



**“As unique individuals, we do our best at work and play for the love of God and others.”**

## **Supporting Pupils with Medical Conditions and Administering Medicines Policy**

### **Introduction**

In writing this policy, the Headteacher and Senior Leadership Team have followed the guidance in the Cheshire East Council document. That document (revised January 2010) was drawn up in accordance with the DfES guide ‘Managing Medicines in Schools and Early Years Settings’ and following consultation with consultant community paediatricians in Cheshire and the County Medical Health and Safety Service; the County’s Legal Section and the recognised trade unions and professional associations of Headteacher representatives.

Most young people will at sometime have short-term medical needs i.e. finishing a course of antibiotics. Some young people will also have longer term medical needs and may require medicines on a long-term basis such as controlled epilepsy etc. Others may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection. Young people with severe asthma may have a need for inhalers or additional doses during an attack.

In most cases young people with medical needs can attend school and take part in normal activities but staff may need to take care in supervising such activities to make sure such young people are not put at risk. An individual Health Care Plan will need to be completed, to help staff identify the necessary safety measures to help support young people with medical needs and ensure that they, and others, are not put at risk.

### **Equal Opportunities**

At St Benedict’s, we follow the Equality Duty 2010 which states that responsible bodies for schools (including nursery schools) must not discriminate against disabled pupils in relation to their access to education. Schools are under a duty to plan strategically to increase access, over time, to schools. This should include planning for the admission of disabled pupils with medical needs. Like schools, early years settings should be making reasonable adjustments for disabled children, including those with medical needs.

### **Parental Responsibility**

Parents/carers have the prime responsibility for their child’s health and must provide schools with all necessary information about their child’s medical condition, obtaining details from the GP or paediatrician if needed. The school doctor, nurse or health visitor may also be able to provide information for staff.

Parents/carers can submit a request for medicine to be administered to the young person at school. A administration of medicine form can be obtained from the office and should be completed in full by the parent or carer. The Headteacher, members of the Senior Leadership Team and First Aiders will ensure that this school policy and guidelines are followed carefully. All staff will be made aware of the school policy and practices with respect to administering medicines.

The written request from the parent/carer, must give clear instructions regarding required dosage, timings and storage of medications. Prescribed medicines must always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration.

## **School's Responsibility**

There is no legal duty that requires school staff to administer medicines. However, all staff have a common law duty of care to act like any reasonable prudent parent. Where necessary, members of staff will only administer medication once they have received appropriate training and support from health professionals (e.g. managing insulin for diabetes and use of an epi-pen in case of anaphylaxis). School will ensure that there are robust systems in place to manage medicines safety.

## **Non- Prescribed Medicines**

Staff will never give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents/carers. If a young person suffers from frequent or acute pain, or other ongoing symptoms, the parents/carers should be encouraged to refer the matter to their GP.

## **Staff Training and Instruction**

The medicine should be brought into school by the parent/carer, or their nominee, and it must be delivered and collected from the school office or. If a young person brings to school any medicine for which written notification has not been received, the staff at the school will not be responsible for that medicine.

### **Dual administration of medicines will also be carried out:**

1. Ensure **two** people are present when administering medicine.
2. Where a care plan is in place, please refer to the care plan (on Medical Tracker).
3. Person A to read out the name of the medicine and the dosage as written on the plan AND on the bottle/packet. Person B to prepare the correct amount of medicine.
4. Person B re- read the name of medicine and dosage as written on the plan AND the bottle/packet and Person A check that the correct amount of medicine has been prepared.
5. Medicine is administered.
6. One adult to log the medicine on Medical Tracker and email sent to parent

Staff with a young person with medical needs in their class or group will need to be informed about the nature of the condition and when and where the young person may need extra attention.

## **Storing Medicines**

Large volumes of medicines will not be stored in school. Medicines will be stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff will ensure that the supplied container is clearly labelled with the name of the young person, name and dosage of the medicine and the frequency of administration, otherwise the medication will not be accepted.

Some medicines may need to be refrigerated. These will be kept in the refrigerator in the first aid room. Any medication for storage in a refrigerator must be in an airtight

container and clearly labelled. There will be restricted access to the refrigerators holding medicines as the door has a lock on it.

The young person should know where their own medicines are being stored and who holds the key. All emergency medicines, i.e. asthma inhalers and adrenalin pens should be readily available to the young person and should not be locked away. They will be in a cupboard in the classroom which is marked with a First Aid poster.

### **Record Keeping**

St Benedict's School will use Medical Tracker to record each time medicines are given. AN email will be generated and sent to parents. We believe that this is important as good records help demonstrate that staff have followed the agreed procedures. If a young person refuses to take medicine, staff will not and should not force them to do so, but will note this in the records and then inform parents/carers of the refusal as soon as possible, and definitely on the same day.

