



*"I am able to do all things by the one who strengthens me" - Phillipians 3:14*

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*"We will all achieve our very best by loving learning, showing resilience and by developing Christian values within our community".*

## **MEDICAL NEEDS**

Sale & Davys Primary School endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day to day experiences at school. It is an inclusive community that aims to support and welcome pupils with medical conditions.

All children will experience illness in the course of their school careers, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions.

Staff working with pupils who have these specific medical needs should understand the nature of children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.

### **Managing Medicines**

On occasion, children may need to take medicines whilst in school. Some children are on long term regular medication for chronic conditions or may need to take emergency/as needed medication to treat a change in their underlying condition.

There are cases where the responsibility for administering medicine can and should rest with the child. Where parents request the school to exercise a degree of supervision or to administer the medicine, the situation is more complicated. In such cases, staff should consult the Headteacher and any practical and organisational implications need to be addressed prior to assuming responsibility for this.

### **General Principles**

The administration of medicine is the responsibility of parents and carers. There is no absolute requirement on teachers or support staff to administer medicines. However, where they volunteer to do so, guidelines are helpful.

### **Short Term Illness**

Children who are suffering from short term ailments and who are clearly unwell should not be in school and Headteachers are within their rights to ask parents/carers to keep them at home.

Some parents may send children to school with non-prescribed medicines eg cough mixture, many of these are not effective treatments, but can cause potential harm and as a general rule, we discourage this practice. Any medication brought into school either prescription or non-prescription must be handed to the office for safekeeping.

There are recommended times away from school to limit the spread of infectious diseases. Please see the HPA guidelines for this ([http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1274087715902](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1274087715902))

Children who have had sickness or diarrhoea should be kept off school until 48 hours symptom free.

### **Chronic illness/disability**

It may be necessary for children with long term conditions to take prescribed medicines during school hours.

Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help), from very young. This can include self-administration of medicines eg, using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Where young children or those with special needs require medication, adult support will be needed. Whilst responsibility for the medical care of children rests with parents and their health professionals, it may not be feasible for these individuals to come to school to administer medicines, and such repeated attendances could slow the personal development of a child.

### **Acute Illness**

The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations.

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## **MEDICAL NEEDS**

### **Good Practice**

#### Documentation

Where medicines are to be administered at school, it is important that a written instruction should have been received from the parent or doctor, specifying:

1. Name and class of the child.
2. Medication involved
3. Circumstances medication should be administered
4. Frequency and level of dosage.

Use a copy of the school form Medicine Indemnity Form (see Appendix)

For more serious or chronic conditions, including allergies that require the potential use of a EpiPen, we require a care plan from a child's doctor stating exactly what needs to be given and when. This is usually requested via the school nurse service.

#### Training

Teachers and support staff should receive appropriate training and guidance via the school Health Service for non-routine administration.

#### Giving regular medicines

We encourage parents whose child is taking medication three times a day to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose, follow standard practice (see below).

If medicine has to be taken four times a day and a lunchtime dose is necessary, the standard practice is followed (see below).

### **Standard Practice**

1. Parent/carer completes a Medicine Indemnity Form; this is kept in the office as a reminder to administer as required
2. Refer to this form prior to giving the medicine
3. Check the child's name on the form and the medicine
4. Check the prescribed dose
5. Check the expiry date
6. Check the prescribed frequency of the medicine
7. Measure out the prescribed dose (parents should provide measuring spoon/syringe).
8. Complete and initial the Medicine Indemnity Form to record when the child has taken the medication.
9. If uncertain, DO NOT give – check first with parents or doctor.
10. If a child refuses medication, record this and inform parents as soon as possible.

#### Medicine Storage

It is the responsibility of the Headteacher to ensure safe storage of medicines.

All medicines should be kept in the container supplied which should be clearly labelled with the child's name, another identifier (date of birth) and instructions for use.

All children with medical conditions should have easy access to their emergency medication.

Some medicines (eg liquid antibiotics, insulin) require refrigeration. These should be kept in the lockable back box in the staffroom fruit and vegetable fridge.

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## **MEDICAL NEEDS**

### Medicine Disposal

Parents are asked to collect out of date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

Rachel Brooks is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur three times a year, at the end of the spring, summer and autumn Terms.

Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in a locked cupboard. Collection of sharps boxes is arranged with the LA environmental services.

