



Administration of Medicines and Support of Pupils with Medical Conditions Policy

Adopted / Reviewed	Date
Adopted	Sep 13
Reviewed	January 2015
Reviewed	September 2015

This policy should be read in conjunction with the DfE guidance entitled ‘Supporting pupils at school with medical conditions’ issued in December 2015.

Rationale:

Knighton Fields Primary Academy understands that on occasions it may be in the child's best interest to administer medication in school to ensure they can attend and learn. This is particularly relevant when a child has a long standing medical need.

Aims:

To assist parents in providing medical care for their children

To educate staff and pupils in respect of medical needs and conditions

To comply with guidance from DfE on supporting pupils at school with medical conditions,

To ensure pupils with medical conditions, in terms of both physical and mental health, are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure effective monitoring and record-keeping

Equal opportunities and inclusion

We believe in providing equal opportunities for all pupils in every aspect of school life. We oppose any form of discrimination and prepare our pupils to live in a multicultural society. We provide a broad and balanced curriculum for all our pupils. We set suitable challenges, respond to pupils' diverse learning needs and overcome barriers to learning for individuals and groups of pupils. We ensure that physical needs are met wherever possible for children with specific or complex needs.

Resources

A range of resources are available in school to support this policy. Financial allocation is provided when necessary. Staff will receive the necessary training required to support the individual needs of children with medical conditions. Staff will also be made aware of the emotional issues that may accompany the medical condition for some children and may impact on the children's learning. Staff will also receive training on how to support pupils in caring for themselves. Staff will understand the importance of working in partnership with parents and carers as well as health professionals so that all have confidence in the provision the school is able to give to these pupils. There will be sufficient staff trained to cover for absence. Every effort will be made to ensure that all pupils, whatever their individual needs, can access all educational opportunities. Where appropriate, whole staff awareness of a pupil's needs will be brought to staff attention. Emergency procedures will be made known and risk assessments put in place where necessary. Photographs of the pupils, along with their emergency medical information will be placed in staff room, office and other appropriate places.

Designated areas

- The main toilet next to the Hall is a disabled toilet.
- There is also an area for changing children next to the laundry room/nursery toilets. This area includes a changing table (with adjustable height), curtain for privacy, and cupboard containing all necessary resources.
- A fridge for medicines is available near the office in the community room kitchen.

Please see the 'personal care policy' and 'personal care risk assessment' for further guidance on changing children.

Administration of medicines

'Short-term' Medication

Children who require a short course of medication e.g. antibiotics, will, whilst too ill to attend school or following advice from their medical practitioner, remain at home until the course is finished.

If it is felt by a medical practitioner that the child is fit enough to return to school, the dosage can be adjusted so that none is required at lunch time. If this is not possible a parent/carer may administer the lunchtime dose by arrangement with the Principal.

However, if the child is well enough to attend school, and a parent or carer cannot take either of these options, a nominated member of the school staff will administer the medicine as long as it is supplied with a pharmacist's written instructions for administration, it is supplied in the original packaging with the child's name on and date medication prescribed. Parent/Carers will be required to complete and sign the necessary forms giving permission to academy staff to administer medication. Medicine will be held securely in the academy office (placed in the fridge if necessary).

'Long-term' Medication

A few children, whilst fit to attend school, may need to take medicines during school hours. In addition, it may be necessary for children with long term complaints or chronic illnesses such as asthma, diabetes or certain allergies to use medication while in school. Some children may require regular visits to hospital and so special arrangements may be necessary. Consideration will need to be given about how children are reintegrated back into school after periods of absence. Where appropriate, a healthcare plan will be put in place involving parents/carers and healthcare professionals, for children on long-term medication. The following guidelines are designed to give schools direction as to the procedures and arrangements which should be observed when dealing with this subject. Staff cannot be required to administer medication, but may volunteer to do so. For some support staff, the administration of medicines may be specified in their job description.

