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## Rusper Primary School Governing Body

### **Policy for Supporting Pupils with Medical Needs, Managing Medicines and First Aid**

<b>Date approved by the governing body</b>	26 <sup>th</sup> February 2024
<b>Date for full implementation</b>	26 <sup>th</sup> February 2024
<b>Date for Review</b>	January 2025
<b>Status</b>	Statutory

#### **Arrangements for Monitoring and Evaluation**

The Full Governing Body will review and adopt this model policy annually.

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#### **Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. The governing body of Rusper Primary School will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in "Supporting pupils at school with medical conditions April 2014".

Establishment staff do not have a statutory duty to give medicines or medical treatment. However, medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency, all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Signed

Chair of Governors

Date



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### **Rationale**

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Some pupils will have short-term needs whilst others will have long-term conditions. Some pupils may also have special educational needs and/or a disability.

The Headteacher is responsible for ensuring that sufficient staff are suitably trained to support pupils (including the provision of cover for staff absence), and that all relevant staff are fully informed of a pupil's needs (including supply staff).

Risk assessments of activities and visits will take account of the needs of individual pupils to be included in the activity.

### **Personnel**

Headteacher/DMS:	Nick Avey
Appointed First Aider:	Karen Lord
Nominated Governor:	Kelly Bourne



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### **Insurance**

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the WSCC medical audit are covered under WSCC insurance. The medical audit is available to view on West Sussex Services for Schools under “guide to insurance for schools”. Claims received in respect of medical procedures not covered by the insurers will be considered under the Council’s insurance fund.

### **Procedure**

When the school is informed of a pupil’s medical needs, the following procedure should be followed:

- ⇒ The Headteacher or Appointed First Aider will discuss the condition and associated needs with the pupil’s parents
- ⇒ Relevant staff will be informed
- ⇒ Parents will provide relevant documentation from healthcare professionals, including diagnosis and medical reports (where these exist)
- ⇒ An Individual Healthcare Plan will be drawn up if appropriate, with support from relevant professionals, and shared with relevant parties. This should usually take no longer than two weeks to put in place
- ⇒ Individual Healthcare Plans will be attached to the child’s record in Bromcom

### **Individual Healthcare Plans**

If an Individual Healthcare Plan is deemed appropriate, consideration will be given to the following:

- ⇒ the medical condition, its triggers, signs, symptoms and treatments;
- ⇒ the pupil’s resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- ⇒ specific support for the pupil’s educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- ⇒ the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- ⇒ who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child’s medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- ⇒ who in the school needs to be aware of the child’s condition and the support required;



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- ⇒ arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- ⇒ separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- ⇒ where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- ⇒ what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

High level Healthcare Plan information will be provided to Supply Teachers alongside the teachers plans for the day. They will be in BromCom and the staff share network.

### Roles and Responsibilities

**Governing body** - must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**Headteacher** – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

**School staff** - any member of school staff may be asked to provide support to pupils with medical conditions, although they cannot be required to do so. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff



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should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**Healthcare professionals, including GPs and paediatricians** - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

**Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

**Parents** – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Local Authorities** – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

**Providers of health services** - should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and



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other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

**Clinical commissioning groups (CCGs)** – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

**Ofsted** - their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEND, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met.

### **Training**

Any member of staff providing regular support to a pupil with medical needs will have suitable training to do so. This will be identified in the development and review of Healthcare Plans. A central record is kept of all staff training, with review dates where appropriate.

Staff who are occasionally required to administer a prescribed medicine will be trained in procedures by the person who has completed the Managing medicines course.

### **The Role of the Pupil**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the



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individual healthcare plan. Parents should be informed so that alternative options can be considered.

### **Managing Medicines**

#### **Parental responsibilities in respect of their child's needs**

Parents have the prime responsibility for their child's health and should provide the school with information about all their child's medical conditions including treatment required. If necessary, they should obtain details from their child's General Practitioner (GP) or paediatrician. Parents should indicate any particular side effects to medication that their child is prone to. These records should be updated annually, to ensure the details held by the school are accurate. Parents should keep children at home when they are acutely unwell.