### General Medical Issues

#### Record Keeping

1. Enrolment forms should highlight any health conditions.
2. Healthcare plans – for children with medical conditions giving details of individual children's medical needs at school. These need to be updated after a medical emergency or if there is a change in treatment and should be reviewed at least annually. They should be kept in a secure location but specified members of staff (agreed by parents) should have access to copies. All staff must protect a pupil's confidentiality. (Pupil Record)
3. Centralised register of children with medical needs (School Database)
4. Request to administer medicines in school
5. Log of training relevant to medical conditions.

Medi-alerts (bracelets/necklaces alerting others to a medical condition)

As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed for these sessions.

#### Impaired mobility

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

#### Off site visits

Take a First Aid kit whenever children are taken off-site. Buckets and towels, in case of sickness on a journey, are also sensible precautions.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

#### Employee's medicines

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children.

#### Staff protection

Common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

1. Always wear gloves
2. Wash hands before and after administering first aid and medicines
3. Use hand gel where provided.

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## **MEDICAL NEEDS**

### **Staff Indemnity**

Derbyshire County Council fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. The administration of medicines falls within this definition so staff can be reassured about the protection their employer provides. The indemnity would cover consequences that might arise where an incorrect dose is in-advertently given or where administration is overlooked. It also covers the administration of emergency medication when given according to an individual child's protocol.

In practice, indemnity means that the County Council and not the individual employee, will meet any costs of damages arising should a claim for alleged negligence be successful. In practice, it is very rare for school staff to be sued to negligence and any action is usually between the parents and employer.

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## **MEDICAL NEEDS**

### **Appendix A - Medicines likely to be brought into or used at school**

#### **Non Prescribed medicines**

Parent supplied – parents may wish to send children to school with medicines such as cough mixtures. This should be discouraged as school cannot take responsibility for such medicines.

School supplied – whilst it is the parent/carer's responsibility to supply medicine for their child, in some circumstances, it may be appropriate for the school to administer medicine. We try to keep children in school wherever possible, so where a child has a minor ache or pain that could be treated with paediatric paracetamol (eg Calpol) or ibuprofen (eg Nurofen) the parent will be contacted and permission sought. Only where parental permission is given, will the child be given the medicine. The dose should be recorded in the non- prescribed medicine record book.

Paediatric paracetamol and ibuprofen are useful over the counter medicines and are widely used to treat childhood fever and pain.

Be wary of confusion – brand names (eg Calpol, Nurofen) are often interchangeable used with generic names (paracetamol, ibuprofen) and this can lead to confusion, particularly now that some pharmaceutical companies have broadened their range (ie Calprufen is ibuprofen made by the manufacturers or Calpol)

Paediatric paracetamol dose and frequency of dose in 24 hours

<6 years use 125mg/ml syrup	2 – 4 years	7.5 ml	four times
	4 – 6 years	10 ml	four times
6 – 12 years use 250mg/ml syrup	6 – 8 years	5 ml	four times
	8 – 10 years	7.5 ml	four times
	10 – 12 years	10 ml	four times

Paediatric ibuprofen dose and frequency of dose in 24 hours. Using 100ml/5ml syrup

1-4 years	5ml	three times
4-7 years	7.5 ml	three times
7-10 years	10 ml	three times
10-12 years	15 ml	three times

Ibuprofen should not be used with asthmatic children or in very dehydrated children. Products containing aspirin should never be used with primary school aged children unless prescribed by a doctor.

#### **Prescribed Medicines**

##### **Antibiotics**

A child taking antibiotics can recover quickly and be well enough to attend school, but it is essential that the full prescribed course of treatment is completed to prevent relapse, possible complications and bacterial resistance.

##### **Inhalers**

A child with asthma may have inhalers which may need to be used regularly or before exercise, or when the child becomes wheezy. Please see the Asthma Policy for more guidance.

##### **Enzyme additives**

Children with cystic fibrosis may require added enzymes to ensure that they are able to digest their food. They are usually prescribed pancreatic supplements (eg Creon) and these must be taken with food. Children may need several capsules at a time. They are entirely safe if taken accidentally by another child.

##### **Maintenance Drugs**

A child may be on medication (eg insulin) that requires a dose during the school day.

Many of the relevant medical charities have developed resources to support school looking after children with chronic medical problems.