1. Parents' / Carers' Responsibility

Medicines should not be given in schools unless the parent/carer has completed the request for administration of medicines form (**See Appendix B**). A clear written statement of their responsibility is given to all parents/carers. **Copies of these forms must be kept with the medication.**

All medicines must be clearly labelled with the child's name, route i.e. mode of administration oral/aural etc., dosage, frequency and name of medication being given. The parents or legal guardians must take responsibility to update the school of **any** changes in the administration for routine or emergency medication and maintain an in-date supply of the medication.

A child under 16 should never be given aspirin unless prescribed by a doctor.

Where a pupil requires medicines to be administered by invasive procedures e.g. rectal valium or injection (adrenaline) the school seeks the written authorisation from the parents/carers. Staff carrying out these procedures will be appropriately trained and their training kept up to date. A list will be available of the staff authorised to administer such medications.

2. School's Responsibility

The Principal is the named person responsible for medicines. The SENCO will be responsible for liaising with parents and healthcare professionals and drawing up and reviewing healthcare plans for pupils with medical conditions. Individual health care plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Day-to-day administration is delegated to competent, trained colleagues. All children who require medication should be given clear instructions where and to whom they should report. It is advised that non-prescription drugs should not be brought into school e.g. Calpol, throat lozenges, creams etc. Individual cases may be discussed with the Principal, but drugs will only be accepted into school when the request for medicine to be taken/administered in school form (**Appendix B**) has been completed by the parent/carer.

The Principal is responsible for ensuring that new/different staff (e.g. supply teachers) are given relevant information about children with medical difficulties in the class they are teaching.

3. Storage of Medicines

Medicines, when not in use, are kept in a safe and secure place in line with the pharmacist's instructions. Any unused or time expired medication will be handed back to the parents or legal guardians of the child for disposal. Where children have been prescribed **controlled drugs**, staff need to be aware that these will be kept in safe custody. Medicines required in an emergency are readily accessible at all times.

Wherever possible and after discussion with parents and if necessary health care professionals, children who are competent to manage their own health needs and medicines, should be allowed to carry or access their own medication and devices for self-medication quickly and easily. On rare occasions pupils are required to carry their own medication, but they will be instructed to do so by a member of staff e.g. on school trips. At all other times their medication must be kept in their classroom.

General First Aid boxes are inspected monthly by a named staff member and stock replaced as necessary.

4. Administration / Records

The label on the medicine container is checked against the school medicine record (completed by parent/carer). Any discrepancy is queried with the parent before administering. Preferably drugs should be self-administered. Where this is not possible medicines will be administered by a named individual member of the academy with specific responsibility for the task in order to prevent any errors occurring. This will be a trained member of staff or the nominated staff member. Where practicable a witness should be present who should also sign the appropriate box on Appendix C.

If a child refuses to take medication, staff should not force them to do so, but should note this in the records and follow agreed procedures in respect of the individual child. Parents should be informed of the refusal on the same day. If the refusal to take medication results in an emergency, the school's emergency procedures should be followed.

Knighton Fields Primary Academy will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages. The only exception to this is insulin which will generally be inside a pen or pump for administration in school.

A record should be kept on the back of the medical sheet of any self-administration of an inhaler to track the frequency of administration.

A record is kept of all doses given (**See Appendix C**). This is carried out to the best of the named person's ability. Parents/Carers should sign the record book to acknowledge the entry.

Incorrect Administration of Dosage – individual protocols/health plans will contain emergency actions in respect of this happening. The incident will be notified to the local authority using Form SO2. In the event of an excess dose being accidentally administered or the incorrect procedure being carried out, emergency medical advice will be sought and followed, the child being taken to hospital if necessary, and parents informed.

Records of pupils requiring medication are updated on an annual basis. Each class teacher, teaching assistant and lunchtime supervisor receives a list of the names of pupils and medication required. Photographs of children with chronic illnesses or certain allergies are displayed in the staffroom and school office. (The healthcare plan is completed for pupils with medical conditions – **See Appendix A**

and reviewed annually or more frequently as appropriate). Where appropriate or necessary the child's peers may need some explanation of the condition and administration of medication.

