

# St. Austin's Catholic Primary School



## POLICY ON SUPPORTING CHILDREN WITH MEDICAL NEEDS

*In our school, where everyone is special,  
we will love and serve as Jesus taught*

*En nuestro colegio todos somos especiales.  
Amaremos y serviremos como Jesús nos enseñó.*

## **Foreword**

This policy can be read in conjunction with the SEN Policy, Inclusion Policy, Intimate Care Policy and Disability Equality Scheme

## **Responsibility of Parents and Guardians**

Parents and guardians have the principal responsibility for the administration of medication to their children who have the right to be educated with their peers, regardless of any short or long term needs for medication whilst at school.

It is preferable for medication to be given at home whenever possible. If medicines are prescribed to be taken three or more times per day, parents should ask the prescribing doctor if the administration of the medication can occur outside normal school hours.

## **Responsibility of School Staff**

There are two main sets of circumstances in which requests may be made to the Headteacher to deal with the administration of medicines to pupils at school:

- (a) cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy;
- (b) cases where children recovering from a short-term illness are well enough to return to school but are receiving a course of antibiotics or other medication prescribed by a doctor.

The Headteacher should give consideration to the best interests of the pupil and the implications for the school. Staff administering prescribed medication should do so in accordance with appropriate training, along with details supplied by the parent/carer or guardian (See Appendix - Parental Agreement for school to administer medicine)

School staff may administer prescribed medication whilst acting in loco parentis. However, it is important to note that this does not imply a duty upon school staff to administer medication and the following should be taken into account:

- No member of staff should be compelled to administer medication to a pupil
- No medication can be administered in school without the agreement of the Parent & Headteacher or his/her nominated representative
- If it is agreed that medication can be administered by a named member of staff (All LSO/A's first aid trained)
- Appropriate guidance and training (where necessary) has been given to members of staff at the appropriate level. Copies of Medical Certificates for all staff are located at the office. First Aid Training is updated every two years (LA guidelines)
- Parents/carers requesting administration of prescribed medication should be given a copy of 'Parental Agreement for School to Administer Medication,' a copy is held in the medical room and school office. Completion of this form safeguards staff by allowing only prescribed medication to be administered
- School staff may consult with the Health Service/ School Nurse to liaise with the professional prescribing medication to enquire whether it can be given outside of school hours in the first instance. This may help reduce to a minimum the amount of medication being given in school.

- If specific long term medication is given in school - a Health Care Plan (see appendix) will be drawn up by all those involved with the child, parents, Inclusion Manager and School Nurse. (See Medical register located at the Office)

### **Procedures to be followed**

1. If prescribed medication cannot be given outside of school hours, parents/carers should fill in a request form giving the dose, the method of administration, the time and frequency of administration, other treatment, any special precautions and consent. (see Appendix)
2. All essential medication should be brought to school by the parent/carer not the pupil. It should be delivered personally to the Admin staff (Mrs. Jones) only the smallest practicable amount should be kept in school. (Medical Room)
3. All medication taken in school must be kept in a clearly labelled pharmacy bottle, preferably with a child safety top which must give the child's name, contents and the dosage to be administered.
4. Whilst medication is in school it will be kept in a suitable locked cupboard/ fridge away from the children, in the Medical room and should be readily accessible to all members of staff when required. The **exception** to this is the use of an inhaler/Epi pen. (See Appendix)
5. Medication to be taken orally should be supplied with an individual measuring spoon or syringe. Eye drops and ear drops should be supplied with a dropper. A dropper or medicine spoon must only be used to administer medicine to the child.
6. When medication is given, the name, the dose, the mode of administration, time of the dose and date of expiry should be checked. A written record should be kept of the time it was given and by whom and two signatures are required for safeguarding reasons on administration. This record of administration should be kept with the parental consent form in the First Aid Room.
7. Where any change of medication or dosage occurs, clear written instructions from the parent/carer should be provided. If a pupil brings to school any medication for which consent has not been given, the staff can refuse to administer it. In such circumstances the Leadership Team or Inclusion Manager will contact the parent as soon as possible.
8. Renewal of medication which has passed its expiry date must be the responsibility of the parent/carer. This must be handed to parent via the office and not sent home with the pupil. The medication must not be disposed of in any other way.
9. In all cases where, following the administration of medication, there are concerns regarding the reaction of the pupil, medical advice should be sought immediately and parents contacted.
10. Playground procedures – there are, at all times an LSO/A on First Aid duty for morning, lunch and afternoon break times. The member of staff administers first aid and records incidents in the First Aid book which is kept in the First Aid bag. All details are documented. Any children with allergies to plasters, cotton wool etc are recorded in the front of the First Aid book- this information is transferable. Teachers are informed at the end of break time of any incidents
11. If a child receives a minor head injury or bump then they must be seated in an area outside their classroom where a first aider will tend to their needs and a letter will go