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## **MEDICAL NEEDS**

### **Appendix B – Non routine administration of medicines**

Any request for unusual administration of medicine or treatment should be referred to the Headteacher for advice.

#### Conditions requiring emergency action

As a matter of routine, all schools must have a clear procedure for summoning an ambulance in an emergency (Appendix D)

Some life threatening conditions may require immediate treatment and some staff may volunteer to stand by to administer these medicines in an emergency. If they do, they must receive professional training and guidance via the School Health Service.

If the trained member of staff is absent, immediate contact with the parent needs to be made to agree alternative arrangements.

Medicines for these purposes should only be held where there is an individual protocol for the child concerned that has been written up for the school by a doctor.

Examples of these conditions follow – but should be more fully explained during training and in the individual's protocol:-

1. Anaphylaxis (acute allergic reaction)  
A very small number of people are particularly sensitive to particular substances eg bee stings, nuts and require an immediate injection of adrenaline. This is life saving.
2. Major fits  
Some epileptic children require rectal diazepam if they have a prolonged fit that does not spontaneously stop. A second member of staff must be present during the administration.
3. Diabetic hypoglycaemia  
Blood sugar control can be difficult in diabetics, and blood sugar levels may drop to a very low level causing a child to become confused, aggressive or even unconscious. If the child does not respond to the dextrose tablets they carry, or to other foods/drinks containing sugar, Hypostop (a sugar containing gel rubbed into the gums) or an injection of Glucagon may be required.

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**MEDICAL NEEDS**

**Appendix C**

**MEDICINE INDEMNITY FORM**

**Parental Agreement for the school to Administer Medicines or Medication**

Full Name of Child .....

Date of Birth ..... Medical Condition or illness.....

**Medicine: To be in original container with label as dispensed by pharmacy**

Name/Type and strength of medicine.....

Date Dispensed..... Expiry Date .....

Medicine to be used following the current Health Care Plan\*  Medicine to be used as and when needed\*   
 (\*Tick box as appropriate)

Date to commence medicine..... Time(s) to be given.....

Special precautions.....

Medication to be kept in 'fridge YES/NO Medication to be collected at the end of the day YES/NO

Are there any side effects that the school should know about? .....

Procedure to take in an emergency .....

I understand that I must deliver and collect the medicine/medication personally from the school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy.

I will inform the school immediately, in writing, if there is any change in this instruction or if the medicine is stopped.

I understand that whilst every effort will be made to administer your child's medication, the school do not accept any responsibility for omitting to do so.

In the event of the said pupil suffering from a medical reaction whilst at Sale & Davys CE Primary School, or associated activities, I hereby indemnify Sale & Davys Primary School, its servants or employees against all proceedings, cost, liabilities and damages incurred as a result of any injury or damage caused to my child by the administration of medication, provided always that this indemnity shall not include injury resulting from or caused by or materially attributable to the negligence of Sale & Davys CE Primary School to perform their common law statutory duties and liabilities.

Parent Signature .....

Print Name ..... Date .....

(If more than one medicine is to be given a separate sheet must be completed for each one).

**For School Use – First Aider please fill in details below on administering medication.**

Date								
Time								
Initials								

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## **MEDICAL NEEDS**

### **Appendix D – Procedure for summoning an ambulance in an emergency**

When there is concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action.

If it is not an emergency and in the case of a child, parent/carers should be contact and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult.

Where it is deemed an emergency, a member of staff (usually the office staff) will call for an ambulance. Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness etc) along with the school address and contact information. (Prompts with the school address and postcode are posted near to telephone points in the offices).

The child's parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff in involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once parents or other relatives have arrived at hospital.

### **Appendix E – First Aid**

Children should not help with First Aid.

A list of current first aiders is on the wall in the Headteacher's office.

Gloves should always be worn when administering first aid.

#### First Aid Book

Entries must be clear, in ink and include:-

- Name of child and class
- Name of person reporting the accident
- Date and time
- Where it occurred and what happened
- The resulting injury
- How it was dealt with.

Parents should be notified by text message of any first aid given to a child during the day if it involves a bump to the head or a facial injury. Any serious injuries will require the parents to be contacted immediately.

Any accident which necessitates a visit to hospital for treatment requires the relevant Health and Safety Report to be completed.

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