
SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY



**BUTTSBURY
PRIMARY SCHOOL**

AN ACADEMY SCHOOL

Approved by:	Full Trust Board
Last reviewed on:	Summer 2024
Next review due by:	Summer 2025

Responsibility of Parents and Carers

Parents and carers 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. Non-prescription medication (such as cough medicines) should not normally be administered in school. However, in certain circumstances analgesics can be given (see pages 4/5).

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.

Each request for medicine to be administered to a pupil in school should be considered on its merits. The Headteacher should give consideration to the best interests of the pupil and the implications for the school. The Headteacher is responsible for ensuring that sufficient staff are suitably trained. Staff administering medication in accordance with appropriate training or the details supplied by the parent or guardian may rest assured that they are covered by the County Council's insurance policy.

It is generally accepted that school staff may administer prescribed medication whilst acting *in loco parentis* (meaning the school is responsible when the child's parents are not present). 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 Headteacher or their nominated representative;
- If it is agreed that medication can be administered a named member of staff should be identified to administer it;
- Appropriate guidance and training (where necessary) has been given to the member of staff;
- Suitable arrangements will be put in place to cover staff absence if applicable;
- Supply teachers are fully briefed if applicable;
- Medical needs are included in all school risk assessments for visits and activities outside the normal timetable;
- Parents or carers requesting administration of medication should be given a copy of this document and asked to complete the form 'Parental Request for Medication to be Administered to Pupils'. Completion of this form safeguards staff by allowing only prescribed medication to be administered;
- School staff may consult with the Health Service to liaise with the person prescribing medication to enquire whether it can be given outside of school hours. This may help

reduce to a minimum the amount of medication being given in school. Staff may also consult with the School Health Service with regard to administration of any medication.

Procedures to be followed:

1. If medication cannot be given outside of school hours, parents or 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 signed consent. An example of this form is in Appendix 1.
2. All essential medication should be brought to school by the parent or carer and **not** the pupil. It should be delivered personally to the school office or designated member of staff. Only the smallest practicable amount should be kept in school.
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 owner's name, contents and the dosage to be administered.
4. Whilst medication is in school it should be kept in a suitable locked cupboard away from the children, preferably in the office and should be readily accessible to the named volunteer when required. The **exception** to this is the use of an inhaler.
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 spoon must only be used to administer medicine to the owner of that implement.
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 to avoid more than one person ever giving a dose. This should be kept with the parental consent form.
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 of the school can refuse to administer it. In such circumstances a member of staff should contact the parent as soon as possible.
8. Renewal of medication which has passed its expiry date must be the responsibility of the parent or carer. However, if parents are unable to collect expired medication then staff should take it to the local pharmacy so that it can be disposed of safely. 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.

If in doubt about any of the above procedures the member of staff should check with the parents or guardians 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 pupil's parent or carer as a matter of urgency. If necessary and appropriate, the school will seek further medical advice and will call the emergency services if required.

Non-Prescribed Medication

As a rule non-prescribed medication should not be issued. However, at the discretion of the Headteacher, paracetamol and other analgesics can be issued, provided the practice is strictly controlled in the same way as prescribed medication. Once again, the written permission of the parents or carers should be sought. The Headteacher should authorise specific members of staff to dispense tablets. In order to monitor and prevent the danger of

overdose by any individual they should keep a record of issues, giving the name of pupil, time, dose and reason for administering tablets. Staff should always enquire of the child whether any side effects or allergic reaction has been experienced before administering the drugs.

On no account should aspirin or preparations that contain aspirin be given to pupils unless prescribed by a doctor.

Children at school may be given paracetamol in liquid suspension (Calpol). In these cases, the doses should be administered according to the stated dosage for the child's age.

At least 4 hours should be left between doses.

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. This is an unusual circumstance and the arrangements are best worked out between the school, parents, school doctor and the doctor who prescribes the medication. Experience suggests that it is helpful to have a meeting of all interested parties in school as it is essential that the parents and the teaching staff are happy about the arrangements that are made.

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. An example form Appendix 4 of this document.

Anaphylaxis

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

- the establishment of 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 eg adrenalin, anti-histamine
- the locations of the epi-pen, preferably in an easily accessible place which is known to staff, for example a medication box
- 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 (included in the Care Plan)

This type of information should be suitably posted in the areas where the medication is to be kept and should accompany the medication on school trips etc. The arrangements for swimming and other sporting activities should also be considered. This information should include the name of the child and, ideally, a photograph.

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 from a relatively early age to do so. If children have asthma and can take their medication themselves, they could be allowed to carry their inhaler around at all times in exceptional circumstances. This is especially important if the inhaler or nebulizer is needed to relieve symptoms regularly or if attacks are sporadic and particularly severe.