#### **Roles and responsibilities of staff managing and administration of medicines and for administering and supervising administering of medicines**

Staff with children with medical needs in their class or group will be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information. All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Emergency procedures will be communicated to all staff that may be responsible for the child throughout the school day including supply teachers and lunchtime supervisors. This will be communicated via teams.

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. The school will ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties. Staff who agree to administer prescribed medicines will have appropriate training and guidance. They should be aware of possible side effects and what to do if they occur. The type of training necessary will depend on the individual case.

**Only named and trained members of staff who have been approved by the Headteacher will administer prescribed medicines.**

#### **All prescribed and non-prescribed medication**

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be



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forced, the school will contact the parent/guardian and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol and antihistamine, for administration with prior parental consent (template B) for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the the school office with the appropriate consent form Template C and/or C1 (Appendix 2). The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day by telephone.

### **Confidentiality**

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

### **Consent to administer medication**

Parental/guardian consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/guardian consent to administer ad-hoc non-prescription by either using Template B (Appendix 2) when the pupil joins the school. The school will send annual reminders requesting parents/guardians to inform the school if there are changes to consent gained when the pupils joined the school. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.
- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by 'Parental consent to administer medication form (Appendix 2 Template C and/or C1) or if applicable on the IHP)

### **Prescription Medicines**





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Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using Template D or E and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

### **Non-prescription Medicines**

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine,

All non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template C1 (Appendix 2);
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by parental/guardian consent Template C and C1 (Appendix 2) and confirmation the medication has been administered previously without adverse effect

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;



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- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a Doctor's note. In the absence of a Doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will advise the parent to contact their Doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the West Sussex Schools Intimate Toolkit and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

### **Short term ad-hoc non-prescribed medication**

A small stock of standard paracetamol and antihistamine will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain - standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.
- For mild allergic reaction – anti-histamine (see Anaphylaxis)
- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available.



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Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

### **Pain relief protocol for the administration of paracetamol**

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil):

- The school will contact the parent/guardian and confirm that a dose of pain relief (Paracetamol or Ibuprofen) was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours the school will, with parental consent, administer 1 dose. In the event of needing to deliver more than one dose, each dose administered by school will be confirmed with parents beforehand.
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol) was administered before school then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

- PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

The school will seek to inform/confirm with the parent/guardian prior to **every** administration of pain relief. This confirmation will include the type of pain relief and time of administration. If the school cannot contact the parent/guardian and therefore cannot inform/confirm then the school will refuse to administer pain relief.

### **Asthma**

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop IHP's for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.



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### **Anaphylaxis**

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

### **Mild Allergic Reaction**

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

### **Hay fever**

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

### **Severe Allergic Reaction**

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

***If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.***



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### **Medical Emergencies**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHC, the emergency procedures detailed in the plan are followed, and details of the IHP or EHC is given verbally to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1). The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the Medical Room and Office. (Appendix 2 Template G)

### **Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school. (Appendix 2 Templates D and E)

### **Pupils taking their own medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHP or EHC and parents should complete the self-administration section of 'Parental consent to administer medication' form (Template C Appendix 1).

### **Storage and Access to Medicines**



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All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the medical room. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the staff room to which pupil access is restricted, and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs see page 7.

### **Waste medication**

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

### **Spillages**

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in **bodily fluids risk assessment**.

If the school holds any cytotoxic drugs, there management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

### **Record Keeping – administration of medicines**



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For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Appendix 2 Template D and E.

### **Recording Errors and Incidents**

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

### **Staff Training**

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are instructed and guided in the procedures adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines MUST complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All school staff are trained regularly to administer an auto-injector and asthma inhaler in an emergency.

A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy





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(midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

### **Transport to and from school (Special schools only)**

If a medical emergency occurs whilst a pupil is being transported to school the emergency services will be called and the parents informed. With parental consent and following Data Protection Law the pupil's IHP or EHC will be given to those external companies and/or staff providing transportation to and from school, (Taxi, Mini Bus etc.) in order that the care plan can be passed to the ambulance crew in the event of an emergency.

### **Educational Visits (Off - site one day)**

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 2 Template C) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

### **Residential Visits (overnight stays)**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school will keep its own supply of the following non-prescription medication (**paracetamol, anti-histamine**) for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply (Appendix 2 Template C and C1). The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.





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### **Risk assessing medicines management on all off site visits**

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

Travelling abroad – a risk assessment will be developed considering parental and medical advice and documented on the pupils IHP or EHP. If an IHP or EHP has not been developed, the school will record their findings. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number). European Health Insurance Cards (EHIC) should be applied for by parents and supplied to the school prior to travel for all pupils that travel abroad.

The results of risk assessments however they are recorded i.e. IHP, EHP etc. will be communicated to the relevant staff and records kept of this communication.

### **Complaints**

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.



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### **Record keeping**

Parents should tell the school about medicines that the child needs to take and provide details of any changes to the prescription or support required; however, staff should make sure that this information is the same as that provided by the prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and contain the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Frequency of administration
- Any side effects
- Expiry date

Records need to be kept of:

- Parental agreement for school to administer medicine
- The medicine administered to an individual child
- A request for a child to carry his/her own medicine
- Staff training on the administration of medicines
- Authorisation of rectal diazepam

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits.

### **Safe storage of medicines**

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, etc.) are kept in a locked store cupboard. Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and adrenaline auto injector are either held by the pupil or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication.



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Parents will be asked to supply a second adrenaline auto injector for each child and they will be kept in the medical room. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons, educational visits and in the event of an unforeseen emergency like a fire. In accordance with the Human Medicines (Amendment No 2) Regulations 2014 the school will keep a small supply of salbutamol inhalers for emergency use. Parental consent will be gained to administer the emergency school inhaler.

Medicines that require refrigeration are kept in the staffroom fridge, clearly labelled in an airtight container.

### **Confidentiality**

The head and staff should always treat medical information confidentially, the head will agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **Emergency procedures**

All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1 from Managing Medicines in Schools and Early Years Settings which is displayed in the main office above the phone. All staff should also know who is responsible for carrying out emergency procedures in the event of need. Pupils should know what to do in the event of an emergency, such as telling a member of staff. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives.

Staff should never take children to hospital in their own car. Children should be taken to hospital by ambulance; however, in some situations this might not be the best course of action. If this is the case only the Headteacher is able to make this decision.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

### **Epilepsy**

Children with epilepsy should be included in all activities, extra care maybe needed in some areas such as swimming or working in science lessons. Concerns about safety should be discussed with the child and parents



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as part of the healthcare plan. During a seizure it is important to make sure that the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped the child should be placed in the recovery position till they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- It is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than set out in the child's healthcare plan
- A seizure lasts for five minutes if you do not know how long seizures last for that child
- There are repeated seizures, unless this is usual for the child and set out in the child's health care plan

### Asthma

This school recognises that asthma is a widespread, serious but controllable condition. One in ten children in the UK has asthma. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. This school recognises that not all children will be able to verbalise their symptoms and it is therefore imperative that all staff that come into contact with pupils with asthma are provided with training on asthma from the school nurse. Information is updated regularly.

Immediate access to reliever medicines is essential. Pupil's reliever inhalers are not to be locked into cupboards or drawers; instead they must be kept in a clearly labelled box which is quickly accessible. Inhalers must be clearly marked with the child's name.

The school requests that we are provided with two labelled, in date reliever inhalers. One is kept available in the pupil's classroom and the other in the Medical Room. All inhalers must be labelled with the child's name by the parent/carer.

If a parent/carer has stated that their child requires an inhaler in school but does not supply an **in-date inhaler**, the school will take the following action:

- Phone the parent/carer and request that the inhaler is brought into school without delay. The phone call will be logged on the pupil's Asthma Information Form (reverse side 'For Office Use' box). Further conversations may be appropriate, at the discretion of the school.
- If the parent/carer fails to supply the inhaler as requested, write to the parent using the example letter. This repeats the request for the inhaler and states that without the inhaler, in the event of an asthma attack, staff will be unable to follow the usual Asthma



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Emergency inhaler procedures and will be reliant on calling 999 and awaiting the Emergency Services. The letter will be filed with the child's asthma information form.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy.

All school staff will let pupils take their own medicines when they need to.

When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an asthma information form to complete and return to school. From this information the school keeps its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment.

### **Exercise and activity**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers, TA's and supply teachers will know which children in their class have asthma. Pupils with asthma are encouraged to participate fully in all PE lessons and out of hours sport. Teachers will remind pupils whose asthma is triggered by exercise, as indicated on their Asthma Information Form, to take their reliever inhaler before the lesson, and to thoroughly warm-up and down before and after the lesson.

It is agreed with staff that each pupil's inhaler will be taken to the site of a PE lesson or club. If a pupil needs to use their inhaler during a lesson/club they will be encouraged to do so.

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep animals, as fur and feather are potential triggers, and has a definite no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents to work out how to prevent the child from falling behind. If appropriate, the teacher will then talk to the school nurse and SEN co-ordinator about the pupil's needs.

### **Asthma attacks**



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All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an attack the school follows the procedure outline by Asthma UK. This procedure is as follows:

- Keep calm
- Encourage the child to sit up and slightly forward – do not hug or lie them down
- Make sure the child takes puffs of reliever inhaler (usually blue) immediately (refer to child's Asthma Information Form for correct dosage)
- Ensure tight clothing is loosened
- Reassure the child

If there is no immediate improvement

- Continue to make sure the child takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

Call 999 or a doctor urgently if:

- The child's symptoms do not improve in 5-10 minutes
- The child is too breathless or exhausted to talk.
- The child's lips are blue
- **You are in doubt**

Ensure the child takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

This procedure is visibly displayed in the staffroom and classrooms.

### Diabetes

Children with diabetes should be included in all activities. The diabetes of the majority of children is controlled by injections of insulin each day. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out. Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. The timing and supervision of this should be set out in the child's healthcare plan. When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which the



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blood glucose level fall too low. Staff in charge of physical education or activity should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware of the following symptoms, either individually or combined, may be indicators of low blood sugar:

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

If a child has a hypoglycaemic reaction it is very important that they are not left alone and that a fast acting sugar is brought to the child and given immediately.

An ambulance should be called if:

- The child's recovery takes longer than 10-15 minutes
- The child becomes unconscious

### **Anaphylaxis**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit and also penicillin, latex and the venom of stinging insects.

The treatment is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices (Epipens) containing one measured dose of adrenaline are available on prescription. Should a severe allergic reaction occur, the adrenaline injections should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

The decision on how many adrenaline devices the school or setting should hold, and where to store them, has to be decided on an individual basis between the head, the child's parents and medical staff involved.

### **Aspirin**

Aspirin is kept in a locked first aid cabinet in the Medical Room for administering to adults, only in case of emergency.



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### **Unacceptable practice**

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- ⇒ prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- ⇒ assume that every child with the same condition requires the same treatment;
- ⇒ ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- ⇒ send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- ⇒ if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- ⇒ penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments; prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- ⇒ require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- ⇒ prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

### **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.





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### First Aid

The children and adults in our care need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend from emergency first aid provision, the administration of medicines to dealing with Asthma and headlice.

The Headteacher will inform all staff of first aid arrangements and staff will be given a copy of this policy at their appointment.

#### First Aiders

First Aiders must complete a training course approved by HSE, with specific content to cover a school's needs e.g. child focused. It is good practice for Appointed Persons to have Emergency First Aid training, however this does not have to be HSE approved.

The school must ensure that there are enough First Aid trained staff members to meet the statutory requirements, and assessed needs of the school, allowing for staff to be on leave, off sick and off site. The assessment should also consider adequate provision for lunchtime/breaks/off-site trips and school clubs out of hours. The current risk assessment has determined the minimum training provision as outlined in the table below.

Role	Training course name (or similar)	Min #	Regulatory
First Aider for Adults on site	First Aid at Work	2	Required
Appointed Person for Adults	Emergency First Aid at Work	2	Recommended
First Aider for EYFS Pupils	Paediatric First Aid	2	Required
Appointed Person for EYFS Pupils	Emergency Paediatric First Aid	1	Recommended
First Aider for KS1 & KS2 Pupils	Schools First Aid	4	Recommended
Management of Medicines	Managing Medicines	2	Required
Administration of Adrenaline	Anaphylaxis First Aid	10	Required



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Role	Training course name (or similar)	Min #	Regulatory
Auto-Injectors			

The staff members currently filling the First Aid roles are identified in Teams within the First Aid channel.

At school the main duties of a first aider are to:

- Give immediate assistance to casualties with common injuries or illnesses and those arising from specific hazards within the school.
- Ensure that an ambulance or other professional help is called expediently when required
- Look after the first aid equipment e.g. restocking the first aid containers.

The school will provide opportunity for members of staff to update qualifications on a regular basis.

### Appointed Persons

An appointed person is someone who:

- Takes charge when someone is injured or becomes ill until a suitably qualified person is available.
- Ensures that an ambulance or other professional medical help is summoned when appropriate

Appointed persons are not first aiders. They should not give first aid treatment for which they have not been trained. However, the teaching assistants have emergency first aid training.

A list of people with first aid training is displayed in the school office. There should always be at least one person with first aid training on site during the school day.

### Off-site visits

All Off-site visits must be organised in line with the school's policy, which is available in Teams and on the network. The group leader is responsible for ensuring that the staffing for all day



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visits includes a First Aider or an appointed person. A first aid kit must be carried, along with individual medication for identified pupils. Full details regarding medication on off-site visits can be found in the medicine policy, which is

available in the staffroom. For visits within the village the group leader must ensure that they carry a radio or mobile phone and have arranged for first aid cover to be available if required.

### **Sporting events**

All sporting events must be organised in line with the school's Off-site activities policy which is available in the staffroom and on the network. The member of staff who is responsible for leading and organising the event must ensure that they have considered the need for first aid provision at the venue. If a venue is another West Sussex school it may be possible to arrange for their First Aiders to provide assistance if necessary. If this is not possible then a First Aider must be taken to the event to provide assistance if necessary.

### **Curriculum**

Staff must use professional judgement regarding illness or when assessing an injury during a lesson. All staff must carry a radio or mobile phone with them while on the playground or in the Village Hall to ensure that they are able to call for first aid assistance if the need arises. Pupils who are unwell or injured, dependent on the degree of injury, can be kept on the playground/field or in the classroom under the supervision of their teacher and their condition monitored. In case of an emergency a minimum of two pupils can be sent to get help from the office. The injured pupil must not be left unaccompanied. A qualified member of staff will then administer first aid and, if necessary, call the emergency services. Parents will be contacted.

If an injury occurs while on the playground/field then they may be escorted to the office by another pupil to seek help from qualified staff.

### **First Aid Containers**

All first aid containers are marked with a white cross on a green background. First aid containers are located in the school office and outside Gruffalo/Unicorn and in the Medical Room.

The main first aider is responsible for checking contents and ordering new supplies.

First Aid kits should include:

- List of contents of first aid container



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- Guidance book or leaflet
- Assorted plasters
- Safety pins
- Individually wrapped triangular bandages
- Assorted sterile dressings
- Eye pads
- Cleaning wipes
- Disposable gloves
- Eye wash
- Small plastic bags
- Tissues
- Micro pore tape
- Instant ice pack and cover
- Protective face shield

### **Hygiene/Infection Control**

All staff should take precautions to avoid infection and must follow basic hygiene procedures. Staff should use disposable gloves and take care when dealing with blood or other body fluids and disposing of dressings or equipment. All gloves, bodily fluids, dressings etc must be placed in the yellow bin located in the First Aid area.

### **Reporting Accidents**

Serious pupil accidents and all staff accidents must be reported to HSE on the School Incident Reporting system online at WSCC.

### **Record Keeping**

The school must keep a record of any first aid treatment given by a first aider and appointed persons to pupils. All incidents should be recorded in BromCom. All entries should include:

- The date time and place of incident
- The name of the injured person
- Details of the injury/illness and what first aid was given
- What happened to the person immediately afterwards
- Name of the first aider or person dealing with the incident

In an emergency the child's parents/guardians should be contacted as soon as possible. All serious or significant incidents should be reported to the child's parents by telephone or by letter. Records are archived in accordance with West Sussex County guidelines.



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### **Bumped heads**

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack. Parents and guardians must be informed by phone, and their attention drawn to the Bumped Head NHS guidance, available on the website. The child's teacher should be informed and keep a close eye on the progress of the child. ALL bumped head incidents should be recorded in BromCom.

### **Ice packs**

Ice packs can be potentially hazardous and therefore should be treated with care. Pupils must not be left unattended or return to class with an ice pack. Ice packs should only be administered by a first aider or an appointed person when this has been identified as a medical need.

### **Calling the emergency services**

In the case of major accidents, it is the decision of the fully trained first aider if the emergency services are to be called. All Staff are expected to support and assist the trained first aider in their decision.

Generally, the call to the emergency services will be made by a member of the office staff or Senior Leadership Team. The member of staff making the call will need to be equipped to state:

1. What has happened
2. The child's name
3. The age of the child
4. Whether the casualty is breathing and/or unconscious
5. The location of the school

In the event of the emergency services being called, a member of staff should wait at the end of the school drive and guide the emergency vehicle into the school.

If the casualty is a child, their parents should be contacted immediately and give all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children are located in BromCom and emergency contact information for staff is within Teams.

### **Asthma and other medical problems**

At the beginning of each academic year, any medical problems are shared with staff on Teams. Photographs and signs are made of children with severe medical problems such as asthma. They will also be displayed in the staffroom to ensure that all support staff and supply staff are aware of specific needs.



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### **Headlice**

Staff do not touch children and examine them for headlice. If we suspect a child has headlice parents will be informed and asked to examine their child. When the school is informed of a case of headlice a letter is sent out to the class of that child along with guidance procedures on the treatment and identification of headlice. In some cases it will be necessary to send this information to the whole school.

### **Vomiting and diarrhoea**

If a child vomits or has diarrhoea in school they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

### **Bites/Sharps injuries**

Health Protection Agency advice is;

If skin is broken, encourage the wound to bleed. Wash thoroughly using soap and water. Contact parents and seek medical attention/advice.



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## Rusper Primary School Governing Body

### Appendix 1

#### PROCEDURE FOR DEALING WITH SOILING INCIDENTS

When soiling has occurred:

- ⇒ The parent of the child is telephoned to inform them of the incident and to request that they come to school to change their child/take them home to change them
- ⇒ If soiling is a result of illness, the child should be taken home and the 48 hour rule should be applied
- ⇒ If soiling is a result of an “accident” the child may remain in/return to school
- ⇒ If the parent is likely to be longer than 30 minutes, they may grant permission for staff to clean/change the child. In this case, this will take place in the hygiene room with 2 adults present. One of these adults must be a First Aider
- ⇒ Children’s soiled clothing should be bagged to go home, never rinsed by hand (HPA guidance)
- ⇒ Children with Healthcare Plans will have individual arrangements detailed within these plans