



MEDICAL PROCEDURE – MILL LANE

1 Scope

The staff and directors of Teignmouth Community School are committed to ensuring children with medical needs receive inclusive care and support. This procedure is designed to support the management of medication and medical care in school, and to support individual children with medical needs.

This procedure complies with Devon County Council Guidelines for 'Supporting pupils at school with medical conditions and for the administration of medicine'.

2 Objectives

To provide a clear procedure that is understood and accepted by all staff, parents and children, providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

The procedure includes:

- A clear statement of parental responsibilities in respect of medicines
- Roles and responsibilities of staff administering medicines
- Procedures for managing prescription medicines which need to be taken in the school day
- Procedures for managing prescription medicines on outings and trips
- Written permissions from parents for medicines
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures
- Management of medical conditions

3 Principles

a) Parents or guardians have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.

b) There is no legal duty which requires school staff to administer medication; this is a voluntary role. While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in 'loco parentis', that is, to act as any reasonable parent would, this does not imply a duty or obligation to administer medication. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

c) The policy of this school is not to administer medication or medical care unless the child has a medical condition, which if not managed, could prove detrimental to their health or limit access to education. The Principal accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

4 Requirements

PRESCRIBED MEDICINES

a) Prescribed medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day. Medicines prescribed 'three times a day' should be administered "before school, after school and at night".

b) Exceptions to this are children on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.

c) This school will **only** accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in the original container dispensed by a pharmacist and include the child's name, prescriber's instructions for administration and dosage. The school 3B medical form must also be completed by the parent.

d) All medicines will be stored in a locked cabinet/locked fridge in the medical room.

NON-PRESCRIBED MEDICINES

Non-prescribed medicines will only be administered with prior written permission from parents in extreme circumstances such as residential trips. Staff will check the medicine has previously been administered without adverse effect and Form 3B must be completed. All medicines will be stored in a locked cabinet/locked fridge in the medical room. This is at the discretion of the Principal.

ADMINISTERING MEDICINES

a) This school recognises no child under 16 should be given medicines without their parent's written consent. Following written consent using Form 3B, the trained member of staff administering medicines to a child should check:

- The child's name
- Name of medication
- The prescribed dose
- Expiry date

- Written instructions provided by the prescriber on the label or container

If in doubt about any procedure, staff will not administer the medicine before checking with parents or a health professional before taking further action.

b) A written record must be kept following administration of medicines to children, using Form 3B.

c) If a child refuses to take a medicine, staff will record this on form 3B and parents/carers will be notified of the refusal.

LONG-TERM MEDICAL NEEDS

Where a child has a chronic illness, medical or potentially life threatening condition, the school will initiate a health care plan to meet individual needs and support the child. This will be drawn up by health care professionals in consultation with the child's parents or guardians and will contain the following information:

- Definition and details of the condition
- Special requirements e.g. dietary needs, pre-activity precautions
- Treatment and medication
- What action to take/not to take in an emergency
- Who to contact in an emergency
- Staff training where required
- The role the staff can play
- Consent and agreement

STORING MEDICINES

Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines including Epi-pens and asthma inhalers must be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and instructions for administration. All medicines will be stored in the medical room. Emergency items such as Epi-pens and asthma inhalers are stored in an unlocked cupboard. All other medicines are stored in a locked container/fridge.

Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The First Aid coordinator will also check medication expiry dates yearly

DISPOSAL OF MEDICINES

a) 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 year. Any medicines that have not been collected should be taken to a local pharmacy for safe disposal.

b) Sharps boxes should always be used for the safe disposal of needles. Parents should obtain these from their child's GP and return to a pharmacy for safe disposal.

EMERGENCY PROCEDURES

- a) All staff are aware of procedures when dealing with a medical emergency. These should be supervised by a trained First Aider.
- b) All staff are aware of children on a health care plan and understand the need to follow agreed emergency support.
- c) All staff know how to call the emergency services;
- d) In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.

EDUCATIONAL VISITS

- a) This school actively encourages children with medical needs to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable children with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support children.
- b) Prior to an overnight school trip, parents must complete an up-to-date medical questionnaire about child's current general health and medication. Prescribed medication will be administered, providing parents have completed Form 3A. Parents are invited to provide written consent to enable staff to act 'in loco parentis' and administer Calpol analgesia if required. Where this is refused, parents are requested to discuss alternative support measures with staff.
- c) Accompanying staff will be aware of any medical needs and relevant emergency procedures.

STAFF TRAINING

- a) Teignmouth Community School holds training on common medical conditions regularly; this is delivered by the school nurse or relevant health care professionals. A log of staff training is kept and reviewed every 12 months to ensure new staff receive training.
- b) Staff training is provided to support the administration of emergency medications such as Epi-pens or insulin. The school keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.
- c) Teignmouth Community School has several appointed First Aiders and Paediatric First Aiders. Training is reviewed regularly and updated every three years.

MEDICAL CONDITIONS

ASTHMA

This school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages children with asthma to achieve their potential in all aspects of school life.

- a) Parents have a duty to inform staff if their child is asthmatic. Preventative inhalers should be provided and labelled with the child and class name. Inhalers will be kept in

the school's medical room. If required, emergency inhaler/spacer provisions are available in various locations across the school (in every disabled toilet facility).

- b) Children with asthma must have immediate access to inhalers when they need them and know where they are kept. A spacer device may be required and the child may need support to use this.
- c) When using the spare inhaler a record sheet (Form 3B) should be kept to record the frequency of inhaler use
- d) Parents should be notified when a child has used an inhaler excessively or more regularly than usual.

HEAD INJURIES

- a) Children who sustain a head injury **MUST** be reviewed by a First Aider in school. For any head injury, parents will be informed, and if a child has a visible wound, swelling or adverse reaction parents are welcome to assess their child personally. Where there are no residual effects, the child can remain in school whilst being observed. A head injury telephone call will be made to parents/carers as soon as possible with advice on what to do next.

EPILEPSY, ANAPHYLAXIS AND DIABETES

Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken.

5 Key Terms and Definitions

ACRONYM	TERM	DEFINITION
ICHP	Individual Care Health Plan	

Amendment Record

VERSION #	DATE	AMENDED BY	NATURE OF CHANGE
1	26. 09. 2014	J Moore	
2	29/04/2019	A Webber	Updates to procedure