If pupils are not able to do so then inhalers should be stored safely away and issued by staff as and when needed by the child. This method may be more appropriate for younger pupils with asthma who may not be able to use the inhaler without help or guidance.

Even if the inhaler is needed as a preventative measure to be taken three times a day it is unlikely that it will need to be kept in school.

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. Because asthma varies from child to child, it is impossible to give rules that suit everyone. However, the guidelines given in Appendix 4 may be helpful. Schools may wish to copy the information and display it as emergency guidance.

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 5 and 6. Appendix 5 covers the procedures to be followed with regard to first aid for all seizures, whilst Appendix 6 covers procedures to be followed if the casualty is known to have epilepsy and has been prescribed rectal diazepam.

Further, general information on epilepsy is given on pages 15 and 16 of the DfE document. However, information on important aspects of the condition is given below:

Status Epilepticus

Status epilepticus is a condition in which a seizure shows no sign of stopping or a series of seizures takes place without the individual properly regaining consciousness. A five minute seizure does not in itself constitute an episode of status and it may subsequently stop naturally without treatment. However, emergency precautions after the five minute mark has passed will ensure that prompt attention will be available if a seizure does continue. Such precautions are especially important if the child's medical history shows a previous episode of status epilepticus.

Any child not known to have had a previous seizure should receive medical assessment as soon as possible. Both medical staff and parents need to be informed of any events of this nature.

Administration of Rectal Diazepam (also known as rectal valium)

In very rare cases the administration of rectal diazepam will be required. Any child requiring rectal diazepam is ultimately the responsibility of a Consultant Paediatrician. The need for individual children to have a prescription for rectal diazepam should be endorsed and updated annually by the child's Consultant Paediatrician. It is recommended that each child with epilepsy has their own **healthcare plan**, to which all interested parties should be signatories. An example is reproduced in Appendix 7 of this document.

Administration of rectal diazepam can only be delegated to school staff if they have been appropriately trained. For advice as to the source of training the liaison Consultant Paediatrician should be contacted. Training should be updated annually. Rectal diazepam can only be administered in an emergency if an accredited first-aider, trained in mouth to

nose/mouth resuscitation, is easily accessible (that is only 1-2 minutes away). At least one other member of staff must be present.

Those who administer rectal diazepam should be aware that there could be a respiratory arrest. If the child does stop breathing a shake and a sharp voice should usually start them breathing again; if this does not work, it will be necessary to give mouth to mouth resuscitation.

Healthcare plans are reviewed regularly, in consultation with parents and school nursing team (if applicable).

Monitoring and Review

Policy Date: Summer Term 2024

Review Date: Summer Term 2025

Parental Request for Medication to be Administered

The need for medication to be administered to pupils during school hours must be supported by a parent or carer's written request.

It is also important to keep the administration of medication to a minimum and parents are requested to consider the possibility of administering the daily doses out of school hours. If this is not possible the following consent form must be completed:

To: Headteacher (name) _____

School (name) _____

I wish my child (name) _____ Class _____ to have the following medicine administered by school staff as indicated:

(i) Name of Medication _____

(ii) For how long will your child require this medication? _____

(iii) Time at which to be given _____

(iv) Amount to be given _____

(v) Means of administration _____

(vi) Special precautions (if any) (please attach details)

(vii) Procedures to take in case of emergency (please attach details)

I undertake to deliver the medicine personally to you and to replace it whenever necessary. I also undertake to advise you immediately of any change of treatment prescribed by the doctor or hospital (in the case of prescribed medication).

Signed: _____ Relationship to child _____

Date: _____

HEALTHCARE PLAN FOR A PUPIL WITH MEDICAL NEEDS

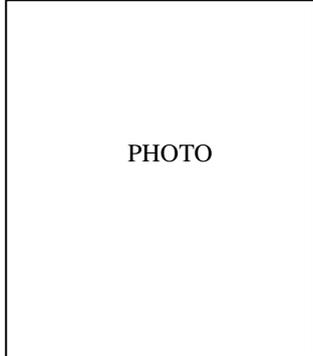
Name _____

Date of Birth _____

Condition _____

Class/Form _____

Name of School _____



Date _____

Review date _____

CONTACT INFORMATION

Family contact 1

Name _____

Phone No (work) _____

(home) _____

Relationship _____

Family contact 2

Name _____

Phone No (work) _____

(home) _____

Relationship _____

Clinic or Hospital contact

Name _____

Phone No _____

G.P.

