



Woolden Hill Primary School

Achieving Success, Creating Futures Together

School Health and Medical Policy

Supporting Pupils, Parents and Staff with Medical
Matters

Approved by:	Candi Norman	Headteacher
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Introduction

This document is revised in line with the current Department for Education 'Supporting pupils at school with medication conditions' (September 2015) which replaces the previous 'Managing medicines in schools and early years settings' (2005). The Children and Families Act (Section 100) places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units to make arrangements for supporting pupils with medical conditions.

This policy covers the general administration of prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one off basis or for a longer term or continual period for pupils with ongoing support needs. Pupils who have longer term support needs should have an individual health care plan developed, recorded and reviewed at least annually.

General Principles

- The Advisory Board and staff of Woolden Hill Primary School wish to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education.
- The head teacher accepts responsibility for members of the school staff giving or supervising pupils taking prescribed or non-prescribed medication during the school day.
- Where possible, pupils will be encouraged to self-administer their own medication.
- When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.
- Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or guardian.
- No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent, except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents, while respecting his or her right to confidentiality.
- Medication must be in its original packaging.
- Non-prescription medicines such as hay fever treatment or cough/cold remedies will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose and frequency of administration.
- Prescribed medicines should be in original containers labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date.
- Generally, it is not necessary for an over the counter medicine to be prescribed by a medical practitioner in order to be administered in the school setting. The exception is where the child may already be taking prescribed medication and there may be an interaction between prescribed and non-prescribed medicines. In this instance all

medications should be prescribed. Aspirin should not be given to children under 16 years of age unless prescribed.

- Pupils that have ongoing, long term or potentially emergency medication requirements should have an individual care plan completed and reviewed regularly. Pupils who require temporary, short term medication only require a consent form to be completed.

Admission to School

Prior to the very first day of school in the Foundation Stage or on admittance to the school at any other time of year, parents are asked to give written confirmation of any health needs including allergies. The school will structure this information gathering so that all information of health needs and allergies have been documented before the child starts school and becomes the responsibility of the school. *The school should not accept responsibility for caring for the child until this written confirmation is received from the parents/carers and the health lead for the school has confirmed it is safe for the child to start school.*

Entitlement

Woolden Hill Primary School accepts that pupils with medical needs should be properly supported and that they have a right to the full education available to other pupils, including school trips and physical education. The school will ensure that school leaders will consult with health professionals, parents and the pupils to ensure that the needs of children with medical conditions are properly supported. Where necessary, children will be supported by a medical Care Plan put together by health professionals and / or parents, which will be overseen by the school. At all stages, school leaders, will consult with health professionals, parents and children in order to ensure all parties are confident that the care children with medical conditions will receive is appropriate, and will enable the child to access and enjoy the same opportunities at school as any other child. School leaders and governors believe that pupils with medical needs should be enabled to have full attendance and that medical appointments or time off for their medical condition will not impact on their school attendance records.

Training for Staff

Woolden Hill Primary has a designated member of staff who is responsible for overseeing and managing school health and medical issues and for implementing the school policy. Other senior leaders who are likely to be more directly involved are the Headteacher and the school SENCO. Often, senior leaders will consult together where more serious medical issues arise.

Annual updates and training will be given for all staff in anaphylaxis and asthma, as recommended by the Local Authority. Staff are given the choice as to whether they wish to

be a named person for emergency use of an epi-pen. A record of staff who are agreeable to do this is kept in the school office.

In individual cases of children with medical conditions, all staff who are directly involved with the child will be consulted and supported, including specific training where necessary, in order to be able to care for the child and support them in to receive the same learning opportunities as any other child. This would include meetings with the relevant staff, parents and / or healthcare professionals such as the School Nurse. The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of any concern or matter relating to supporting pupils with medical needs.

Therefore, clear systems will be put in place to support the child and staff.

Storage

Medication should be kept in a known, safe, secure location. This may need to be a fridge depending on the medication and manufacturer requirements.

In certain instances, pupils may be in charge of storing their own medication. This will depend on the nature of the medication, the age and maturity of the pupil and whether parental/guardian consent has been received.

Prescribed emergency medication, such as epi-pens or asthma inhalers, should remain with the pupil at all times.

Parents/guardians are responsible for ensuring that the education setting has an adequate amount of medication for their child. As a general rule, no more than four weeks of medication should be stored at any one time.

Disposal of medication

Procedures using sharp items should be disposed of safely using a sharps bin. These are available on prescription where needed.

Parents/guardians are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term.

Parents/guardians are responsible for ensuring that medication is within its expiry date and that any expired medication is returned to the pharmacy for safe disposal.