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

It is vital that the school has sufficient information about the medical condition of any young person with long-term medical needs. Schools need to know about any particular needs before the young person attends for the first time or when they first develop a medical need. The parents/carers will be asked to provide a written Health Care Plan for such a young person, involving the relevant health professionals. Such plans will include the following:-

- Details of the young person's condition

  - Special requirements i.e. dietary needs, pre-activity precautions
  - Any side effects of the medicines

- What constitutes an emergency

  - What action to take in an emergency

  - Who to contact in an emergency

- The role staff can play

### **Self Management of medicines**

Young people, who are able, will be supported and encouraged to take responsibility to manage their own medicines. There is no set age when this transition should be made. It is the Health professionals who need to assess, with parents/carers and the young person, the appropriate time to make this transition. This must be recorded, by the parents/carers, in the young person's Health Care Plan. If the young person can take their own medicine themselves, staff may only need to supervise the procedure.

### **Controlled Drugs (Controlled by the Misuse of Drugs Act)**

Any nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). A young person who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed.

Schools must keep controlled drugs in a lockable non-portable container and only named staff have access to it. A record must be kept for audit purposes.

## **Disposal of Medicines**

All Medicines, including controlled drugs, should be returned to the parent/carer, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of each term. If parents/carers do not collect all medicines they should be taken to a local pharmacy for safe disposal.

## **Emergency Procedures**

Individual Health Care Plans should include instructions as to how to manage a young person in the event of an emergency and identify who is the responsible member of staff, for example if there is an incident in the playground a lunchtime assistant needs to be very clear of their role.

## **Educational Visits**

Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions should always be aware of the medical needs and relevant emergency procedures. A copy of the individual's Health Care Plan available during the visit could be beneficial in the event of an emergency.

If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school should seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

However during an Educational Visit involving a residential or overnight stay (when a parent/carer is unlikely to be available to administer pain /flu relief to their child) an appropriate pain/flu relief may be administered so long as the parent/carer has given consent, provided the medication, and specified the medicine on the **administration form**.

### **Circumstances Requiring Special Caution**

Whilst the administration of all medicines requires caution, there are certain circumstances which require special attention before accepting responsibility for administering medicine when the parents/carers are unable to come to school themselves. These are:

- Where the timing and nature of the administration are of vital importance and where serious consequences could result if a dose is not taken;
- Where some technical or medical knowledge or expertise is required;
- Where intimate contact is necessary.

In such exceptional circumstances, the Headteacher will consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. The Headteacher will seek advice from the consultant community paediatrician, G.P or school doctor (See Appendix 4 for contacts). There should be clear written instructions, which are agreed by the parents/carers, teachers and advisory medical staff. The Medical Professionals must confirm that non-nursing staff can administer such medicines and what training is necessary and by whom. Clear records should be kept of any medication administered in school and parents/carers should be informed whenever a child is given such medication, which is not part of a regular regime.

## **Invasive Procedures**

Some children require types of treatment such as the administration of rectal valium, assistance with catheters or the use of equipment for young people with tracheotomies. Only staff who have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or G.P. Training in invasive procedures should be conducted by qualified medical personnel e.g. School Nurse, or Specialist Nurse. For the protection of both staff and young people a second member of staff must be present while more intimate procedures followed.

Where it is known in advance that a young person may be vulnerable to life-threatening circumstances the school should have in place an agreed Health Care Plan. This should include the holding of appropriate medication and appropriate training of those members of staff required to carry out the particular medical procedures.

Whether or not Headteachers agree to administer medication or other treatment, the school should devise an emergency action plan for such situations after liaising with the appropriate community paediatrician or Specialist Nurse etc. This has implications for school journeys, educational visits and other out of school activities. There may be occasions when individual young people have to be excluded from certain activities if appropriate safeguards cannot be guaranteed.

## **Guidance for Teachers on Parental Consent for Medical Treatment**

In general a competent young person may give consent to any surgical medical or dental treatment. For younger pupils parental consent does not constitute a problem in the vast majority of cases. Sometimes a member of staff does meet the problem of a young person belonging to a religious body, which repudiates medical treatment. Normally the parent/carer will make the decision and this should be regarded as the most desirable course of action. However, the problem could be urgent or the parent/carer unavailable. Parents/carers who have specific beliefs which have implications for medical treatment should make their views and wishes known to the school so that the consequences of their beliefs can be discussed and, if possible, accommodated. In an emergency a member of staff would have recourse to ordinary medical treatment.

If a young person is being taken on a school journey where medical treatment may be needed and the parent/carer is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school might decide that the young person should not go on the journey, harsh as this may appear to be.

If a member of staff undertakes responsibility for administering medicines and a young person were to have an adverse reaction, in the event of a claim by the parent/carer then the Authority will indemnify the member of staff concerned, subject to legal liability being established, and if he/she has reasonably applied this policy.

## **COMMON CONDITIONS AND PRACTICAL ADVICE**

The medical conditions in young people that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reactions (anaphylaxis). The following notes offer some basic information but it is important that the needs of the young person are assessed on an individual basis – individual Health Care Plans should be developed.

## Asthma

Asthma is common; one in ten young people have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath.

Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are getting worse or what medicines they should take and when. Therefore staff in early years/primary school, who have such children in their classes **must** know how to identify when symptoms are getting worse and what to do when this happens. **This should be supported by written asthma information, within the individual Health Care Plans, and training and support for staff.**

There are two main types of medicines to treat asthma, relievers and preventers:

**Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an attack. These quickly open up narrowed airways and help breathing difficulties.

**Preventers** (brown, red, orange or green inhalers) taken daily to make airways less sensitive to the triggers. Usually preventers are used out of school hours.

**Young people with asthma need to have immediate access to their reliever inhalers when they need them.** Staff should ensure they are stored safe but in an accessible place, clearly marked with the young persons name and always available during physical education, sports activities and educational visits. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer, Doctor or Asthma Nurse and class teacher agree they are mature enough.

## Epilepsy

Young people with epilepsy have repeated seizures, that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Around one in 200 children have epilepsy, but most children with diagnosed epilepsy never have a seizure during the school day.

Seizures can take many different forms. Parents/Carers and health care professionals should provide information to schools, setting out the particular pattern of individual young person's epilepsy. This should be incorporated into the Health Care Plan.

If a young person experiences a seizure in school the following details should be recorded and relayed to the parents/carers.

- Any factors which might have acted as a trigger to the seizure  
e.g. visual/auditory, stimulation or emotion.
- Unusual 'feelings' reported by the young person prior to the seizure.
- Parts of the body showing signs of the seizure i.e limbs or facial muscles.
- Timing of the seizure – when it began and how long it lasted.
- Whether the young person lost consciousness.
- Whether the young person was incontinent.

After a seizure the young person may feel tired, be confused, have a headache and need time to rest or sleep.

Most young people with epilepsy take anti – epilepsy medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness and being unwell may increase the chance of having a seizure. Flashing and flickering lights can also trigger seizures (photosensitivity), but this is very rare. Extra care may be needed in some areas such as swimming or working in science laboratories. Such concerns regarding safety of the young person should be covered in the Health Care Plan.

During a seizure it is important to make sure the young person is in a safe position. The seizure should be allowed to take its course. Placing something soft under the person's head will help protect during a convulsive seizure. Nothing should be placed in the mouth. After the seizure has stopped they should be placed in the recovery position and stayed with until fully recovered. Emergency procedures should be detailed in the Health Care Plan. Further information regarding Epilepsy is available via the following link:

## **Diabetes**

One in 550 school age children will have diabetes. Most have Type 1 diabetes. Diabetes is a condition where the level of glucose in the blood rises. This is either due to lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the young person's needs or the insulin is not working properly (Type 2 diabetes).

Each young person may experience different symptoms and this should be detailed in their Health Care Plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Staff noticing such changes will wish to draw these signs to parents'/carers' attention.

Diabetes is mainly controlled by insulin injections with most younger children a twice daily injection regime of a longer acting insulin is unlikely to involve medicines being given during school hours. Older children may be on multiple injections or use an insulin pump. Most young people can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

Young people with diabetes need to ensure their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor. They may need to do this during school lunch break, before PE or more regularly if insulin needs adjusting. Most young people will be able to do this themselves but younger children may need supervision to carry out/interpret test and results. Appropriate training for staff should be provided by health care professionals.

Young people with diabetes need to be allowed to eat regularly during the day i.e eating snacks during class time or prior to exercise. Staff in charge of physical education or other physical activity should be aware of the need for young people with diabetes to have glucose tablets or a sugary drink to hand.

The following symptoms, individually or combined, may be signs of low blood sugar – a **hypoglycaemic** reaction: i.e hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some young people may experience **hyperglycaemic** (high glucose level) and have a greater need to go to the toilet or drink. The individual's Health Care Plan should detail their expected symptoms and emergency procedures to be followed.

## **Anaphylaxis**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain food or substances.

Occasionally this may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruit i.e kiwi fruit and also penicillin, latex or stinging insects (bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among young people there may be swelling in the throat which can restrict the air supply or severe asthma. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea or vomiting.

The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded injection devices containing one measured dose of adrenaline are available (via prescription). Should a severe allergic reaction occur the adrenalin injection should be administered into the muscle of the upper outer thigh. **An Ambulance should always be called.**

Adrenaline injectors, given in accordance with the prescribed instructions, are a safe delivery mechanism. It is not possible to give too large a dose using, this device. In cases of doubt it is better to give the injection than hold back.

Day to day policy measures are needed for food management, awareness of the young person's needs in relation to diet, school menu, individual meal requirements and snacks in school.

Parents/Carers may often ask for the Headteachers to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic young people should be taken.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned. The school operates a nut free kitchen and parents/carers are asked to provide nut free lunch boxes and snacks.

SHOULD AN AMBULANCE BE NEEDED, IN THE CASE OF ANY INCIDENCE OR ACCIDENT, ONE PERSON WILL BE IN CHARGE OF THE PATIENT AND ONE MEMBER OF STAFF WILL CALL THE AMBULANCE. THIS PERSON WILL DIRECT THE AMBULANCE TO THE RELEVANT LOCATION.





