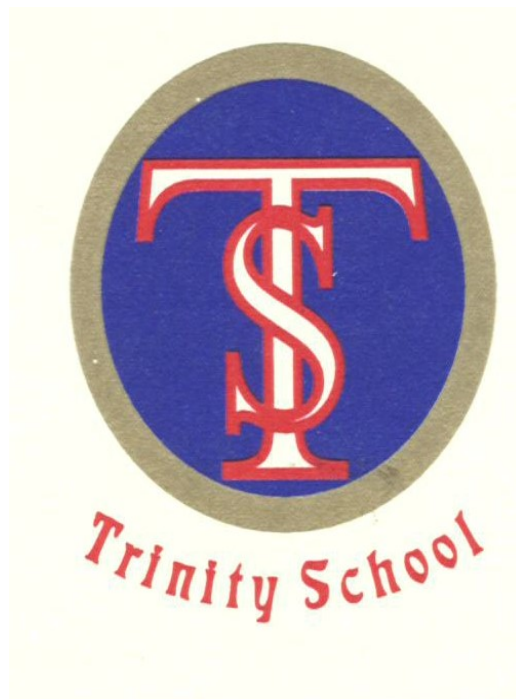


TRINITY SCHOOL



Supporting Pupils with Medical Conditions Policy

October 2021

A Procedural Guide

Date of Document: October 2021

First Revision: To be reviewed annually

Second Revision:

Third Revision:

Signed Chair/Vice Chair of Governors

Date

Supporting Pupils with Medical Conditions

Policy Statement

Rationale / Guiding Principles / Ethos

Many of the pupil / student population at Trinity School have medical needs which require the administration of medication. As part of our in loco parentis duty of care it is felt that parents might reasonably ask the school to administer medication so that pupils / students can attend regularly as per the Department of Health guidelines.

Current Department for Education guidance (2015) states that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

Purposes / Aims

- 1 To ensure all reasonable practical steps are taken to secure the health and safety of staff and pupils / students.
- 2 To ensure that staff assuming responsibility for the administration of medication do so with minimal risk of making any error.
- 3 To formulate effective procedures for use in the administration of medication.

Procedures / Guidelines

- 1 In cases where there is regular medication or interim medication (e.g. analgesics) for chronic illness, written instructions must be received from the GP specifying the medication involved, the frequency, dosage and if appropriate the circumstances when it should be administered. Wherever possible invasive procedures should be undertaken at home. (Appendix A).
- 2 Any prescribed medication that has to be administered during school hours should be brought into school in the original pharmacy container which clearly states the child's / young person's name and dosage.

- 3 A signed parental request for such medication to be administered in line with the GP's prescription should be received prior to administration of the medication. (See Appendix A.)
- 4 Where a pupil / student is on a short course of antibiotics and is well enough to return to school GP instructions will not be required but parents should bring the medication to school (as in 2 above) and complete and sign a medication consent form. All medication must be presented in the original pharmacist's container. It is preferable for a specific supply of medication for school use to be available and to stay onsite until the course is completed. Otherwise the parent / carer, will need to collect / drop off at the end / start of each day.
- 5 Medication should never be brought into school by pupil / student because of the risk posed by another pupil accessing it.
- 6 Regular medication will be stored safely in the designated medication room in a locked medicine cabinet with the pupil's medication charts. In exceptional cases where a child's / young person's procedures require immediate administration of medication e.g. Midazolam / Ventolin, a single dose or inhaler may be kept in the pupil's own locked box either with them in the classroom or stored centrally in a locked cabinet.
- 7 All medication should always be locked away when not in use.
- 8 Emergency medication (see above) e.g. inhalers, single doses of rectal Valium, and equipment for undertaking medical procedures, e.g. gloves, must also be kept in a locked box with child's name on it. Please ensure that if medication, gloves etc. are used they are replaced. The school nurse will write the expiry date on a label placed on the locked box.
- 9 For any child/young person receiving emergency medication for a chronic condition e.g. epilepsy or asthma, or requiring a medical procedure to be undertaken e.g. tube feeding, procedures for managing the condition and detailing the circumstances in which medication or procedure is used must be drawn up in conjunction with the parents and the School Nurse and agreed by all parties.
- 10 Responsibility for the administration of regular medication rests with trained staff within each phase across school.
- 11 Emergency medication may be administered by any member of staff who has been trained in the appropriate procedures and who is willing to undertake such administration. No member of staff will be expected to administer medication against their will. However, all staff have the responsibility for recognising the onset of symptoms which signify the need for emergency medication. In such circumstances they should seek urgent medical assistance from other members of staff who can administer the medication and if necessary call for an ambulance by dialling 999.