Name _____

Phone No _____

Describe condition and give details of pupil's individual symptoms:

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 a doctor urgently:

- 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) If a doctor is not immediately available call an ambulance

(vi) Repeat doses of reliever as required (every few minutes if necessary until it takes effect)

(vii) Do not be afraid of causing a fuss. Doctors prefer to be called early so that they can alter the medication

(viii) 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 to fit

Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements

Do not try to put anything at all between the teeth

Do not give anything to drink

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

Arrange for other children to be escorted from the area, if possible

Call for an ambulance **if:**

- (a) a seizure shows no sign of stopping after a few minutes
- (b) a series of seizures take place without the individual properly regaining consciousness

As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) 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. Arrange to keep spare clothes at school if this is a regular occurrence

If a child is known to have epilepsy:-

It is not usually necessary for the child to be sent home following a seizure, but each child is different. If the Headteacher feels that the period of disorientation is prolonged, it might be wise to contact the parents or guardian. Ideally, a decision will be taken in consultation with the parents or guardian when the child's condition is first discussed, and a Health Care Plan drawn up

If the child is not known to have had a previous seizure medical attention should be sought

EPILEPSY

First Aid for Children Known to Have Epilepsy and Prescribed Rectal Diazepam

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 to fit

Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements

Do not try to put anything at all between the teeth

Do not give anything to drink

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

Arrange for other children to be escorted from the area, if possible

Rectal diazepam must only be given to a child with a prescription endorsed and updated annually by a Consultant Paediatrician

Rectal diazepam must only be administered in an emergency by an appropriately trained member of staff in the presence of at least one other member of staff

Rectal diazepam must only be administered if a trained First Aider is on site

If the child has been convulsing for five minutes and there is no suggestion of the convulsion abating, the first dose of rectal diazepam should be given. The medication should indicate the name of child, the date of birth, date of expiry, contents and the dosage to be administered

If after a further five minutes

(a) a seizure shows no sign of stopping or

(b) a series of seizures takes place without the individual properly regaining consciousness

then call an ambulance

As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) 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. Many children sleep afterwards and if rest is required, arrangements could be made for this purpose

If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence

A child should be taken home after a fit if he/she feels ill

**INDIVIDUAL CARE PLAN FOR THE
ADMINISTRATION OF RECTAL DIAZEPAM**

This individual care plan is to be completed by or in consultation with the medical practitioner

(Please use language appropriate to the lay person)

Name of pupil or student _____ Age _____

(i) Seizure classification and/or description of seizures which may require rectal diazepam

(Record all details of seizures eg goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc. If status epileptics, note whether it is convulsive, partial or absence)

(ii) Usual duration of seizure?

(iii) Other useful information

DIAZEPAM TREATMENT PLAN

1. When should rectal diazepam be administered? (Note here should include whether it is after a certain length of time or number of seizures)

2. Initial dosage: how much rectal diazepam is given initially? (Note recommended number of milligrams for this person)

3. What is the usual reaction(s) to rectal diazepam?

4. What action should be taken if there are difficulties in the administration of rectal diazepam e.g. constipation/diarrhoea?

5. Can a second dose of rectal diazepam be given? YES/NO

After how long can a second dose of rectal diazepam be given? (state the time to have elapsed before re-administration takes place)

How much rectal diazepam is given as a second dose? (State the number of milligrams to be given and how many times this can be done after how long)

6. When should the person's usual doctor be consulted?

7. When should 999 be dialled for emergency help?

i) if the full prescribed dose of rectal diazepam fails to control the seizure

ii) Other (Please give details)

8. Who Should (a) administer the rectal diazepam?

(ideally someone should be trained in at least 'Emergency Aid,' preferably 'First Aid at Work')

(b) witness the administration of rectal diazepam?

(this should normally be another member of staff of the same sex)

9. Who/where needs to be informed?

Parent/guardian

a) _____ Tel _____

—

(b) Prescribing Doctor (name)

_____ Tel: _____
—

(c) Other (name)

_____ Tel: _____
—

10. Precautions: under what circumstances should rectal diazepam not be used?

(eg Oral Diazepam already administered within the last.....minutes)

All occasions when rectal diazepam is administered must be recorded (see overleaf)

This plan has been agreed by the following:

Prescribing Doctor

Signature _____ Date _____

Authorised person(s) trained to administer rectal diazepam

Name _____ Signature _____ Date _____

—

Name _____ Signature _____ Date _____

—

Parent/guardian _____ Signature _____ Date _____

—

Head of School _____ Signature _____

_____ Date _____

This form should be available for review at every medical review of the patient and copies held by the GP and the school.

Expiry date of this form

Copy holders to be notified of any changes by

RECORDS OF USE OF RECTAL DIAZEPAM

Name of Child _____

Date:					
Recorded by					
Type of seizure					
Length and/or number of seizures					
Initial dosage					
Outcome					
Second dosage (if any)					
Outcome					
Observations					
Parent/Guardian informed					
Prescribing doctor informed					
Other information					
Witness					
Name of Parent/Guardian re-supplying Dosage					
Date delivered to school					