home to parents/carers, (See appendix) For more significant injuries, parents are contacted to collect children and advised to monitor or seek advice from a medical representative or walk in centre.

12. If a significant injury/illness occurs, any member of staff can call for an ambulance. Two first aiders to stay with the child while office staff alerted to wait at the school gate for the ambulance. (see separate protocol)
13. For children who are deemed too unwell to be in school, a member of SLT or Inclusion Manager will decide if they should go home- parents are contacted to collect children as soon as possible. The children will wait with a member of staff at the office.
14. Children who have diarrhoea or vomiting - parents will be asked to keep their child at home for 48 hours after symptoms have resolved to ensure there is no cross contamination with others.
15. An up to date medical data base is kept at the office – all class registers contain this information relevant to their class. This section informs any new/ supply teacher of medial issues.
16. Any new Medical Information regarding a child must be entered by parents/carers into the School App through to the office staff, this is transferred into the class registers and finally, if relevant, onto the Front Cover of the First Aid book and Photographs displayed.

If in doubt about any of the above procedures the member of staff should check with Inclusion Manger, Office Staff, then parents/carers or a health professional before taking further action.

### **Refusal or Forgetting to Take Medication**

If pupils refuse or forget to take medication, the school should inform the child's parent/carer as a matter of urgency. If necessary, the school should call the emergency services if medication is vital.

### **Non-Prescribed Medication**

Paracetamol can be issued to under 5's provided the practice is strictly controlled in the same way as prescribed medication. Once again, the written permission of the parents or guardians should be sought. The Headteacher and Inclusion Manger should authorise specific members of staff to dispense medicine, in order to monitor and prevent the danger of overdose by any individual. A clear record is kept when the pupil is administered medication. For example, the name of pupil, time, dose and reason for administering medication. This is kept in the Medical book in the First Aid Room. Staff should always inquire of the child whether any side effects or allergic reaction has been experienced before administering the drugs. Two members of staff should always witness and sign the record of Administration

Children under 5 years should only be given Paracetamol (Calpol\*) in exceptional circumstances under the supervision of a trained member of staff. However, in certain circumstances, such as if a child is running a temperature, the Headteacher can authorise the use of Paracetamol by contacting parents for consent.

### **Further Guidance Relating to Children with Specific Medical Needs**

A very small number of children need medication to be given by injection, Epi-pen or other routes. Arrangements and protocols are put in place between the school, parents, GP and the School Nurse. All concerned will attend a meeting at the school. If a GP cannot attend, the school nurse, the child's specialist nurse, parents and the teaching staff will develop a

personal Health Care Plan for the named pupil, which all will sign to agree in the presence of the school nurse.

Staff willing to administer medication should be made fully aware of the procedures and be properly trained. Usually this will be provided by the local Health Authority. An individual healthcare plan for each pupil with a medical need should be completed. (See Appendix)

## **Anaphylaxis**

Annually all staff are trained during first INSET day. All staff use a mock Epi-Pen and watch a DVD. A register is taken of trained staff.

Protocols are discussed and signed by all concerned and placed in the child boxes.

