

# **ALPINGTON & BERGH APTON CHURCH OF ENGLAND V.A. SCHOOL**

## **First Aid/ Meeting the Needs of People with Medical Conditions/Medicine Policy**

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# **First Aid/ Meeting the Needs of People with Medical Conditions/Medicine Policy**

This policy covers:

- Procedures for managing prescription medication needed in the school day
- Procedures covering prescription medication needed on school trips
- Roles and responsibilities of those managing, administering or supervising administration of medication
- Parental responsibilities
- School policy on assisting children with complex or long term medical needs
- Safe storage of Medication
- Disposal of Medication
- Hygiene and Infection Control
- School emergency procedures

## **Procedures for Managing Prescription Medication Needed in the School Day**

**At this school the trained first aiders (First Aid at Work – 4 day course) permitted to administer medicines are Colleen Gotts and Marie Blazer. (Mrs Gotts has also attended Paediatric First Aid course.)**

1. Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. Schools and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist. Medicines should always be provided in the original container as dispensed by a pharmacist and include the instructions for administration.

2. Schools and settings should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

3. Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

4. No child under 16 should be given medicines without their parent's written consent.

5. Any member of staff giving medicines to a child should check:

the child's name

prescribed dose

expiry date

written instructions provided by the prescriber on the label

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

6. Early years settings must keep written records each time medicines are given. Schools should also arrange for staff to complete and sign a record each time they give medicine to a child. Forms available

from the school office can be used for this purpose. Good records help demonstrate that staff have exercised a duty of care.

7. If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

### **Procedures for Administering Medication on Educational Visits**

1. It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools and settings should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child.

2. Arrangements for taking any necessary medicines will also need to be taken into consideration.

3. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.

4. Staff should follow points 5, 6 and 7 from above.

### **Roles and Responsibilities**

#### **Governors**

The employer is responsible for making sure that staff have appropriate training to support children with medical needs. Employers should also ensure that there are appropriate systems for sharing information about children's medical needs in each school or setting for which they are responsible. Employers should satisfy themselves that training has given staff sufficient understanding, confidence and expertise and that arrangements are in place to up-date training on a regular basis. A health care professional should provide written confirmation of proficiency in any medical procedure.

#### **Head Teacher**

Day to day decisions will normally fall to the head or to whosoever they delegate this to, as set out in their policy. Equally, there is a contractual duty on head teachers to ensure that their staff receive the training. As the manager of staff it is likely to be the head teacher who will agree when and how such training takes place. The head should make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The head should also make sure that the appropriate systems for information sharing are followed. The policy should make it clear that parents should keep children at home when they are acutely unwell. The policy should also cover the approach to taking medicines at school or in a setting. Head teachers and governors of schools may want to ensure that the policy and procedures are compatible and consistent with any registered day care operated either by them or an external provider on school premises. For a child with medical needs, the head will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head should seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the employer. In early years settings advice is more likely to be provided by a health visitor.

## **Teaching and Support Staff**

Staff with children with medical needs in their class or group should 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. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

## **Parent/Carer Responsibilities**

Parents should be given the opportunity to provide the head with sufficient information about their child's medical needs if treatment or special care needed. They should, jointly with the head, reach agreement on the school's role in supporting their child's medical needs, in accordance with the employer's policy. Ideally, the head should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child. Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

## **Children with Complex or Long Term Medical Needs**

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

Schools and settings need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

This can include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

### ***Asthma sufferers***

See **Guidance on the use of emergency Salbutamol inhalers in School Sept 2014**

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

**The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

From October 1<sup>st</sup> 2014 an emergency salbutamol inhaler can be kept on the school premises to be used by children for whom written parental consent has been given.

Where pupils might need to use an inhaler in school, a flexible approach will be adopted. After discussion with the parent, the child and the doctor, some children will be considered sufficiently responsible to have charge of their own inhalers at all times. In other cases the inhaler will be kept in a secure place. The teacher or other member of staff concerned will have immediate access to the inhaler whenever it is required by the child. Staff are made aware of the need for asthmatics to carry medication with them (or for teachers to take appropriate action) when, for example, participating in outdoor physical education or in the event of an evacuation or fire drill.

### **Storage of Medication**

Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. "Sharps boxes" should always be used for the disposal of needles. "Sharps boxes" can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

### **Hygiene and Infection Control**

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

### **School Emergency Procedures**

All schools and settings should have arrangements in place for dealing with emergency situations. All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. Staff should never take children to hospital in their own car; it is safer to call an ambulance. 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.

### **Accident Reporting**

The Headteacher and assistant Headteacher will be responsible for making sure significant accidents and incidents (see pg 2 of NCC Health & Safety Manual) which occur are reported via the online Health and Safety Incident Management System.

All other accidents to pupils will be recorded in the 'First Aid Record Book' kept in the corridor.

Agreed Full Governors at meeting September 2014

Next Review September 2017