Managing medicines and pupils with specific medical needs

Chair of Governors:

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Introduction

This Policy will provide a basis for ensuring that children with specific medical needs receive proper care and support in our school, ensuring that the safety of the child and others in the school is paramount.

Managing Medicines

Walderslade Primary School has a responsibility to ensure that pupils with medical needs have access to high quality educational support to enable them to continue their education effectively. Good communication and co-operation between school, home and other professionals are essential. Those with parental responsibility will be asked to include this information on the school's admission forms. Thereafter, parents/carers will need to inform the School Office Manager of any changes or new information. In addition parents are invited, on a regular basis, to check their child's information and amend records as appropriate.

Many children will need to take medicines during the day at some time during their time at school. This will usually only be for a short time period, perhaps to finish a course of antibiotics. To allow children to do this will minimize the time that they need to be absent from school. If Walderslade Primary School is assisting children with long-term or complex medical needs then an Individual Health Care Plan will be draw up identifying the support required.

Walderslade Primary School Aims to:

- Monitor the attendance of all pupils with medical conditions.
- Assist parents in providing medical care for their child/ren.
- Educate staff and pupils in respect of special medical needs
- Adopt and implement any national or LA policies in relation to medication in schools.
- Arrange training for staff who support individual pupils with special medical needs.
- Liaise as necessary with medical services in support of the pupil.
- Maintain appropriate records.
- Ensure specific cultural and religious views on a pupil's medical care will be respected; these must be made known to the school in writing by the parent/carer.

Prescribed Medicines

Prescribed medicines should only be administered in school when essential and where it would be detrimental to the child's health if the medicine was not administered during the school day.

Medicines must be handed in to the school office and not sent into school via the child. They will only be accepted if they have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines will only be accepted in the original container as dispensed by the pharmacist and include the prescribers instructions for administration.

Parents will be encouraged to ask for medicines to be prescribed in dose frequencies that enable the medicine to be taken out of school hours. It is to be noted that medicines that

need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Non-Prescribed Medicines

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Where the head agrees to administer a non-prescribed medicine it **must** be in accordance with the school policy. Staff should check that the medicine has been administered without adverse effect to the child in the past and that parents have certified this is the case. In an emergency situation, parents/ carers may be contacted by telephone to gain verbal permission for a one off administration of necessary medicines.

Storage of Medicines

Children should know where their own medicines are stored and who holds the key. The head teacher is responsible for making sure that medicines are stored safely and not accessible to children. All medicines with the exception of Asthma Inhalers (which are kept in the classroom in a sealed container with the pupils name on it) will be stored in the FLO Room's locked cabinet. A few medicines need to be refrigerated. This is also in the FLO Room, which is locked when unattended.

All Asthma Inhalers will be kept in the classroom of that pupil. All emergency medicines, such as Asthma Inhalers and Adrenaline/Epi Pens, should be readily available to children and should not be locked away. Unless there is a specific need, children will not carry or take their own medicines. School examples of these will be kept in the school medical room.

Disposal of Medicines

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 term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Administering of Medicines

No child at the school should be given medicines without their parent's/carer's written consent whether prescription or non-prescription. Any member of staff giving medicines to a child should check,

- The child's name
- The name of the medicine
- Prescribed dose
- Expiry date
- Any Side Effects

- Written instructions provided by the prescriber on the label or container or the parents written instructions for a non-prescribed medicine.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action.

Written permission forms must be completed by the parent/carer and handed to Walderslade Primary School before any medicine is administered to a child. A copy of this is kept in the school office in the child's file. Staff should ensure that this information is the same as provided by the prescriber.

Walderslade Primary School has procedures in place to record the administering of medicines and **must** keep written records each time medicines are given. These include staff to complete and sign a record each time they give medicine to a child. Good records help demonstrate that staff have exercised a duty of care.

If a child refuses to take medicine staff should not force them to do so but should note this in the records and parents/carers should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Educational Visits, trips or outings

Relevant medical forms are extracted from the main school office file and taken by the members of staff responsible for the child. Copies are to be kept in the school office file. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. Following the return to the school medical forms are to be returned to the file held in the school office.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as Asthma Inhalers. In which case these should go along with the child and taken by the member of staff responsible for the child.

Emergency Medical Treatment

Parents/carers are required to sign a permission slip for emergency treatment and/or medication to be administered in their absence which is part of the permission slip for the child to go on the visit, trip or outing. The original forms are to be taken with the staff supervising the excursion.

Staff Training

There is no legal duty that requires schools to administer medicines. The Head teacher should ensure that sufficient members of staff are employed and appropriately trained to manage medicines as part of their duties. A record of staff that have been trained and what training they have had should be kept in the SCR. A list of staff who have received training in the use of Epi-pens will be available at the same locations as those for First Aiders.

It is recommended that all staff responsible for the administration of medicine familiarise

themselves with this policy and the DFE Guidance Managing Medicines in schools and Early Years Settings.

Needle stick procedures

Introduction:

Staff are increasingly coming into contact with discarded hypodermic needles, particularly in residential and public areas. As a needle is capable of penetrating the skin, there is a potential health risk that such an injury can result in staff being exposed to blood borne viral infections such as Hepatitis B or HIV.

As a potential risk of transmission of these viruses has been identified, staff should be fully trained to implement appropriate site-specific control measures to avoid any incident, which may put themselves and others at risk. Best practise measures to avoid accidental needle stick injuries include:

- Managers MUST risk assess all work activities. Where there is a risk of staff coming into contact with discarded needles management must supply appropriate sharps containers
- Individuals are responsible for visually checking each work area prior to commencing work
- In the event of a needle being located, staff MUST NOT cut or bend the needle or carry it in their hands or pockets
- Staff must dispose of the needle carefully and correctly into the sharps container
- Staff should ensure that line management are notified of the location and the disposal of the needle

It is recommended that Hepatitis B vaccinations be given to any worker who is exposed to blood or other body fluids on a regular basis and where other controls are deemed inadequate.

Action to be taken following a needle stick injury:

- DO NOT suck the wound

- Encourage bleeding from the puncture wound
- Wash the area thoroughly under running water and cover with a dressing
- Report the injury to your line manager and health and safety as soon as reasonably practicable
- Staff should contact the local casualty department as a matter of priority
- All needle stick injuries should be reported in line with the Corporate accident/incident reporting policy.

Further information and guidance on preventative measures to avoid needle stick injuries and the actions to take in the event of an injury can be obtained from your line manager and health and safety folder.

Needle stick injuries

1. Needle stick Injuries

Needlestick injuries can be quite common in the workplace.

The most likely disease is the often-fatal tetanus (lockjaw). Immunisation is effective but temporary and must be boosted periodically. Hepatitis is contracted from blood-contaminated sharps such as hypodermics and clinical waste. The risk of contracting HIV is relatively low.

A wide range of workers are at risk: people working in medicine, waste disposal, domestic and care assistants, public cleaning, school staff, parks and gardens are but a few examples. Other workers may not face an obvious risk but must be included.

2. What The Law Says?

There is no specific law on sharps. The biological agents section of the COSHH, the Control of Substances Hazardous to Health Regulations, covers the diseases associated with sharps. There is a general duty for safe systems of work (SSW) to be put in place by employers in Section 2 of the health and Safety at Work etc. Act 1974.

The problem is subject to risk assessment as required under Section 3 of the Management of Health and Safety at Work Regulations 1999. Policies and procedures must also exist as

a means of controlling and managing the dangers associated with needlestick injuries. Consideration should be given within such infection policies such as vaccinations, syringes, sharps boxes, clinical waste and other separation, safe work equipment and safe working methods, personal protective equipment (PPE), first aid, reporting, recording and reviewing and instruction and training.

3. Education

It is recognised that fears and prejudices in relation to blood borne viruses such as hepatitis or HIV/AIDS are best allayed by education. Guidance notes should be prepared for staff. In addition, guidance notes for First Aiders will be issued where appropriate. It is also essential that First Aiders have been adequately trained and are aware of the appropriate safety precautions.

Reference to blood borne diseases and in particular AIDS/HIV should be included wherever possible in training sessions related to health and safety and it is recommended that appropriate government publications be made available to staff.

The Health Protection Agency offers advice and guidance on HIV/AIDS and this can be accessed by visiting the link below:

https://www.gov.uk/government/organisations/public-health-england

Please note: it is not always known when someone may be infected with a blood borne virus and although some disclosures are made, there is no legal requirement for individuals to do so. For this very reason, universal precautions should be implemented as standard procedure.

4. Hepatitis Immunisation

The *Control of Substances Hazardous to Health Regulations 2002* (COSHH) as amended requires that substances hazardous to workers' health are identified and assessed, and that exposure to them is prevented or controlled. This includes biological agents, as well as chemicals.

Hepatitis is a serious disease affecting the liver, which may have potentially fatal consequences. Infection with the hepatitis virus is a foreseeable risk for those staff whose work makes it likely that they will come into contact with infected body fluids, or who may be injured by contaminated sharp instruments such as hypodermic needles.

Immunisation is available against two strains of the disease, Hepatitis A & B.

All managers must carry out risk assessments following the corporate policy on Just4you and using the relevant risk assessment documentation (also found on the Just4you site) to determine if any members of their team are at potential risk of infection. In broad terms, these are:

- Hepatitis A — staff who may be exposed to untreated fæces, or who work in environments where hygiene is poor (e.g. where hands are not washed after using the toilet)
- Hepatitis B — staff who may be exposed to body fluids (e.g. blood, semen, saliva and vaginal secretions)

The law requires that the risk-assessment process be “suitable and sufficient". In order to meet this criterion, it is important that staff are consulted about the decisions being made — that is, that they are informed that a risk assessment is being carried out and why, and that their opinions are sought as to whether all material facts have been considered.

Those staff assessed as being "at risk" of Hepatitis infection must be advised in writing of that assessment and must be offered the opportunity to be vaccinated. While staff should not be coerced into vaccination, the offer should be regularly repeated, to both individuals and as part of team briefings/meetings. It should also be incorporated into team induction training, so that the offer is automatically extended to any new staff members joining "at risk" teams. This process may also be carried forward in one to one situations when on an individual basis.

A record should be kept of those staff that have accepted the offer of vaccination, those who have declined it, and those who state that they are already immunised. The record should be updated as necessary.

Staff that wish to accept the offer of immunisation against Hepatitis A/B may go to their own GP to arrange immunisation or to seek advice on where they can obtain this. Staff attending appointments may need to take a letter from their establishment confirming that their employer has identified this as a control measure for them, should the GP request this.

5. What to do if you are injured?

Clean the wound immediately – Wash the area thoroughly with liquid soap and running water. Let the wound bleed if the skin has been broken. Don’t put the wound in your mouth.

1. **Get medical help** – Go to your GP or Accident and Emergency (A&E). They will advise you of the type of treatment you need. Don’t make your own judgement.
2. **Find out if the sharp was clean or used** – if it was used, try to find out which person the instrument was used to treat or who the needle belonged to (if possible).
3. **Report the injury** – Injury reports are for your protection. Report every injury, even if you don’t think it is important. (Not reporting an injury can affect a claim for injury benefit or compensation). Make an entry into the usual accident reporting system for Walderslade Primary school.

6. Other Causes of Injury

- **Disposing of needles –** Most needlestick injuries happen when needles are thrown out. Not using proper containers that meet Department of health specifications – or not disposing of containers properly – can increase risks. **Never** give needles to colleagues for disposal.
- **Recapping needles –** Recapping needles is not recommended for safety reasons. Recapping a used needle poses one of the greatest threats of infection through injury.
- **Collecting rubbish –** Containers for disposing of sharps need to be handled and disposed of with great care. Follow your employer’s guidelines at all times. Needles and other sharps sometimes end up in wastepaper baskets, putting domestic and portering staff in danger.
- **Cleaning rooms and instrument trays –** Instrument trays are especially dangerous because they may contain a number of contaminated sharps. Sometimes, through carelessness or by accident, used sharps end up on the floor, in bedding or in other linen.
- **Processing laundry –** Laundry staff are exposed to sharps when instruments are mixed with bedding or linen because proper procedures have not been followed.
- **Staff or pupils/visitors** may be using needles and have not made you aware. Needles can be casually discarded or forgotten and left kying around and then pose a risk to others on site. Always ensure that you communicate policy on your expectations from needle users and their or their supervisors.

- **Other times –** Injuries can happen at any time, during any procedure. Even accidentally dropping a needle or other sharp can cause an injury.
- **Needles may be thrown onto your site** from passers-by or by trespassers and so it is important that site team are made aware of this danger and check the site daily but use protective equipment when doing so e.g. never sweep up leaves with bare hands or collect litter that might contain sharps unless wearing gloves.

7. Universal Precautions

1. Basic good hygiene

The following precautions will prevent infections being passed on to both staff and service users.

1.1 Good hand hygiene by both staff and pupils.

Pupils, staff and visitors should be encouraged or aided to wash their hands after any personal care.

1.2 Disposable gloves must be used when dealing with pupil's personal hygiene, first aid or other medical reasons and properly disposed of after use in a clinical waste receptacle.

1.3 Any cuts or sores should be covered with waterproof dressings.

1.4 Sharps must be contained in sharps containers only, not placed in domestic or clinical waste bags. They must be discarded in the correct place of use.

1.5 Protective clothing should not be worn continuously between each care activity. This will increase the risk of cross infection.

2. Hand washing

2.1 Hands must be washed with soap and running warm water, ensuring that all surfaces (including web spaces, finger tips and thumbs which can be forgotten) are covered. They must then be rinsed and dried thoroughly with a paper towel.

2.2 It is best practice to ensure that staff wash their hands:

before starting work or leaving the building

before and after any personal care involving the pupils

before and after the wearing of gloves (please note: latex gloves are not recommended due to the increasing number of allergies amongst staff pupils)

before preparing, serving or eating food

before feeding pupils

after smoking cigarettes

before and after using the toilet

WORKING METHOD

Sharps (syringe) collection : safe working method

Staff should be aware that used sharps may be contaminated with a variety of diseases and conditions, some of which (e.g. HIV, Hepatitis B) are extremely serious. For this reason you must avoid personal contact with them.

Where syringes collection is a regular occurrence, It is highly recommended any staff undertaking this activity have Hepatitis B inoculation. Please see your line manager if you have not received this yet.

If you are in any doubt as to your ability to deal safely with these, please contact one of the Health and Safety advisors, or your line manager.

In the event a needle injures you, seek immediate medical advice.

1. Avoid personal contact with sharps as far as possible. Use litter picker to pick up and place on hard, clear surface.

2. Place carefully in approved small sharps container wearing sharps gloves.

3. When sharps container is full, dispose of through an approved contractor e.g. Cannon hygiene or enquire whether the local chemist or hospital will accommodate this for you

4. If you have to leave the site where the unprotected sharps are at any time, contact a colleague to 'guard' them.

The Governing Body has adopted this needle stick procedure from the Medway policy including any associated guidelines/policies and future updates. As it is from a Medway policy it is assumed that it has been reviewed by them for DDA compliance.

Epipens

When dealing with epipens our aims are to:

- provide a safe and healthy environment for children and staff, especially for those who have a medical condition
- assist families who have a child who suffers from anaphylaxis (Or staff member)

We will follow a set procedure in the treatment of all children, who require an EpiPen in school. This policy adopts a pro-active approach in ensuring that safe procedures are followed.

Our procedure is in three parts, each relating to the requirements for the parent, the school or the child.

The **parent/carer** of a child who has been diagnosed with symptoms which can cause an anaphylactic shock is required to:

- inform the school at the earliest possibility of the problem and the likely causes which could cause an episode
- inform the school if there is any change in the nature of the condition
- ensure the school has up-to-date emergency contact details
- to give the school written permission for the supervision and administering of the medication
- provide the school with sufficient identically prescribed EpiPens, suitably labelled, to those used at home
- provide the school with a replacement EpiPen if one is used or becomes out-of-date for its use
- collect the EpiPens from the school at the end of each year and replace them at the start of each year

The **school** is required to:

- ensure all staff know what anaphylaxis is and are aware of the dangers of anaphylactic shock
- ensure that sufficient and appropriate staff have been trained in the use of the EpiPen and that their training is up-to-date
- ensure that all staff are aware of the pupils who suffer from this medical condition
- ensure that an up-to-date list of those pupils is kept in the medical room and the Office with their recent photos displayed in the Staffroom, medical room and their classrooms
- ensure that the child's classroom has one of their labelled EpiPens which is suitably stored and easily available and accessible to all staff
- ensure the child's EpiPen goes with the teacher in charge of any school trip
- to inform parents/guardians of any concerns in relation to the physical condition of the child
- treat the child immediately in the case of a child having an anaphylactic shock and call for an ambulance
- to make every effort to inform the parents/guardians as quickly as possible once symptoms of a reaction are noted
- Ensure that any used EpiPen is either returned to the parent/guardian or disposed of safely as required

The **child** is required to:

- take the initiative to report to a teacher, teaching assistant or other responsible adult, if they recognise the onset of any symptoms of their allergy

We will follow a set procedure in the treatment of all staff members who require an EpiPen in school. This policy adopts a pro-active approach in ensuring that safe procedures are followed.

The **school** is required to:

- ensure that sufficient and appropriate staff have been trained in the use of the EpiPen and that their training is up-to-date
- ensure that relevant staff are aware of the staff member who suffers from this medical condition
- ensure that a care plan is in place for the staff member, outlining any necessary procedures that need to be followed

The **staff member** is required to:

- ensure that they have one of their labelled EpiPens in an easily accessible place, which is suitably stored and easily available and accessible to relevant staff
- ensure any changes to medical condition are reported via their care plan

Diabetes

Diabetes information

1. Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

2. About one in 550 school-age children have diabetes, and 2 million people suffer in the UK. The majority have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. People with Type 2 diabetes are usually treated by diet and exercise alone.

3. Each person may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. Staff with diabetes should make their condition known and their treatment plan available. Children and staff should be made aware of what to do if the member of staff is unwell and how to use the EMERGENCY CARD SYSTEM.

Medicine and Control for children

4. The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their

own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

5. Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of longacting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual health care plan.

6. Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

7. When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional. Administering injections is a matter for personal preference and no member of staff will be expected to carry out this task without full training and their consent.

8. Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low.

9. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

10. Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

11. If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately.

12. Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycaemic reaction** (hypo) in a child with diabetes:

- **hunger**
- **sweating**
- **drowsiness**
- **pallor**

- **glazed eyes**
- **shaking or trembling**
- **lack of concentration**
- **irritability**
- **headache**
- **mood changes, especially angry or aggressive behaviour**

Pupils should be provided with a sugary drink or food, such as a sandwich or two biscuits and a glass of milk should be given once the child has recovered, some 10-15 minutes later.

13. Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

14. Information and photographs of children with diabetes are in the medical room.

Epilepsy

This part of the policy is intended to ensure that Walderslade Primary school fully meets the needs of pupils who have epilepsy and that all pupils who have epilepsy achieve to their full potential. It has been prepared with reference to information available from the Young Epilepsy.

Walderslade Primary School will ensure at least one member of staff has training in epilepsy and supporting children who have epilepsy in school medical, socially and academically. That person will lead on ensuring that the epilepsy part of the policy is followed.

Walderslade Primary school will ensure that all pupils who have epilepsy achieve to their full potential by:

- Keeping careful and appropriate records of students who have epilepsy
- Recording any changes in behaviour or levels. Rates of achievement, as these could be due to the pupil's epilepsy or medication
- Closely monitor whether the pupil is achieving to their full potential
- Tackling any problems early

Walderslade Primary School will ensure that all pupils with epilepsy are fully included in school life, and are not isolated or stigmatised. We will do this by:

- Offering support in school with a mentoring or 'buddying' system to help broaden understanding of epilepsy
- Supporting pupils to take a full part in all activities and outings (day and residential)
- Making necessary adjustments e.g. timetables
- Giving voice to the views of pupils with epilepsy, for examples regarding feeling safe, respect from other pupils, teasing and bullying, what should happen during and following a seizure, adjustments to support them in learning, adjustments to enable full participation in school life and raising epilepsy awareness in school
- Raising awareness of epilepsy across the whole school community, including pupils, staff and parents

Walderslade Primary school will liaise fully with parents and health professionals by:

- Letting parents know what is going on in school
- Asking for information about a pupil's healthcare, so that we can fully meet their medical needs
- Asking for information about if or how the pupil's epilepsy and medication affect their concentration and ability to learn
- Informing parents and health professionals (with the parent's permission) of changes to the pupil's achievement, concentration, behaviour and seizure patterns.

We will ensure that staff are epilepsy aware and know what to do if a pupil has a seizure.

As/if needed, there will be an appropriately trained member of staff available at all times to deliver emergency medication.