Parents should be informed if their child has been unwell at school.

5. Disposal of Medicines

Medicines that are no longer required are not allowed to accumulate. They are returned in person to the parent/carer for disposal. Where it is not possible to return medicines to the parent, a pharmacist will be contacted for advice regarding disposal.

Sharp boxes will always be used for the disposal of needles and other sharps.

6. Training of Staff

Persons who administer medicines volunteer themselves for such duties and are adequately trained and supported by the School Nurse as necessary. A record is kept of staff who have received training. (**See Appendix D**). Ideally, they should also receive first aid training but please note that first aid training does not prepare staff adequately to administer specialised medicines. Any difficulties in understanding about medication usage should be referred to the School Nurse.

Liability of School Staff

Staff who administer medication to pupils will be covered by the employer (Rushey Mead Educational Trust) in the event of a liability / negligence claim being made against them as long as they have taken reasonable steps to follow the procedures contained in these guidelines and the healthcare plan, if available.

7. Procedures for Out of School Activities

Arrangements are made to ensure that children who may require medication when away from the school have access to that medicine, and, where necessary, are accompanied by staff who have received training in the administration of that medicine.

Emergency medication and reliever inhalers must follow the child at all times. Inhalers and emergency treatment medication must follow the child to the sports venues, swimming pool etc. The medication should be kept by the teacher in charge in a box/bag on the touchline or at the side of the pool. It is the parents/carers responsibility to ensure that medicines are in date and replaced as appropriate. Where appropriate, pupils should carry their own medication for immediate use if needed.

A first aid kit is always taken on a school trip. An emergency first aider, wherever possible, accompanies a school trip. Should an incident occur whilst on a school trip, requiring emergency medical assistance, staff should follow guidance in the crisis line documentation (regarding the calling of ambulances etc) which is always taken by a trip leader on a trip.

The guidance for residential trips is slightly different to day visits. The guidance for prescription medicines would be as above. Parents would need to provide the medication in its box, with the label indicating dosage, and complete a form authorising the member of staff to administer. However, a parent may also authorise a member of staff to administer a non-prescribed medicine in an emergency situation e.g. paracetamol or oral antihistamines. In this case, the parent will provide the medicine in its original

box, and complete a form authorising the staff to administer the medication, giving guidance about when the medication may be needed. In this case, the member of staff will make the judgement about whether and when a child needs the medication, using the guidance given by the parent. The same guidelines as above apply, such as encouraging the child to administer the dose themselves, if possible, for the medication to be stored safely and all doses to be recorded. Medication should never be administered without first checking maximum dosages and when the previous dose was taken.

8. Risk Assessments

A full risk assessment is always carried out before any school trip (**See Educational Visits Policy**), which will include pupils who need regular medication and those who may need it; those pupils with allergies, asthma inhalers etc.

If hospitalisation is necessary, a member of staff should always accompany a child to hospital by ambulance and should stay until the parent arrives. In the event of an emergency/accident which requires a child to be treated by health professionals (doctors/paramedics) or admitted to hospital, the latter are responsible for any decision on medical grounds when and if the parents/carers are not available.

As a general rule staff should never take children to hospital in their own car. When emergency treatment is required, medical professionals or ambulance should always be called immediately. However, if the Principal or person in charge decides that the only solution is to take the child to hospital or home in a member of staff's car, the following must be taken into consideration:-

- **The car must be insured for business use**
- **The car is taxed and has a current MOT and is in a roadworthy condition**
- **The driver has a full licence with no penalty points (unless they are for minor speeding offences)**
- **The driver is experienced (no definition of this but unlikely to be someone who has only passed their test in the last 2 years)**
- **The driver has a current DBS certificate**
- **If the child is small, then an approved booster seat must be used and correctly fitted**
- **Seatbelts must be worn at all times. Child safety locks on the doors should be used.**
- **No child is to sit in the front seats (this is for safety, not distracting the driver, driver cannot be accused of inappropriate contact with the child)**
- **Any sick child must be accompanied by two adults (one to be the driver)**

The situation is risk assessed by the person in charge. Common sense must come first.