Record keeping

Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms. Consent forms should include:

- The pupil's name, age and class
- Contact details of the parent/guardian and GP
- Details of any allergies the pupil may have.
- Clear instructions on the medication required, dose to be administered, frequency of dose and period of time medication will be needed for.
- Acknowledgement that the pupil has previously taken the required medication with no adverse reactions.
- A dated signature of the parent/guardian.

Changes to prescriptions or medication requirements must be communicated to the educational setting by the pupil's parent/guardian and a new consent form signed.

Individual care plans should be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/guardians, the educational setting and other professional input as appropriate.

A record of medication given or supervised being taken should be kept including the date, time and dose taken. Parents/guardians should be informed that medication has been taken on the same day or according to the individual care plan.

Emergency Procedures

Similar to the Practise Fire Drill, Woolden Hill Primary School will carry out a termly practise emergency medical situation. This is to ensure systems are being followed and staff understand them; to review current systems and to make improvements where necessary.

Emergency scenarios that could take place include...

- A child having an anaphylactic attack in the dining hall
- A child having an asthma attack on the school field
- A head injury on the playground
- An unexplained collapse in a classroom

In these planned situations, although all school staff are briefed at the start of the academic year, they will be unannounced and staff involved will be given a scenario to follow which will then be observed and senior leaders involved will make notes and give feedback to staff after the event. If possible, the ambulance service will be invited to take part.

In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate.

A record of emergency medicines and their expiry dates should be kept and recorded each term for those educational settings which store such medications (for example epi-pens or asthma inhalers).

Emergency medicines should only be given to pupils with a signed consent form and following clear, agreed procedures detailed in the consent form or individual care plan.

Medications

Administration of medicines is to be followed in line with guidance from the Leicestershire Local Authority as can be found in the document: Administration of Medicines Woolden Hill Primary LA Guidance. (Appendix 1).

Specific conditions

The school cannot say exactly what the procedures will be for every medical condition a child may present with, however, the following guidance will support children with these conditions in addition to support from healthcare professionals and parents. All other conditions will be supported by consulting with healthcare professionals and parents.

- i) **Asthma**
School staff follow the guidance as outlined in the school Asthma Policy (Appendix 2)
- ii) **Epilepsy**
School staff follow the guidelines as outlined in Administration of Medicines Woolden Hill Primary LA Guidance (Appendix 1) and in Woolden Hill Primary school Epilepsy Policy (Appendix 3)
- iii) **Anaphylaxis**
School staff should follow the guidelines as outlined in Woolden Hill Primary Primary Anaphylaxis Management Policy (Appendix 4) and in Administration of Medicines Woolden Hill Primary LA Guidance. (Appendix 1)
- iv) **Diabetes**
School staff should follow the guidelines as outlined in Administration of Medicines Woolden Hill Primary LA Guidance. (Appendix 1)

Illness and Infections

We appreciate that sometimes, it can be hard to make a decision about whether to send a child to school, particularly when school attendance is so important!

With the majority of illnesses, such as colds and sore throats, there are no recommended guidelines for how long a child should be at home for and as a parent, you will need to use your own judgement as to whether your child needs to rest at home or is well enough to attend school.

However, for some illnesses or infections, it is recommended that to protect the other children and staff, a set amount of time to be away from school is advised. The Health Protection Agency (HPA) has produced guidance for schools and we have adopted this practice. The information below sets out advised time periods to be absent from school if a child has one of the illnesses listed. There are many other conditions which your child may have and we have not listed every single childhood medical condition as either, they are extremely rare, or, there are no set guidelines for how much time a child may need to be off school for.

It is important that you inform school whatever the condition, as in some cases we would need to protect particularly vulnerable children or pregnant members of staff.

We hope that this is of use to you when making a decision and of course, if you are at all unsure, please do telephone the school office where we will be able to help you to make a decision.

Guidance on rashes and skin infections

Condition	Recommended time period to be kept away from school
Chickenpox	5 days from the onset of the rash
German Measles	6 days from the onset of the rash
Impetigo	48 hours after starting antibiotic treatment or until the lesions are completely crusted and healed
Measles	4 days from the onset of the rash
Ringworm	Treatment required but exclusion from school not normally necessary
Scabies	Child can return after the first treatment
Scarlet Fever	Child can return 24 hours after commencing antibiotic treatment
Shingles	Only to be away from school if rash is weeping and cannot be covered
Warts and verrucae	To be covered for swimming lessons but child can come to school

Guidance on diarrhoea and vomiting illness

Condition	Recommended time period to be kept away from school
Diarrhoea and vomiting illness	24 hours from the last case of vomiting or diarrhoea

