk) which provides information on the control of infectious diseases. A hard copy of the Control of Infections in Schools document can be found in the School Office.

### **Staff training**

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school where possible. Arrangements are made with appropriate agencies to update staff training on a regular basis.

**Confidentiality**

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about who else should have access to records and other information about a child and this will be detailed in their Care Plan.

If information is withheld from staff, they will not be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

**Other agencies**

The School Nurse, Paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

**Monitoring and evaluation**

Staff and governors, on a three yearly basis, will review this policy unless circumstances demand an earlier review.

In line with GDPR all medical books will be shredded at the end of the year when replaced with the new current one.

**MEDICATION CONSENT FORM (pink form)**

The staff at South End Infant School will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer the medication.

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**DETAILS OF PUPIL**

Reason for medication: \_\_\_\_\_

Surname: \_\_\_\_\_

Forename (s): \_\_\_\_\_

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

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

\_\_\_\_\_ Class: \_\_\_\_\_

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**CONTACT DETAILS:**

Name: \_\_\_\_\_ Daytime Contact Telephone No: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

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

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person in school and accept that this is a service which the school is not obliged to undertake

Date: \_\_\_\_\_ Signature (s): \_\_\_\_\_

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**MEDICATION**

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

For how long will your child take this medication: \_\_\_\_\_

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

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**FULL DIRECTIONS FOR USE:**

Dosage and amount (as per instructions on container): \_\_\_\_\_

Method: \_\_\_\_\_

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

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

Self-Administration: \_\_\_\_\_

Signature(s): Headteacher/Deputy..... Senior First Aider.....

Office Use: Medical Register updated? \_\_\_\_\_

## NORTHAMPTONSHIRE NHS TRUSTS

### Staff Training Form for Medications (white form)

School: .....

Because of medical conditions children may require medication to be administered in school on a regular basis.

Named adults volunteer to perform this procedure and have agreed to be trained.

When following the written procedure they will be acting with the knowledge and consent of the Local Authority and so will be indemnified by the Local Authority insurers.

The training given by Northamptonshire NHS Trust staff will be monitored by the School Nurse and reviewed and updated annually or as required.

#### Nature of Procedure

.....

<b>Name of adult trained and willing to perform procedure</b>	<b>Statement:</b>	<b>Statement of trainer:</b>
	I feel competent to administer the medication related to the procedure detailed above.	On the day assessed this individual was competent to carry out the procedure named above, and fulfilled the standard of competence described for the procedure.
<b>Print Name</b>	<b>Signature and Date</b>	<b>Signature and Date</b>

To be retained by trainer and copied to all staff.

Medication Administration Record (pale green form)

Send home a copy of this form at the end of each week that medication has been administered.

<b>Pupil's name:</b>	<b>Class:</b>	
<b>Regular medication (i.e. Ritalin):</b>	<b>Time to be given (check label on medication):</b>	<b>Date medication started:</b>
<b>Other medication (i.e. Calpol)</b>	<b>Any other relevant information:</b>	<b>Review date (if appropriate):</b>

Medication Given	Date	Time	Signature	Print Your Name	Verifying signature

**Note1:** Controlled medication e.g. Ritalin must be measured or counted on receipt and recorded above.

**Note 2:** It is important that there is a minimum 4-6 hours gap between doses of paracetamol based medication. If unsure contact should always be made with parents before administering.

**Failure to administer medication (red form)** Appendix 4

**Name:**

**Date:**

Dear parent/carer

**Re: the failure to administer medication**

This is to inform you that today your child has refused to take his/her  
..... medication in school.

Signed.....

Role.....

**Occasional use of Asthma Inhalers** (pale blue form)

Date:

Dear Parent/Carer of \_\_\_\_\_ (child's name)

**Re: the Administration of inhalers for Asthma**

It was necessary to give ..... his/her inhaler

in school today. It was administered

No of puffs.....Time.....

Signed

Date:

Dear Parent/Carer of \_\_\_\_\_ (child's name)

**Re: the Administration of inhalers for Asthma**

As requested we have administered..... inhaler as detailed below.

<b>DAY</b>	<b>DATE</b>	<b>TIME</b>	<b>ADMINISTERED BY</b>
<b>MONDAY</b>			
<b>TUESDAY</b>			
<b>WEDNESDAY</b>			
<b>THURSDAY</b>			
<b>FRIDAY</b>			



Appendix 6

**Minimum Contents of First Aid Boxes held at South End Infant  
School**

Approx. 20 individually wrapped sterile adhesive dressings (plasters)

Approx. 20 individually wrapped moist cleansing wipes

2 sterile eye pads

1 individually wrapped triangular bandage

6 medium individually wrapped sterile unmedicated wound dressings

2 large individually wrapped sterile unmedicated wound dressings

1 pair of disposable gloves

3 large adherent dressings

2 small individually wrapped crepe bandage (5cm)

2 medium individually wrapped crepe bandage (7.5cm)

1 roll of micropore tape

3 tubes of sterile water/eye wash

1 disposable apron

Disposable bags for clinical waste