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. Appropriate arrangements include:

- the procedures on the use of Epi-pens and injections
- the provision of appropriate instruction and training to nominated staff
- awareness of all staff that the child has this particular medical condition
- the symptoms associated with anaphylactic shock
- the Epi-Pen type and content e.g. adrenaline and/or anti-histamine (Piriton)
- the locations of the Epi-pen, which are always in the staff room and second box in the child's class, both in a medication box clearly labelled with instructions within
- labelling of Epi-pens for the child concerned
- the names of those trained to administer it, such as first aiders
- records of dates of issue
- emergency contacts

This type of information is displayed at the office and inside the two medical boxes. Medication is taken on all school trips and is kept with the C.T. The arrangements for swimming, sporting activities, church visits should also be considered. This information should include the name of the child and a photograph. (see appendix)

## **Asthma**

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment, usually in the form of an inhaler. It is good practice to allow pupils who can manage their own medication to do so. If children have asthma and can take their medication/inhaler themselves, the parents have the option to allow their children to carry them with them, either in the bag or in the classroom. All children must take their inhaler in the presence of an adult so this can be recorded.

If pupils are not able to do so then inhalers are stored in the Class and administered by First Aider in the year group.

An asthma register is displayed in the class and a record of any child taking their inhaler, time, date, is recorded and witnessed by a signature.

Because asthma varies from child to child, it is impossible to give rules that suit everyone. However, guidelines are given for staff in Appendix

## **Epilepsy**

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Information regarding emergency management is given in Appendices. It covers the procedures to be followed with regard to first aid for all seizures.

Further, general information on epilepsy is given on pages 15 and 16 of the DfEE document. Administration of Medicines (Located at the Office)



## MANAGEMENT OF AN ATTACK OF ASTHMA

**(i) Ensure that the reliever medicine is taken promptly and properly:**

A reliever inhaler (usually blue) should quickly open up narrowed air passages; try to make sure it is inhaled correctly. Preventative medicine is of no use during an attack; it should be used only if the child is due to take it

**(ii) Stay calm and reassure the child:**

Attacks can be frightening and it is important to stay calm and do things quietly and efficiently:

- listen carefully to what the child is saying and what he or she wants (the child has probably been through it before)
- try tactfully to take the child's mind off the attack
- do not put arms around the child's shoulder as this is restrictive

**(iii) Help the child to breathe:**

- encourage the child to try and breathe slowly and breathe out for longer (in an attack people tend to take quick shallow breaths)
- allow the child to take his or her favoured position. Most people find it easier to sit fairly upright or lean forwards slightly. They may want to rest their hands on their knees to support their chest. They must not lie flat on their backs. Do not put an arm around the child or restrict his or her movement
- loosen clothing around the neck and offer the child a drink of warm water as the mouth becomes dry with rapid breathing

**(iv) If any of the following apply call an ambulance and the parents:**

- the reliever has no effect after five to ten minutes
- the child is distressed or **unable to talk**
- the child is getting exhausted
- there are any doubts at all about the child's condition

**(v) Repeat doses of reliever as required on stated on Parental Agreement Form (every few minutes if necessary until it takes effect)**

**After the attack:**

- minor attacks should not interrupt a child's concentration and involvement in school activities
- normal activity should be encouraged as soon as the attack is over



# **EPILEPSY**

## **First Aid for all Seizures**

Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and *let the seizure run its course*.

Check the time the child starts the seizure

Cushion the head with something soft but do not try to restrain movements

Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care

Send for a member of staff to remove other children from the area " Code Red"

**Call for an ambulance and inform parents.**

As soon as possible, turn the child onto his/her side in the semi-prone/ recovery position, to aid breathing and general recovery. Wipe away saliva from around the mouth

Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose

If there has been incontinence cover the child with a blanket to prevent embarrassment.

If a child is known to have epilepsy:- Refer to the Health Care Plan for after care of the pupil



## PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE



The school will not give your child medicine unless you complete and sign this form.

Name of School St Austin's Catholic Primary School

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Class \_\_\_\_\_

Medical Condition/  
Illness \_\_\_\_\_

Name/ type of medicine \_\_\_\_\_

Expiry Date \_\_\_\_\_

Dosage and Method \_\_\_\_\_

Time(s) to be taken \_\_\_\_\_

Are there any side effects  
that the school needs  
to know about? \_\_\_\_\_

Self administration? YES / NO

Procedures to take in  
an emergency \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Contact No: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

- I UNDERSTAND THAT I MUST DELIVER THE MEDICINE PERSONALLY TO THE SCHOOL OFFICE
- I ACCEPT THAT THIS IS A SERVICE THAT THE SCHOOL ARE NOT OBLIGED TO PROVIDE
- I UNDERSTAND I MUST NOTIFY THE SCHOOL OF ANY CHANGES

Signed ..... Date .....

## Record of medicine administered to

# Individual child record of medicine

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

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Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date

Time given

Dose given

Name of member of staff

Staff initials

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Date

Time given

Dose given

Name of member of staff

Staff initials

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Date

Time given

Dose given

Name of member of staff

Staff initials

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**C: Record of medicine administered to an individual child (Continued)**

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| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

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|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

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|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

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| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
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| Staff initials          |  |  |  |

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| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

**ST AUSTIN'S SCHOOL PROTOCOL**  
**FOR PUPILS WHO SUFFER FROM AN ANAPHYLACTIC REACTION**

**PROTOCOL FOR.....(NAME OF PUPIL)**

**1. BACKGROUND**

1.1 It is thought probable that.....may suffer an anaphylactic reaction if he eats nuts or products containing nuts, also he has an allergy to eggs or products containing eggs.

If this occurs he is likely to need medical attention and, in an extreme situation, his condition may be life threatening. However, medical advice is that attention to his diet, in particular the exclusion of eggs and nuts, together with the availability of his emergency medication, are all that is necessary. In all other respects, it is recommended by his consultant that his education should carry on 'as normal.'

1.2 The arrangements set out below are intended to assist....., his Parents/carers and the school staff in achieving the least possible disruption to his education and also to make appropriate provision for his medical requirements.

**2. DETAILS**

2.1 The Headteacher will arrange for teachers and other staff in the school to be briefed about .....condition and about other arrangements contained in this document.

2.2 The school staff will take all reasonable steps to ensure that.....does not eat Any food items unless they have been prepared/approved by his parents/carers.

2.3 .....parents/carers will remind him regularly of the need to refuse items which might be offered to him by other pupils.

2.4 In particular.....parents/carers will provide for him with:-

- \* a suitable mid-morning snack
- \* a suitable packed lunch

\* suitable sweets to be considered as 'treats' and to be kept by the class teacher

2.5 If there are any proposals which mean that.....may leave the school site, prior discussions will be held between the school and .....parents/carers in order to agree appropriate provision and safe handling of his medication.

2.6 Whenever the planned curriculum involves cookery or experimentation with food items, prior discussions will be held between the school and parents/carers to agree measures and suitable alternatives if at all possible. He is not to be given anything orally without his parents/carers permission.

2.7 The school will hold, under secure conditions, appropriate medication, clearly marked for use by Designated school staff and showing expiry date.

Two Epi-Pens are to be held in school, one in the staffroom and one in..... the classroom. The parents/carers accept responsibility for maintaining appropriate up to date medication.

.....should have 2.5 mls of Piriton 'chlorpheniramine' antihistamine if he gets hives. This is to be kept in class in Epi-Pen box.