- 12 All medication, regular and emergency, must be administered in the presence of another adult who has the responsibility for checking the medication and dose administered and countersigning the medication chart using a black pen.
- 13 The appropriate chart must be used for the administration of emergency medication. Charts for administration of medication for fits, asthma and other emergencies should be completed in line with the instructions for their use e.g. using a black pen / writing on both sides of the sheet. These can be accessed from the school intranet, (*Administration of Medication Policy folder.*).
- 14 Once charts (for regular and emergency medication) are full, they must be stored in the pupil's folder in the main school office.
- 15 Any member of staff organising an outing must take responsibility for ensuring that medication can be administered and for ensuring that any medication required by pupils / students involved on the trip is taken along. Medication should be taken in a locked medication chest or box. All procedures for the administration of the medication should be followed. If the member of staff leading the trip is not trained to administer medication they are responsible for ensuring that another member of staff accompanying the trip is trained to carry out and take responsibility for the administration. Nursing staff to be informed at least 24 hours before the outing.
- 16 A list of each child's / young person's medication will be kept in the medical room with its expiry date noted alongside. Staff administering regular medication are responsible for monitoring the expiry dates on a daily basis and for liaising with the child's/young person's parent / carer to ensure that they are aware of the need for repeat medication. When families bring in new medication this must be received from them by a member of the class team – who will then ensure that it is stored safely as directed in this policy.
- 17 For emergency medication, trained staff must check expiry dates of medication, for pupils in their class, monthly and inform parents / carers when new medication is needed. **When emergency rescue medication is sent into school, this must still be given to the school nurses to log, store and put a dose in the red tin.**
- 18 Where some technical or medical knowledge or expertise is required e.g. administration of midazolam or tube feeding, only staff who have been trained and are confident should undertake the treatment.
- 19 Regular opportunities will be made available for staff to receive training in administration of treatments requiring technical and medical knowledge. Training will be given by qualified medical personnel e.g. School Nurse.

- 20 Admission of pupils with medical conditions / need for specific procedures must be deferred until such time as training has been carried out or arrangements made for training to occur in situ. Staff will not be expected to undertake procedures until they feel competent in the skills they have developed.
- 21 At the end of each school year the red box and folder must be returned to School Nurse to be updated. (Last day of term at 3.30 p.m.). All emergency / rescue medication must be collected by parents/ carers on the last day of the school year, and not stored on site over the holiday.
- 22 The red management plan folders must not be tampered with once they have been completed by the school nurse team e.g. plans removed from the folder or additional irrelevant paperwork added. When management plans are updated to reflect changes to emergency medication, the school nurse will disseminate accordingly, and class teams must ensure that the existing plan is replaced by the updated version and that the obsolete plan is shredded.

LA Guidelines on the Administration of Medicines in School

Purpose

The purpose of these guidelines is to advise schools of the borough policy in respect of the administration of medicines in schools. They do not cover first aid or the administration of analgesics or similar medicines by the school.

Introduction

Requests for medicines to be administered to pupils/students in schools should be considered on their merits. Headteachers should have regard for the best interests of the pupils/students as well as the implications for the school and staff. It may be possible and practical for the parent/carer to come to the school to administer the medicine but this will not always be the case and in circumstances where the Headteacher agrees that the school staff should undertake this task, the guidelines below should be adhered to. The Headteacher's decision, whether it is to administer the medicine or not, is defensible if it is clear that he or she has acted reasonably.

Circumstances

There are two main circumstances in which parents may ask Headteachers to administer medicines and where to do so would be 'a straightforward discharge of the in loco parentis duty of care' (Barry Stock: Health and Safety in Schools – Published by Croner):

- a) cases of chronic illnesses, or long-term conditions such as asthma, epilepsy, cystic fibrosis;
- b) cases where the child/young person is well enough to return to school after a short-term illness but is still taking e.g. a course of antibiotics or cough mixture.

Guidelines

- 1 Written instruction must be received from the parent and/or the GP specifying the medication involved, the frequency and dosage and, if appropriate, the circumstances in which it should be administered.
- 2 The smallest practicable amount should be brought into school, preferably by the parent in the cases of a Primary school child/young person, clearly labelled with the child's/young person's name and dosage. This should be handed to the School Nurse at once and kept in a locked cabinet in the medical room. (There may be exceptions to this e.g. inhalers – see below.)

- 3 Medicine should be given by a member of staff or taken under adult supervision. Only one member of staff should be responsible for this and a record should be kept to avoid double dosing.
- 4 The key to cabinet in which the medicines are kept should be readily available to named senior staff in case of emergency.
- 5 Ideally inhalers should not be locked away from the child/young person. Older children should be able to keep their own inhalers but if this is not practicable the student should know where it can be found and should have immediate access to it all times including PE lessons. A record should be kept of where the inhaler is stored. This is the case also with EpiPens used by students with severe allergic reactions.
- 6 The child's/young person's record card should record long term or chronic conditions or illness and, where necessary, symptoms which indicate the need for treatment and the action to be taken.
- 7 If there is any doubt about the dosage or anything else to do with the medicine to be given, the school nursing staff will obtain information from the child's/young person's GP or Paediatrician.
- 8 General advice on the safe and appropriate storage of medicines can also be obtained from School Nurses.
- 9 The parent should be required to sign the authorisation form (see Appendix A).

Serious medical conditions

There are some circumstances in which Headteachers should exercise caution before agreeing to administer medicines where the parents are unable to come to the school themselves. These are:

- 1 Where the medicine is dangerous if the wrong dosage is given or another child/young person takes it – in such cases if the medicine is to be given written information should be obtained from the GP and rigorous safety procedures put in place.
- 2 Where the timing and dosage is of crucial importance and where serious results could follow if the dose is not taken.
- 3 Where some technical or medical knowledge or expertise is required. These would include using EpiPens, as well as treatment where intimate contact is required e.g. the administration of rectal Valium. Only staff who are willing and appropriately trained should administer such treatments. Training should be by qualified medical personnel and treatment should only be carried out in accordance with the GP's or Paediatrician's instructions. In the case of the more intimate procedures a second member of staff should always be present.

- 4 Where staff are not willing to undertake such treatments but rapid medical Intervention may be required, they should be able to recognise the onset of the condition and where medical assistance is urgently needed should telephone Reception for an ambulance.
- 5 Schools should devise emergency plans for use on school journeys and visits which involve children/young people with serious medical conditions.