The National Standards require Early Years settings to ensure that contingency arrangements are in place to cover such emergencies. On those occasions where an injury is not life threatening but staff consider that medical treatment is required, parents/carers should always be informed.

9. Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids, and disposing of dressings or equipment.

Please see also the personal care policy for more guidance on this.

10. Complaints

If parents feel there is need for complaint then the school's complaint procedure should be followed. This procedure can be found on the school website or obtained from the academy office.

11. Emergency situations

Please see the Schools Business Continuity Incident Management Plan for more information about what will happen in the event of a critical incident in school.

If a medical emergency occurs during the school day, on the school site, then the teacher will alert the nearest first aider to come and assist. They will also notify the principal (or person deputising) immediately, who will call an ambulance, giving details of the child, nature of the incident/condition and location of the invalid. The office must be informed immediately, when an ambulance has been called, so that they can ensure that the ambulance staff get to the right place as quickly as possible on their arrival at school.

For children with medical conditions, the Individual Healthcare Plan will indicate what should be done in an emergency situation for that particular child.

12. Additional Forms Attached:

- Appendix A – example Individual Healthcare Plan
- Appendix B – Request for Administration of Medicines
- Appendix C – Record of Medicine Administered to an Individual Child
- Appendix D – Staff Training Record
- Agreement for the administration of prepared Epinephrine (adrenaline) injections.
- Agreement for the administration of Rectal Diazepam
- Agreement for the administration of Buccal Midazolam

Appendix A – example Individual Healthcare Plan

Sample Health Care Plan for a Pupil with Medical Needs

Date: 01.09.2014

Name of pupil: x

Date of Birth: 06.08.05

Condition: **Type 1 diabetes**

Medication: Insulin pump therapy

Year Group: 6

Contact Information

Family Contact 1:

Name:

Phone number (home):

Phone number (work):

Relationship: Mother

Family Contact 2:

Name:

Phone number (home):

Phone number (work):

Relationship: Father

Childminder:

Name:

Phone number:

Address:

Doctors:

Name: Dr. S.S. Patel

Phone number: 0116 2911212

Clinic / Hospital Contact

Clinic: Outpatients

Name: Diabetes Specialist Nurse

Phone number: 0116 2586796

Hospital : Leicester Royal Infirmary

Clinic: Paediatric

Tel: 0116 254 1414

Fax: 0116 258 5631

Consultant:

Tel: 0116 2541414 – LRI switch board – ask to bleep if necessary

Medical Needs:

Child has type 1 diabetes and wears an insulin pump. This is worn 24 hours a day. Blood sugar readings have to be carried out at regular intervals and monitored carefully. Parents provide a medical kit with all testing equipment and treatments to rectify any highs or lows and spare cannulas and insulin should a cannula change be required

He may need to go to the toilet more often than his peers and this is a sign of his diabetes
 Child wears a cannula in situ to deliver insulin via the pump – care is to be taken with this to avoid falling out

If Child has a dramatic Hypo, for example below 2mmol, he is to be kept safe and allowed to lie down and rest during treatment and recovery. Child is not to walk anywhere during a Hypo – especially when very low. If in class child can lie in the book corner on the cushions and all other children in class will be taken out in order for child to recover – as agreed by the Head Teacher.

Medication:

Name of medication	Form of medication (e.g. liquid)	Dose	Times of administration
Novorapid Insulin	Vial Liquid	As pre-programmed in the pump – carbohydrate unit amounts given daily in his book by mum to manage mealtimes	Continuous delivery of insulin as pump worn 24 hours a day

Daily care requirements:

ALL CARE TO BE DELIVERED BY IDENTIFIED TRAINED STAFF ONLY

Child’s blood sugars will need to be taken on a regular basis and any remedial or preventative action taken. This could be a snack, drink or insulin increased. In some cases child may need his insulin gel if unable to take glucose tablets. If remedial action is taken then his blood sugars will need to be retested as per specialist nurse guidelines.