### **3. SUSPECTED ANAPHYLACTIC REACTION**

3.1 In the event of .....showing any significant symptoms (listed below) for which there is no obvious alternative explanation, his condition will be immediately reported to the Headteacher/Teacher in charge. On receipt of such a report, the person in charge, if agreeing that his condition is a cause for concern, will:-

Instruct a member of staff to contact in direct order of priority:-

**AMBULANCE – EMERGENCY SERVICES - 999**

**MESSAGE TO BE GIVEN:- ANAPHYLACTIC REACTION**

and then his immediate family in the following order:

mother mobile \_\_\_\_\_  
father mobile \_\_\_\_\_

3.2 A designated member of staff will assess.....condition and administer the appropriate medication in line with perceived symptoms and following closely the instructions given by the doctor during the staff training session.

3.3 The following procedures will be followed in the case of a combination of symptoms listed below:-

Severe wheezing, tickly cough, difficulty breathing, swelling of the face, tongue, lips or throat, difficulty swallowing, abnormal sensation in the mouth such as tingling or itching, runny nose, pallor or flushed complexion, raised heart rate, abdominal cramps and nausea, rapidly spreading rash, drowsiness, collapse or loss of consciousness. (These symptoms are likely to occur quickly after eating dairy produce, eggs, or nut products).

**WILL BE GIVEN THE EPIPEN ADRENALINE AUTO INJECTION INTO THE OUTER SIDE OF THE THIGH, MIDWAY BETWEEN KNEE AND HIP.**

3.4 The administration of this is safe for.....and even if it is given through a misdiagnosis, it will do him no harm.

3.5 On arrival of the qualified medical staff, the teacher in charge will appraise them of the medication given to.....All medication will be handed to the medical person.

3.6 After the incident a debriefing session will take place with all members of staff involved.

3.7 Parents/Carers will replace any used medication

3.8 A member of the family should always be informed

3.9 .....suffers from asthma and may have wheezing only which is not associated other allergic symptoms and is most likely to be a reaction to dust. In this case:-

A member of the family should always be informed if this treatment is given but it is not necessary to call an ambulance.

#### **4. TRANSFER OF MEDICAL SKILLS**

4.1 Volunteers from the school staff have undertaken to administer the medication in the unlikely event of .....having an allergic reaction.

4.2 A training session organised by Liverpool Community Child Health Services has been attended by all members of the school

staff.....condition has been discussed in detail and the symptoms on an anaphylactic reaction and the stages and procedures for the administration of medication have been explained.

4.3 Further advice is available to the school staff at any point in the future from the Community child Health Service if they feel they need further assistance. The medical training will be repeated in school as necessary.

4.4 The City Council provides a staff indemnity for any school staff who agree to administer medication to a child in school given the full agreement of parents and school.

### **STAFF INDEMNITY**

The City Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training and are following LEA guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequence that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, the indemnity means the City Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and the employer.

### **5 AGREEMENT AND CONCLUSION**

5.1 A copy of these notes will be held by the school and parents. A copy will be sent to the G.P. and the Local Education Authority for information.

Any necessary revisions will be the subject of further discussions between the school nurse, school staff and parents/carers.

Any changes in routine will be noted and circulated.



**AGREED AND SIGNED**

On behalf of the school:-

Headteacher.....Date.....

On behalf of the Community Child Health Service:-

.....School nurse.....Date

.....Parent.....Date

.....Parent.....Date



St Austin's  
Catholic Primary School  
Riverbank Road  
Liverpool L19 9DH  
Tel: 0151 427 1800  
Fax: 0151 494 9804



Date:

Dear Parent/Carer

Your child ..... has received a bump to the head in school today.

They were treated at the time by a qualified first aider and the details have been entered into the school accident book.

.....showed no signs of illness following the accident, however, following a head bump it is advised that you watch for any signs or symptoms in your child, which might indicate a more serious injury. For further advice and details of symptoms please see the NHS website link below:

[www.nhs.uk/Conditions/Head-injury-minor/Pages/Symptoms.aspx](http://www.nhs.uk/Conditions/Head-injury-minor/Pages/Symptoms.aspx) (If any of these signs develop, then you should contact your doctor for further advice)

This link is also available in the community links section of our school website.

Thank you for your co-operation

Yours sincerely

Colette Hickey  
Headteacher