



# Policy for supporting children with medical needs in school including Administering medication

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## Aims

At Hudson Road Primary School we want all of our children achieve success in their academic work, in their relationships and in their day to day experiences at school. Some of our children are likely to have medical needs which mean that additional measures are required to ensure that:

- ✓ They have full access to the curriculum
- ✓ The impact of their medical difficulties upon their life in school is minimised as far as possible
- ✓ All staff who work with the child understand the nature of their difficulties and how best to help them.

While there is no legal or contractual duty on teachers to administer medicines or supervise pupils taking their medicines nevertheless we would wish to support our children where we can. Children with special medical needs have the same right of admission to school as other children and cannot be excluded from school on medical grounds alone.

Teachers and support staff are in loco parentis and may need to take swift action in an emergency, both in school and off site, for example during school trips.

**The prime responsibility for a children's health lies with the parent or carer who is responsible for the child's medication and should supply the school with any relevant information.**

## **At Hudson Road Primary School we will:**

- ✓ Assist parents in providing medical care for their child
- ✓ Adopt and implement any national or LA policies in relation to medication in schools
- ✓ Arrange training for staff, with regular updates and re-training when needed
- ✓ The school will liaise with Health Service Professionals for advice and information about a pupil's special medical needs and will seek support from the relevant practitioners where appropriate
- ✓ Ensure that children with medical needs are able to access the full life of the school with reasonable adjustments where needed
- ✓ Maintain appropriate records, including **medical care plans** for individual children
- ✓ Keep a register of all pupils who have special medical needs that can be accessed by all members of staff if they wish to seek clarification about a pupil's medical care needs.
- ✓ Assist parents in organising a short term care plan for children in need of medication during residential visits i.e. Derwent Hill
- ✓ Liaise with agencies offering residential visits to ensure children are able to access activities and resources as much as is practicable with reasonable adjustments made

**INHALERS:** see Asthma policy

**EPI PENS:** see Appendix A for guidance

### **Administering Medication**

The staff member trained in managing medication at Hudson Road is Mrs Caroline Brown.

Staff can only administer medicine if:

- ✓ Dosage indicates that it must take place during school hours eg four times a day.
- ✓ The child is unable to do so him/herself either because of the complexity of the procedure and needs supervision.

**Where parents/carers have asked school to administer the medication for their child we expect them to consider the following:**

- ✓ Asking the pharmacist to supply any such medication to be dispensed in a separate container, where practicable, containing only the quantity required for school use.
- ✓ The prescription and dosage regime should be typed or printed clearly on the outside. The name of the pharmacist should be visible.
- ✓ **Any medications not presented properly will not be accepted by school staff.**
- ✓ Medication, including inhalers and epi-pens, kept at school is checked routinely to ensure it is in date. Out of date medication will not be given. Parents/carers are responsible for keeping school medication up to date and disposal at the end of treatment/when out of date.

**If you ask school to administer medication we will:**

- ✓ Ask parents/carers to complete a form giving permission as well as details of medication to be given/dosage
- ✓ Ensure that the medication is kept in a secure place during the school day, that it is only accessed by the identified person, and that each time the medication is administered the child's medication record is completed.
- ✓ At the end of the school day, or at the end of each week, or at the end of term (whichever is appropriate) we will ensure that any leftover medication is handed back to the parent/carer.
- ✓ Keep forms on file when the child comes to the end of his/her course of medication, marked 'treatment complete' should it be needed for future reference.
- ✓ Ask for a medical care plan if medication is needed over a long period of time.

### **Calpol**

Occasionally children may be well enough to stay in school but need Calpol for a headache. Calpol is kept in a secure cupboard and may be given only with the permission of a parent/carer parent/carer and date/time/dosage/observations must be recorded in the medication log.

### **Monitoring and Review**

This policy will be reviewed at least every 3 years but minor amendments can be made as needed to reflect current guidance and the governing body/staff updated.

## **Appendix A - The use and storage of EPI-PENS**

### **What is anaphylaxis?**

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

### **What can cause anaphylaxis?**

Common allergens that can trigger anaphylaxis are:

- ✓ Foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- ✓ Insect stings (e.g. bee, wasp)
- ✓ Medications (e.g. antibiotics, pain relief such as ibuprofen)
- ✓ Latex (e.g. rubber gloves, balloons, swimming caps).

The severity of an allergic reaction can be influenced by several factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten.

It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food. Contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen.

Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present. Severe reactions to insect stings are often faster, occurring within 10-15 minutes

### **Supporting Children**

- ✓ Develop policy for supporting children with medical conditions and review regularly.
- ✓ Develop individual healthcare plans for children with medical conditions that identify the child's medical condition, triggers, symptoms, medication needs and the level of support needed in an emergency.
- ✓ Have procedures in place on managing medicines on the premises.
- ✓ Ensure staff are appropriately supported and trained.

### **Supply**

Schools can purchase Epi-pens from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed: i.e. small quantities on an occasional basis.

### **The emergency anaphylaxis kit**

It is good practice for schools holding spare Epi-pens to store these as part of an emergency anaphylaxis kit which should include:

- ✓ 1 or more Epi-pen
- ✓ Instructions on how to use
- ✓ Instructions on storage

- ✓ Manufacturer's information.
- ✓ A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- ✓ A note of the arrangements for replacing the injectors.
- ✓ A list of children and record to whom the Epi-pen can be administered.

School should ensure that all Epi-pens – including any spare Epi-pens in the Emergency kit – are kept in a safe and suitably central location: for example, the school office or staffroom to which all staff have access at all times, but in which the Epi-pen is out of the reach and sight of children. They must not be locked away in a cupboard or an office where access is restricted and not located more than 5 minutes away from where they may be needed.

It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that, on a monthly basis, the Epi-pens are present and in date.

Epi-pens should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

### **School trips including sporting activities**

Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises. Children at risk of anaphylaxis should have their Epi-pen with them, and there should be staff trained to administer in an emergency.

### **IF IN DOUBT, GIVE ADRENALINE**

After giving adrenaline:

- ✓ Do NOT move the child. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance.
- ✓ The epi-pen can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector. The pupil should lie down with their legs raised.
- ✓ If breathing is difficult, allow the child to sit.

Anyone receiving an adrenaline injection should always be taken to hospital for monitoring afterwards. **ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN EPI-PEN IS USED.**