Child has a home school book and a medical kit provided by Mum. Mum provides all the information required for the day in his book. **STAFF TO READ CHILD’S BOOK DAILY BEFORE ADMINISTERING ANY MEDICAL TREATMENT.**

Procedures throughout the day:

9.30 a.m. – BM. Treat as per instructions in daily diary / care plan with identified trained staff

10.55 a.m. Break – BM. Apple juice if BM between 4-7mmol – **no** carb pump delivery required
 Apple juice if BM between 7-10mmol – carb pump delivery required
 If BM above 10mmol (inc 10.1) – no Apple juice required

12.15p.m. Lunch – BM and insulin – input lunchtime carbohydrate amount as written in diary for pump to deliver insulin

2.00 p.m. – BM. Treat as per instructions in daily diary / care plan with identified trained staff

P.E and Swimming. – Follow morning break time instructions

Procedures for high and low BM’s:

High (Over 14 BM) – refer to Ketone information

Low (Under 4 BM) – 4 glucotabs and test after 15 mins.
If still low repeat glucotabs, suspend pump and re test BM in 15 minutes
If remains low call an ambulance – state type one diabetic in hypo – call parents

If after one or two hypo treatments the child is above 4.0 mmol give a 10-15g carb snack adding the carbs to pump to deliver insulin

Other information:

Hot weather – reduces blood sugars

If he has had 2 lots of glucotabs then he must brush his teeth straight away.

If there's a problem with the equipment or snacks then contact Mum / child minder.

Storage of medication:

-Trolley in classroom under allocated desk

-Insulin in fridge in KS1 kitchen

-Rucksack to be carried with a trained member of staff at all times

The above are guidelines for particular parts of child's day but ALWAYS check his BM if you feel concerned at any point.

Action to be taken in an emergency:

If child's cannula came out then trained adult to administer treatment. Also, ring parents to inform them. In the absence of trained adult, parents to be contacted to come into school. Also contact emergency services if required.

Action to be taken as outlined in the guidelines provided by the specialist diabetic nurse.

Call parents.

Call an ambulance and inform them that child has type one diabetes and is on insulin pump therapy.

Guidance kept in the staffroom, classroom, office and The Space.

Follow up care:

Monitoring of blood sugars and any specific advice from the specialist diabetic nurse or hospital.

Members of staff trained to administer medication for this child:

Test Blood Sugars:

Trained in pump administration:

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of my child.

Signed (parent / carer):..... Date:.....

Signed (school):.....

Signed (school).....

Date:.....

Appendix B

Parental agreement for Knighton Fields Primary School to administer medicine

(One form to be completed for each medicine)

The school will not give your child medicine unless you complete and sign this form.

Name of child _____

Date of Birth ____/____/____

Class _____

Medical condition or illness _____

Medicine: to be in original container with label as dispensed by the pharmacy

Name/type and strength of medicine _____

(as described on the container)

Date commenced ____/____/____

Dosage and method _____

Time to be given _____

Special precautions _____

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

Self-administration Yes/No (delete as appropriate)

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to child _____

Appendix C

Name of Child _____

Date	-----/-----/-----	-----/-----/-----	-----/-----/-----
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			
Observations/comments			

Date	-----/-----/-----	-----/-----/-----	-----/-----/-----
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			
Observations/comments			

Date	-----/-----/-----	-----/-----/-----	-----/-----/-----
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			
Observations/comments			

Appendix D

First Aid trained staff – as at 2nd September 2016

Betty Arnold
Bina Chudasama
Julie Coley
Carol Cooke
Sharon Cornell
Julia Dempsey
Kate Dootson
Caroline Edwards
Dan Edwards
Stella Freestone
Sue Harriman
Clare Moore
Gill Natzel
Anita Patel
Glenda Pike
Sarah Smith
Jo Williams