Guidance on respiratory infections

Condition	Recommended time period to be kept away from school
Flu (influenza) NOT GENERAL COUGHS AND COLDS	Until recovered
Whooping cough	5 days from starting antibiotic treatment or

Guidance on other infections

Condition	Recommended time period to be kept away from school
Mumps	5 days after onset of swelling
Threadworms	Treatment required but child can come to school

First Aid in school

Please see the first aid policy

Toileting, intimate care and nappy changing

In very extreme circumstances, it may be necessary for a child to have nappies changed or be cleaned / wiped by a member of school staff. In these cases, staff follow guidance in the 'Continence and Toileting Plan,' Appendix 12.

Mobile Phones

Where lessons are taking place on the school field or off site, teachers always take a mobile phone which could be used to call 999 if an emergency arose.

Role of the Advisory Board

The Advisory Board of Woolden Hill Primary School meet regularly to review medical procedures and matters, ensuring all children receive equal access to a full curriculum.

Appendix 1: Administrations of Medicine Woolden Hill Primary

Woolden Hill Primary Medicine Consent Form	
Child's name and class	
Child's date of birth	
My child has been diagnosed as having (<i>condition</i>)	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose	
With effect from [start date]	
Until [end date]	
The medicine should be taken by (<i>mouth, nose, in the ear, other: please provide details as appropriate</i>)	
I consent/do not consent for my child to take the medicine by him/herself and therefore kindly request/do not request that you arrange for the administration of the above medicine as indicated. (<i>Please delete as appropriate</i>)	
I consent/do not consent for my child to carry his/her own medicine and therefore kindly request/do not request the school to store it on his/her behalf. This medicine does/does not need to be kept in a fridge. (<i>Please delete as appropriate</i>)	
By signing this form I confirm the following statements:	
<ul style="list-style-type: none"> • That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions. 	
<ul style="list-style-type: none"> • That I will update the school with any change in medication routine use or dosage 	
<ul style="list-style-type: none"> • That I undertake to maintain an in date supply of the medication 	
<ul style="list-style-type: none"> • That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication 	
<ul style="list-style-type: none"> • That I understand the school will keep a record of medicine given and will keep me informed that this has happened. 	
<ul style="list-style-type: none"> • That I understand staff will be acting in the best interests of my child whilst administering medication. 	
Signed	
Name (please print)	
Contact details	
Date	
Staff member signature	
Name (please print)	
Date	

Appendix 2: Woolden Hill Primary Asthma Policy

Background

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

Woolden Hill Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Asthma Training is updated once a year.

Asthma Medicines

- Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom.
- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The class teacher will hold this separately in case the pupil's own inhaler runs out or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer.
- 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 education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when the need to.

Record Keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.
- All parents/carers of children with asthma are now sent an Asthma UK *School Asthma Card** to give to their child's doctor or asthma nurse to complete. Parents/carers are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. *School Asthma Cards** are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or

exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.
- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.
- PE teachers, classroom teachers and out-of-hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff are provided with training from the school nurse, who has had asthma training.
- Additional information about PE in schools is available in the Asthma UK parent pack, which can be accessed by parents/carers at www.asthma.org.uk or by calling their helpline on 0300 222 5800.

School environment

- The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive 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. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

Making the school asthma-friendly

- The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE

When a pupil is falling behind in lessons

- 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/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse about the pupil's needs.

Asthma attacks

- All staff who comes into contact with pupils with asthma know what to do in the event of an asthma attack.
- In the event of an asthma attack the school follows the procedure outlined by Asthma UK. This procedure is visibly displayed in the staffroom and every classroom.

Dear Parent/Carer

Re: The School Asthma Card

Thank you for informing us of your child's asthma on his/her registration form. As part of accepted good practice and with advice from the Department for Education & Skills, Asthma UK and the school's governing bodies, our school has recently established a new School Asthma Policy for use by all staff.

As part of this new policy, we are asking all parents and carers of children with asthma to help us by completing a school asthma card for their child/children. Please take this card to your child's doctor/asthma nurse to fill in and return it to the school by [27th March 2017](#)

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

Please make sure the card is regularly checked and updated by your child's doctor or asthma nurse and the school is kept informed about changes to your child's medicines, including how much they take and when.

I look forward to receiving your child's completed school asthma card.

Thank you for your help.

Yours sincerely

Mrs S Sadler

Head Teacher

Appendix 3: Woolden Hill Epilepsy Policy

INTRODUCTION

This policy is for qualified nursing staff providing training in epilepsy awareness and the administration of Rectal Diazepam, Buccal Midazolam and Rectal Paraldehyde to non-nursing and non-medical staff.

