



# **FLIXTON PRIMARY SCHOOL**

## **MEDICAL POLICY**

**Devised: May 2015**  
**Ratified: July 2015**  
**Minute Reference: 14.1.15 M11**  
**Next Review: Summer 2018**

**Flixton 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 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
- ❖ There are recommended times away from school to limit the spread of infectious disease. Please see HPA guidelines for this.  
([http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1274087715902](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1274087715902))
- ❖ Note, children who have had sickness and/or diarrhoea should be kept off school until 48 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 e.g. 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.

## **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**(Appendix A)**
- ❖ For more serious or chronic conditions, including allergies that require the potential use of an 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 administrations.

### **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 (see below) is followed.

### **Standard Practice**

1. Ask the parent/carer to complete a Medical Administration request form.
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 spoons/syringes). If the child is old enough, they can measure the medicine.
8. Check the child's name again and administer the medicine.
9. Complete and sign the Administration of Medicine Record Sheet.
10. If uncertain, DO NOT give – check first with the parents or doctor.
11. If a child refuses medication, record and inform parents as soon as possible.

### **Non-prescribed medicines**

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 medications.

### **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 inhaler(s) which may need to be used regularly or before exercise, or when the child becomes wheezy.

Most commonly, blue salbutamol inhalers (relievers) are used to relieve symptoms and brown steroid inhalers (preventers) are used to prevent exacerbations and control the severity of the illness.

Inhalers for children in Years 3 and 4 are kept by the class teacher in a drawer or cupboard and are accessible to the children at all times.

Inhalers for children in Years 5 and 6 are kept by the children in their desk trays.

All inhalers kept in school are clearly labelled with the child's name and a record is kept of the expiry dates.

Inhalers are very safe and it is unlikely that a child using another's inhaler is likely to come to any harm .

School have purchased two salbutamol inhalers which are kept in the first aid cupboard in the school office. These can be used in case of emergency e.g. where a child's own inhaler runs out during the school day and the child needs to use one.

### **Maintenance drugs**

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

### **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 (such as date of birth) and instruction for usage.

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

Some medicines (e.g. liquid antibiotics, insulin) require refrigeration – but must not be frozen. These should be kept in suitable additional and airtight containers e.g. Tupperware boxes and marked 'medicines'.

### **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.

A named member of staff is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur three times a year and be documented.

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 local authority's environmental services.

## **General Medical Issues**

### **Record Keeping**

- ❖ Enrolment forms – should highlight any health condition
- ❖ 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 etc. 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.
- ❖ Medical Information files for each class are available for supply teachers to read
- ❖ Centralised register of children with medical needs
- ❖ Request to administer medicines at school

- ❖ 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 or covered with sweatbands 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. Sick bowls and paper 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**

“Universal precautions” and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Always wear gloves.
- Wash your hands before and after administering first aid and medicines

### **Staff indemnity**

Trafford 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 inadvertently given or where administration is overlooked. It also covers the administration of emergency medication when given according to an individual child's protocol (see Appendix B)

In practice, indemnity means that the county council and not the individual employee will meet any costs of damages arising should a claim for negligence be successful. In

practice, it is very rare for school staff to be sued for negligence and any action is usually between the parent and employer.