

# Canonbury Primary School



## **POLICY ON MANAGING MEDICINES AND MEDICAL CONDITIONS IN SCHOOL SEPTEMBER 2011**

### **Medical Confidentiality**

Staff in schools have no automatic right to be informed of any medical condition suffered by any pupil. However, in order that pupils can receive the best possible care, parents/guardians should advise the school of any conditions that may require intervention during the school day.

We request that all parents/guardians complete a contact form, which contains information about medical conditions on the induction morning prior to their child's first day of school.

Any medical or related information provided to the school either by parents/guardians or health care professionals must always be treated in the strictest of confidence. Information would only ever be shared with those members of staff whose role may lead to them providing treatment or other intervention as agreed with parents.

### **Prescribed Medicines**

Medicines are only administered when essential; that is where it would be detrimental to a child's health if the medicine were not taken during the school day.

Medicines must be in the original container as dispensed and include instructions for administration and dosage. We encourage parents to administer medicines at home (3 doses a day can be before school, after school and at bedtime), however, as stated in the Islington Guidance 2006:

*"anyone caring for children including teachers, other school staff and day care staff in charge of children have a common law duty of care to act like any reasonable parent which in exceptional circumstances could extend to administering medication and/or taking emergency action, within the context of the school's written policy."*

It is important to note that this does not imply a duty on Head teachers or staff to administer medication. The Governing Body wishes to point out to school staff and parents that participation in the administration of medicines in schools is on a voluntary basis. Individual decisions on involvement must be respected. Disciplinary action must not be taken against those who choose not to volunteer.

Any member of staff administering medicine must be trained to administer that medicine and all staff should follow universal precautions to protect themselves, and others, when administering medicines. Parents/guardians are asked to fill in an "Administering Medication" form (sample attached at the end of this policy) which can be found in the office. No medication will be administered to a child unless this form has been completed. Written records are kept each time medicines are given. If a child refuses to take the medicine we do not force them to do so, this is also recorded. Medicines are stored in the medicine cabinet in the school office or the fridge in the premises manager's office, asthma inhalers and epi-pens are stored in named trays in the main office.

The cupboard is to remain locked at all times. When the course is complete, the office must hand the medicine back to the parent.

### **Non-prescription Medicines**

Staff should never administer these medicines with or without written permission from parents.

### **Drawing up a Health Care Plan**

The main purpose of the HCP is to identify and clarify the level of support needed. Not all children with medical needs will require a HCP. A short written agreement is often all that is required. On admission, the child's senior teacher will assess whether a HCP is required. If so, will agree the plan with parents and how often the plan is to be reviewed. A sample HCP form is attached to this policy.

### **Procedures for children with allergies**

1. When children are admitted to the school, or when an allergy is diagnosed, parents/carers are required to give information about allergies and medication by completing an HCP. This is kept in the office. In addition, they are required to provide a letter from the hospital or doctor which is also kept in the office.
2. Epi pens are stored in the office together with the HCP and a named photograph of the child
3. A named photograph of the child and a brief description of the allergy are displayed in staffroom. All staff are made aware of any child with an allergy.
4. Class and Senior teachers are informed about children with allergies in their class at the beginning of the school year (or on admission if during the school year). The Class and Senior teachers ensure that Teaching Assistants ensure are also aware.
5. Epi pens and anti-histamines are stored in clearly marked trays in the office. Staff have regular training on how to administer the pen.
6. Teachers ensure that the boxes are taken on any trip out of school.
7. The office staff check pens regularly and inform parents/carers if they are about to become out of date.
8. We aim to be a "nut-free" school and ask our parents to bear that in mind when preparing food for school for example packed lunches, party treats and cake stalls.
9. In the event of a child having an anaphylactic reaction the school will administer the epi pen, ring 999 and then inform parent/carer.

### **Educational Visits**

All children are encouraged to take part in visits, including School Journey. Medicines such as asthma pumps and epi-pens are taken on trips. In more serious medical conditions parents are asked if any additional safety measures are needed or parents may be invited to go on the trip and a health care plan (see page 4) will be completed. A copy of the health care plan will be taken in the event of the information being needed in an emergency. Emergency forms are taken on the trip if it is outside office working hours e.g. school journey, evening visits. The office staff have a copy of the emergency forms for school journey.

### **Staff Training**

Training takes place regularly from the school nurse on Asthma and Anaphylaxis. The school has trained first aiders on sight at all times. Our trained first aider's names are displayed on every floor. Teaching Assistants are informed of any children with specific medical needs at lunchtime.

### **Record keeping**

A record is kept of any administration of prescribed drugs, this is kept in the main office. It is the responsibility of the duty admin assistant to check on a weekly basis that all drugs are up to date on the online system and that all record keeping is correct. In the event of this person's

absence this job will fall to the SAO. To take medication out of the office for a school trip, it must be signed out in the green book. The medicines must be returned and signed in by the class teacher as soon as the class arrives back at school. The green book and the trays will be checked at the end of every day by the Admin Asst or the SAO in their absence. If a parent asks to take the medicine out of school, it must also be signed out in the green book and logged in when returned.

### **Disposal of medicines**

Staff do not dispose of medicines. Parents are responsible for the disposal of medicines and ensuring that the medicine has not expired. The school Admin Asst (early) check asthma inhalers and epi-pens weekly using our online system and inform parents if necessary.

### **Emergency procedures**

All staff know about the school's emergency procedures. Office staff will contact emergency services and parents. A member of staff will accompany a child taken to hospital in an ambulance, and will stay there until a parent arrives. Health professionals are responsible for any decisions on medical treatment until a parent arrives. Staff never take children to hospital in their own cars.

### **Confidentiality**

The head and staff treat medical information confidentially. The child's Senior Teacher agrees with the parent who else should have access to records and other information about the child.

### **Asthma- medicine and control**

Asthma is very common, affecting 1 in 10 children in the UK. The most common symptoms are coughing and wheezing, tight feeling in the chest or getting short of breath.

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. Children need to have immediate access to their relievers when needed. Older children may carry them with them but there should always be an additional inhaler kept in the labelled tray in the office. Inhalers should be taken out if the child is going on a trip or to the playground for PE.

An ambulance should be called if the symptoms do not improve sufficiently in 5-10 minutes, the child is too breathless to speak, the child is becoming exhausted or the child looks blue.

### **Epilepsy-medicine and control**

An epileptic seizure or fit can happen to anyone at any time. Not all seizures involve loss of consciousness. Symptoms range from twitching or jerking of a limb, pins and needles, confusion or mumbling sounds.

Most children with epilepsy take anti-epileptic medicines to reduce seizures.

During a seizure make sure that the child is in a safe position, not to restrict movement and to allow the fit to take its course. Nothing should be placed in the mouth. An ambulance should be called if it is the first time, the child is badly injured, they have a problem breathing afterwards, it lasts for more than five minutes or there are repeated seizures.

### **Diabetes-medicine and control**

Diabetes is a condition where the level of glucose in the blood rises.

The diabetes of the majority of children is controlled by injections of insulin.

Children with diabetes need to eat regularly during the day. Indicators of low blood sugar-a hypoglycaemic reaction- are: hunger, sweating, drowsiness, pallor, glazed eyes, shaking, lack of concentration, irritability, headache or mood change. If a child is hypo, fast acting sugar is brought to the child. An ambulance should be called if the child takes longer than 15 minutes to recover or the child becomes unconscious.

### **Anaphylaxis-medicine and control**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. Early symptoms are a swelling of the face, eyes and possibly hives on the body. Other severe symptoms are swelling of the throat which restricts air supply, or severe asthma. The treatment of a severe allergic reaction is an injection of adrenaline.

The injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

See also:

- ☒health and safety policy
- ☒Educational Visits Policy
- ☒Drug Education Policy and Curriculum
- ☒Inclusion and Access Policy
- ☒Disability Policy
- ☒Equal Opportunities Policy

**Adopted** July 2011

**For review** July 2014

# Canonbury Primary School



## Canonbury Primary School Health Care Plan

Child's name.....

Class.....

Date of birth.....

Address.....

.....

.....

Diagnosis/ Condition.....

.....

.....

.....

Date.....

Review date.....

Medicine renewal date .....

### CONTACT INFORMATION:

#### Family contact 1

Name

Home No

Mobile

Work

#### Family contact 2

Name

Home no

Mobile

Work

Doctor.....

Address.....

.....

Phone .....

Clinic/Hospital.....

.....

Phone.....

Describe medical needs and give details of child's symptoms:

.....

.....

.....

.....

Daily care requirements:.....

.....

.....

.....

Describe what constitutes an emergency for the child, and the action to take if it occurs:

.....

.....

.....

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

Date:.....