The early treatment of epileptic seizures to prevent status epilepticus is best carried out in the community with medication that can be administered by non-nursing and non-medical staff.

Diazepam and Midazolam are members of the benzodiazepine family. The administration of rectal diazepam, buccal midazolam and rectal paraldehyde for the control of recurrent or prolonged seizures is recognised as being potentially lifesaving (2, 3).

Rectal diazepam is not always acceptable and convenient; midazolam as a buccal preparation is unlicensed but reported to be preferred by individuals and easier to administer. The National Institute for Health and Clinical Excellence (NICE) guidelines for Epilepsy (4) states that “buccal midazolam is more acceptable than rectal diazepam and is easier to administer. It should be used according to an agreed protocol drawn up by a specialist and only used following training.”

Rectal diazepam and buccal midazolam are not always suited to some children and young people therefore rectal paraldehyde is prescribed

When a child or young person would benefit from receiving Rectal Diazepam or Buccal Midazolam or Rectal Paraldehyde in a non-health setting e.g. school, nursery, respite facility, then the Consultant Paediatrician or GP will discuss this with the parent and if in agreement will complete an individual care plan (appendix ii) for the administration by non-medical and non-nursing staff.

PURPOSE

The aim of this document is to provide safe and consistent practice in the use of Rectal Diazepam, Rectal Paraldehyde and the unlicensed preparation Buccal Midazolam in the pharmacological management of enduring seizures. It must be read in conjunction with the Leicestershire County Council Code of Practice No 5 Administration of Medicines (2011)(6) and Rutland County Council Children’s and Young People Services Administration of Medicines (2009) (7) and Leicester City Council Code of Practice.

1. DEFINITION

Epilepsy is a neurological condition which presents in as many as 50 different types. It is diagnosed when someone has recurrent seizures. It is caused by excess electrical activity in the brain. (1). Prolonged or repeated seizures are described as those lasting 5 minutes or more (3, 4).

2. PROCESS (SEE FLOWCHART APPENDIX I)

Emergency medication must be prescribed by a Consultant Paediatrician initially. If any re-prescribing is required, this can be done by the GP. An individual care plan with clear guidelines giving all the relevant details is completed and signed by the medical practitioner and parents (and older child if appropriate) (appendices ii and iv). Copies for GP / Consultant Paediatrician and parent.

The parent takes the original copy to non-health setting and discusses with head of setting e.g. head teacher or senior social worker. If Rectal Diazepam, Buccal Midazolam or Rectal Paraldehyde. is required in more than one non-health setting an in date copy of the form may be used with the agreement of the head of that setting.

Head of setting identifies volunteers to administer Diazepam, Paraldehyde or Midazolam. It is the head of settings responsibility to ensure that named volunteers that are willing are adequately trained and up to date in the administration of Rectal Diazepam, Buccal Midazolam and Rectal Paraldehyde.

Volunteer(s) receives training from health professional which includes discussion of individual care plan for specific child. The volunteer must act within their own agencies code of practice or guidelines. It is the volunteers' responsibility to ensure that they have received appropriate training and annual updates before giving emergency medication. The volunteer must sign each young person's individual care plan.

Following the administration of Rectal Diazepam, Buccal Midazolam or Rectal Paraldehyde a report form must be completed. The original to be kept in the child / young person's setting record and copies to the hospital with the child / young person and to the parent.

3. EDUCATION AND TRAINING

Qualified nursing staff (who has received specific education and training) will deliver the clinical expertise and knowledge required to safely administer the prescribed medication in response to epileptic seizures using the most up to date evidence and knowledge base.

The epilepsy awareness training can be a standalone teaching session for those who do not wish to administer emergency medication or be offered alongside training for the administration of Rectal Diazepam, Buccal Midazolam or Rectal Paraldehyde

It is recognised that the administration of Rectal Diazepam, Buccal Midazolam and Rectal Paraldehyde is an emergency treatment which may not be used on a regular basis. It is recommended therefore that named volunteers attend a refresher course at least annually.

Training session: will reflect current guidance from the Children’s Epilepsy Nurse Specialist at UHL.

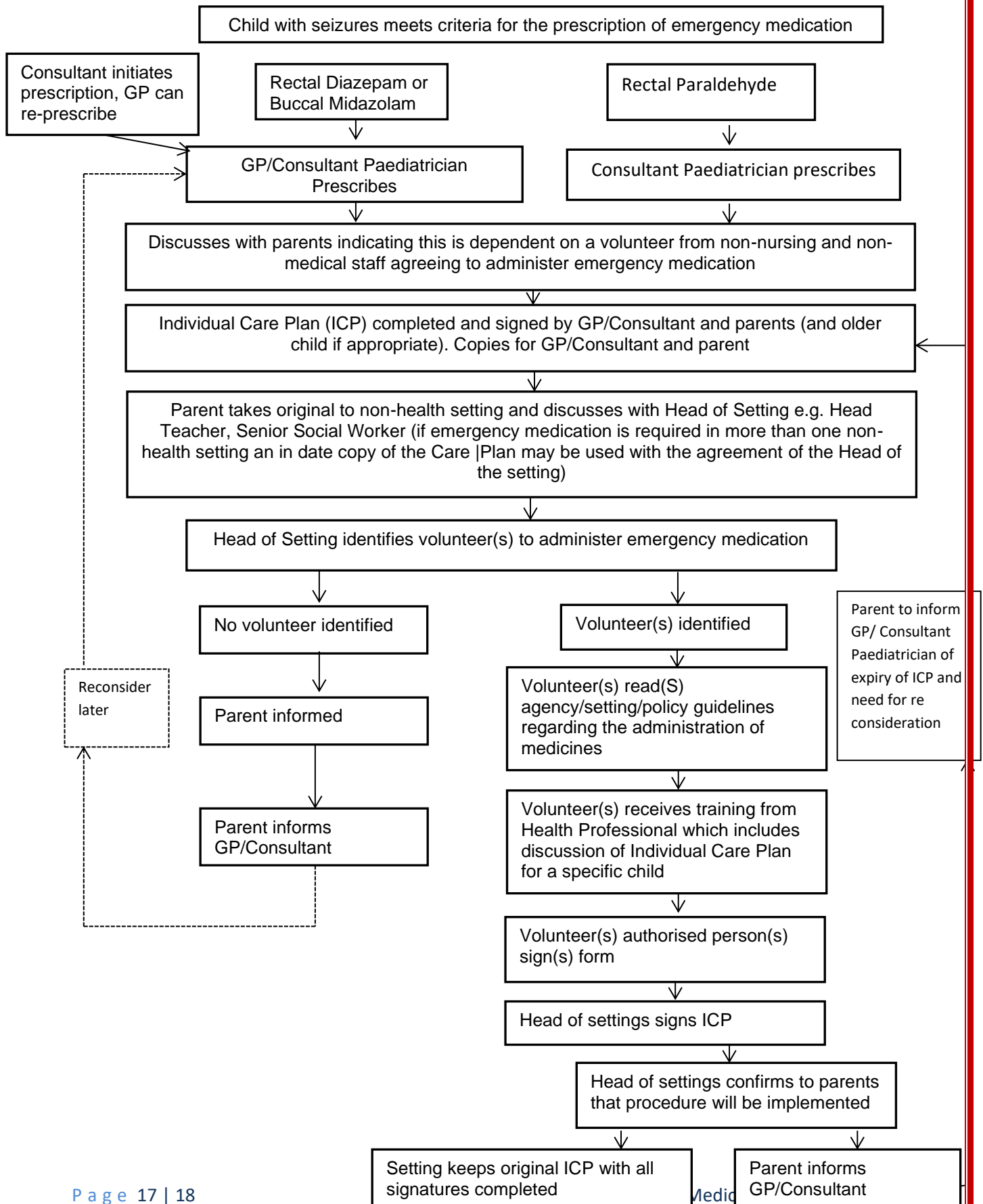
It is the responsibility of the qualified nurse delivering this training to ensure that they are competent to do so. Practitioners may identify training needs through the annual PDR process.

REFERENCES

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3. UCL Institute for Child Health. Clinical guidelines; Seizure management. www.ich.ucl.ac.uk
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6. Leicestershire Children’s and Young Peoples Service Code of Practice No 5 Administration of Medicines (2009)
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ADMINISTRATION OF RECTAL DIAZEPAM, BUCCAL MIDAZOLAM OR RECTAL PARALDHYDE IN RESPONSE TO EPILEPTIC SEIZURES/FITS/CONVULSIONS

Protocol for Health Staff to Support Non-Medical and Non-Nursing staff



Appendix 4: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensure that the pupil's needs will be met in the educational setting. Plans should be agreed by the head teacher and parents/guardians, be formally recorded and reviewed at regular intervals. A template/pro forma is available for download on the Schools website www.leicestershiretradedservices.org.uk system under 'A: Administration of medicines' and Medication and Management Procedures.

The procedure for development of an IHCP is given below:

