



Medical Policy

Medical Lead - Mrs Vicki Thomas

Torre C of E Academy endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences at school. It is an inclusive community that aims to support and welcome pupils with medical conditions.

All children will experience illness in the course of their school careers, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions.

Staff working with pupils who have specific medical needs should understand the nature of children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.

Community consultation

This school will consult on the development of this medical condition policy with a wide-range of key stakeholders within both the school and health settings.

These key stakeholders include: pupils with medical conditions, parents, school nurse, Head teacher & teachers, SENDCo, members of staff trained in first aid, all other school staff, local emergency healthcare staff (such as accident & emergency staff and paramedics), local healthcare professionals, the local authority and school governors. Torre recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

School and community involvement in the policy

Pupils will be informed and regularly reminded about the medical conditions policy:

- Through the school and class councils
- In personal, social and health education (PSHE) classes

Parents will be informed and regularly reminded about the medical conditions policy:

- by including the policy statement in the school's prospectus and signposting access to the policy at the start of the school year, when communication is sent out about Healthcare Plans
- when their child is enrolled as a new pupil

- through school-wide communication about results of the monitoring and evaluation of the policy

School staff will be informed and regularly reminded about the medical conditions policy:

- through regular updates at staff meetings and at other times during the year
- at scheduled medical conditions training
- through the key principles of the policy being displayed/sent to staff
- through school-wide communication about results of the monitoring and evaluation of the policy

In addition, supply and temporary staff are informed of the policy and of their responsibilities. Relevant local health staff will be informed and regularly reminded about the school's medical conditions policy:

- by letter, accompanied with a printed copy of the policy at the start of the school year
- Clinical and Commissioning Groups and school/community nurse
- through communication about results of the monitoring and evaluation of the policy

Governors agree the policy and regularly review it (at least every 2 years) All other external stakeholders are informed and reminded about the school's medical conditions policy:

- by letter, accompanied with a printed copy of the policy summary at the start of the school year
- through communication about results of the monitoring and evaluation of the policy

Managing medicines

On occasion, children may need to take medicines whilst in school. Some children are on long term regular medication for chronic conditions or may need to take emergency/as needed medication to treat a change in their underlying condition. There are cases where the responsibility for administering medicine can and should rest with the child. Where parents request the school to exercise a degree of supervision or to administer the medicine, the situation is more complicated. In such cases, staff should consult the head-teacher and any practical and organisational implications need to be addressed prior to assuming responsibility for this.

General Principles

The administration of medicine is the responsibility of parents and carers. There is no absolute requirement on teachers or support staff to administer medicines. However, where they volunteer to do so, guidelines are helpful.

Short-term illness

- Children who are suffering from short-term ailments and who are clearly unwell should not be in school and head-teachers are within their rights to ask parents/carers to keep them at home.
- Some parents may send children to school with non-prescribed medicines (e.g. cough mixture, ibuprofen, paracetamol and antihistamines - the Medicine and

Healthcare Products Regulatory Authority warned against their use in the under 6s in 2009, see <http://www.npc.nhs.uk/rapidreview/?p=311>). Many of these are not effective treatments, but can cause potential harm and as a general rule, we discourage this practice.

- There are recommended times away from school to limit the spread of infectious disease. Please see HPA guidelines for this (http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1274087715902)
- Note, children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

Chronic illness/disability

It may be necessary for children with long term conditions to take prescribed medicines during school hours. Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help,) from very young. This can include self-administration of medicines e.g. Using an inhaler or giving own insulin injections. We support this practice wherever appropriate. Where young children or those with special needs require medication, adult support will be needed. Whilst responsibility for the medical care of children rests with parents and their health professionals, it may not be feasible for these individuals to come to school to administer medicines, and such repeated attendances could slow the personal development of a child.

Acute illness

The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations.

Documentation:

Where medicines are to be administered at school, it is important that a written instruction should have been received from the parent or doctor, specifying:

1. Name, date of birth and class of the child
2. Medication involved
3. Circumstances medication should be administered
4. Frequency and level of dosage
5. Date/s when or which medication is needed

This is a green form which can be obtained from the School Office and/or from our online system 'School Pod' electronically.

(see Appendix C - green form obtained from the School Office)

For more serious or chronic conditions, including allergies that require the potential use of an epipen, we require a health care plan from a child's doctor stating exactly what needs to be given and when. This is usually requested via the school nurse service.

Training: Teachers and support staff should receive appropriate training and guidance via the School Health Service for non-routine administrations. The school nursing email service is as follows: publichealthnursing.torbay@nhs.net and is an allocation system and can also be contacted via the Admin Hub at 0300 333 5352.

Giving regular medicines

We encourage parents whose child is taking medication three times a day (or 'tds'), to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose, follow standard practice (see below).

If medicine has to be taken four times a day (or 'qds') and a lunchtime dose is necessary, the standard practice (see below) is followed.

Standard Practice

1. For all medication administered by staff in school ask the Parent/Carer to complete either a prescribed or non-prescribed Medicine Administration request form. See Appendix C.
2. Refer to this form prior to giving the medicine.
3. Check the child's name on the form and the medicine.
4. Check the prescribed dose.
5. Check the expiry date.
6. Check the prescribed frequency of the medicine.
7. Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.
8. Check the child's name again and administer the medicine.
9. Complete and sign the green form when the child has taken the medicine
10. If uncertain, DO NOT give - check first with parents or Vicki Thomas.
11. If a child refuses medication, record and inform parents as soon as possible.

Medicine storage

It is the responsibility of the head-teacher to ensure safe storage of medicines.

All medicines should be kept in the container supplied which should be clearly labelled with the child's name, another identifier (such as date of birth) and instruction for usage. This green form will be folded inside out to prevent others seeing the child's personal details.

All children with medical conditions should have easy access to their emergency medication.

Some medicines (e.g. liquid antibiotics, insulin) require refrigeration - but must not be frozen. These should be kept in suitable additional and airtight containers (e.g. Tupperware boxes) and marked 'Medicines'. See Epipens and Asthma inhalers below.

Medicines (with the exception of asthma inhalers and epipens) will all be kept locked in the first aid cupboard located in the filing cabinet on the wall in the staffroom or in the child's classroom located in the first aid box if this is more suitable. The key is hanging in the door of the filing cabinet and cannot be accessed by children. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Storing Medication and First Aid

Nursery: Located in the nursery kitchen, in the higher unit, labelled 'First Aid'

EYFS:

Located in the top left hand cupboard of the sink, labelled 'First Aid' in the main kitchen.

KS1

Starfish: Located in the top right hand cupboard of the sink area, labelled 'Medical' in a red box. Medication for specific pupil is kept in black bag next to the medical box.

Clownfish: Located on the top cupboard to the right of the sink, labelled with a red cross and 'epi pens'

Turtles: Located in the right hand cupboard of the sink area, labelled 'Medical' on the bottom shelf.

KS2

Octopuses: Located in white cupboard in the corner. Labelled with a red cross.

Stingrays: Located in white cupboard storage, labelled 'epi pens and asthma inhalers'

Rainbowfish: Located in white cupboard storage, labelled 'epi pens and asthma inhalers'

Swordfish: Located in blue cupboard in classroom

Sharks: Located on the top shelf by the teachers desk, labelled 'epi pens and asthma inhalers'

Penguins: Located on the right hand side of the second shelf next to the window. Labelled red cross 'epi pens'

The Harbour: Stored in a plastic box labelled with a red cross 'medication/asthma inhalers'. Located on the top shelf in the Harbour kitchen.

First Aid Locations around the school:

- Nursery building - kitchen
- Lower School - kitchen
- KS2 morning break first aid station - The Cove
- KS2 lunch break first aid station - Jellyfish Classroom
- Lower School/Year 2 - Drawer by the disabled toilet
- Kitchen office

Changes in response to Covid-19 Restrictions: Class bubbles have a first aider in their team that will administer first aid. In the event of a bubble not having a first aider, they will call for the nearest first aider and give advice/medical assistance from 2m apart. In the event of Covid-19 symptoms from a child a first aider will be given the option and advised to administer first aid with PPE equipment whilst waiting for the child to be collected.

Emergency allergy response kit (orange box) containing 2 Torre epi-pens are stored on the wall by the Jellyfish classroom.

Emergency Asthma Inhaler Kit (orange box) containing ventolin inhaler and disposable spacers are stored on the all by the Jellyfish classroom.

Other prescribed medicines: This will be kept locked in the first aid cupboard in the staffroom which is located on the wall. The key to this cupboard, is in the cabinet itself and cannot be reached by children. Any medication needed to be refrigerated will be either be kept in the staffroom fridge, Nursery fridge or EYFS fridge depending on the child's key stage. This box is labelled 'medications'.

Medicine disposal

Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

A named member of staff (Rebecca Herrera/Vicki Thomas) is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur three times a year and be documented on School Pod under 'Medical'.

Sharps boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in a locked cupboard. Collection of sharps boxes is arranged with the local authority's environmental services.

Record keeping

- Enrolment forms - should highlight any health condition
- Healthcare plans - for children with medical conditions giving details of individual children's medical needs at school. These needed to be updated after a medical emergency or if there is a change in treatment etc. and should be reviewed at least annually. They should be kept in a secure location (Google Shared Drive) but specified members of staff (agreed by parents) should have access to copies. All staff must protect a pupil's confidentiality.
- Centralised register of children with medical needs - Schools Online 'Google Drive' Request to administer medicines at school
- Log of training relevant to medical conditions

Record keeping & Healthcare Plans

Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out when they start at the school. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

Drawing up Healthcare Plans

This school uses a Healthcare Plan to record important details about individual children's medical needs at school, e.g. their triggers, signs, symptoms, medication and other treatments. If a pupil has a longer term medical condition that requires treatment or medication during school hours, the school, healthcare professional, parent and pupil with a medical condition (if appropriate), are asked to fill out the Healthcare Plan together.

School Healthcare Plan register

Healthcare Plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for the register at this school (VThomas). The responsible member of staff clarifies the details on a pupil's Healthcare Plan with the parents, if necessary.

Ongoing communication and review of Healthcare Plans

Parents at this school are regularly reminded to update their child's Healthcare Plan, for example if their child has a medical emergency or if there have been changes to their symptoms, or their medication and treatments change.

- The school will contact parents to check that information held by the school on a pupil's condition is accurate and up to date.
- Every pupil with a Healthcare Plan at this school has their plan discussed and reviewed at least once a year.
 - From September 2020 parents of children who have an Emergency Healthcare Plan, have been asked to send in a photo of their child to be added to the emergency healthcare plan register. This is so that the child can be identified by other members of staff in an emergency.

Storage and access to Healthcare Plans

- Parents at this school are provided with a copy of the pupil's current agreed Healthcare Plan
- Healthcare Plans are kept in a secure central location at school (Pink Room locked filing cabinet 'Medical File') An electronic copy is also kept securely on the staff Google Drive under 'medical folder'
- Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy
 - All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care
 - When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care
 - This school ensures that all staff protect pupil confidentiality
 - This school seeks permission from parents to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Healthcare Plan
 - This school seeks permission from the parents before sharing any medical information with any other party. Use of Healthcare Plans help the school to effectively support pupils with medical conditions in accessing the curriculum and wider school life. Where a child is absent for over 15 days due to illness the school will consider reviewing or setting up a health care plan with school nursing/ GP. The aim of this review is to promote the child's attendance and engagement in school and maximise their access to the curriculum. Where this health care plan review decides that the pupil cannot attend school on medical grounds a referral will be made to the Local Authority Medical Provision for consideration.

Medi-alerts (bracelets/necklaces alerting others to a medical condition)

As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

Impaired mobility

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

Off-Site visits

Take a First Aid kit whenever children are taken off-site. Buckets and towels, in case of sickness on a journey, are also sensible precautions.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary.

Employee's medicines

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children.

Staff protection

"Universal precautions" and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Always wear gloves.
- Wash your hands before and after administering first aid and medicines
- Use the hand gel provided.

Staff indemnity

Torre Academy indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. The administration of medicines falls within this definition so staff can be reassured about the protection their employer provides. The indemnity would cover consequences that might arise where an incorrect dose is inadvertently given or where administration is overlooked. It also covers the administration of emergency medication when given according to an individual child's protocol.

In practice, indemnity means that the Academy and not the individual employee will meet any costs of damages arising should a claim for alleged negligence be successful. In practice, it is very rare for school staff to be sued for negligence and any action is usually between the parent and employer.

Appendix A - Medicines likely to be brought into or used at schools

Non-prescribed medicines

We would ask families to administer non prescribed medicines in the morning prior to leaving for school, or as they arrive with their child at school. This will ensure the child has adequate medication for the duration of the school day. If a child requires more frequent non prescribed medications this will need to be discussed on an individual case basis with a member of SLT and/or the school nurse. Rebecca Herrera will be responsible for administering non-prescribed medicines during the school day, especially at lunch times. If Rebecca is unable to administer the medicine they will inform a first aider within the child's team (Nursery, EYFS, KS1 or KS2)

1. Green non-prescribed medicine form to be filled in by the parent/carer and handed into the office
2. Office to hand form over immediately to RH
3. RH to ensure class teachers are aware of the medication needed
4. RH to administer the medication at the required time and to document the medication given with forms located with the medication.

Asthma Inhalers

Each class will place all inhalers for the children in that class in a suitable container. Pupils requiring this medication will know where it is located and will be able to access it themselves.

All staff are required to make themselves aware of the location of each classroom's asthma inhaler storage containing Asthma inhalers.

If the school and the parent feel that the child is capable and responsible, the child should look after and carry his/her own inhaler marked with his/her name. Cases should be considered individually after consulting with parents, the child's doctor or school nurse as appropriate. Inhalers are very safe and it is unlikely that a child using another's inhaler is likely to come to any harm (although obviously medicines should only really be used by those that they have been prescribed for).

Enzyme additives

Children with cystic fibrosis may require added enzymes to ensure that they are able to digest their food. They are usually prescribed pancreatic supplements (eg Creon) and these must be taken with food. Children may need several capsules at a time. They are entirely safe if taken accidentally by another child.

Maintenance drugs

A child may be on medication (e.g. insulin) that requires a dose during the school day.

Many of the relevant medical charities have developed resources to support school looking after children with chronic medical problems.

Asthma UK http://www.asthma.org.uk/media/95603/School%20Policy_16pp.pdf

Cystic fibrosis trust <http://www.cftrust.org.uk/>

Diabetes UK

<http://www.diabetes.org.uk/Information-for-parents/Living-with-diabetes-new/School/>

Epilepsy Action <http://www.epilepsy.org.uk/info/education>

The Anaphylaxis Campaign <http://www.anaphylaxis.org.uk/schools/help-for-schools>

Appendix B - Non-routine administration of medicines

Any request for 'Unusual Administration' of medicine or treatment should be referred to the school nurse for advice.

Conditions requiring emergency action - Appendix D

As a matter of routine, all schools must have a clear procedure for summoning an ambulance in an emergency (Appendix D).

Some life-threatening conditions may require immediate treatment and some staff may volunteer to stand-by to administer these medicines in an emergency. If they do, they must receive professional training and guidance via the School Health Services.

If the trained member of staff is absent, immediate contact with the parent needs to be made to agree alternative arrangements.

Medicines for these purposes should only be held where there is an individual protocol for the child concerned that has been written up for the school by a doctor. Examples of these conditions follow - but should be more fully explained during training and in the individual's protocol.

General emergency procedures: The school will ensure that all staff know what action to take in the event of a medical emergency. This includes:

- How to contact emergency services and what information to give
- Who to contact within the school
- New staff and supply staff are inducted into school processes.
- Action to take in a general medical emergency is displayed in prominent locations for staff
- If a pupil needs to be taken to hospital, and their parent or carer is not immediately available, a member of staff will accompany them and will stay with them until a parent/carer arrives.

The school tries to ensure that the staff member will be one the pupil knows. This school has procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. When this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible. Staff should not take pupils to hospital in their own car. This school has clear guidance from the local authority on when (and if) this is appropriate

1. Anaphylaxis (acute allergic reaction)

A very small number of people are particularly sensitive to particular substances eg bee sting, nuts and require an immediate injection of adrenaline. This is life-saving. Children who have been prescribed an epipen will have both pens placed in an unlocked storage facility, out of sight of all children, but in a place where the child for whom the epipen has been prescribed, knows where it is and can access it. The exact locations are as follows:

- Clownfish: in a plastic box in the cupboard above the sink with a red cross labelled 'Epipens'
- Swordfish: Located in the room at the back of the classroom on the right hand side shelves behind the curtains (middle shelf) labelled 'Epipens'

All staff are required to make themselves aware of the location of each classroom's zip folder containing Epipens.

2. Major fits

Some epileptic children require rectal diazepam if they have a prolonged fit that does not spontaneously stop. A second member of staff must be present during the administration.

3. Diabetic hypoglycaemia

Blood sugar control can be difficult in diabetics, and blood sugar levels may drop to a very low level causing a child to become confused, aggressive or even unconscious. If the child does not respond to the dextrose tablets they carry, or to other foods/drinks containing sugar, Hypostop (a sugar containing gel rubbed into the gums) or an injection of Glucagon may be required.

Appendix C - Request for school to administer medication (see attached green form)

Appendix D - Procedure for summoning an ambulance in an emergency

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action. If it is not an emergency and in the case of a child, parent/carers should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult.

Where it is deemed an emergency, a member of staff (usually the Admin Office) will call for an ambulance. Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness etc) along with the school address and contact information.

The child's parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once parents or other relatives have arrived in hospital.

Appendix E - First Aid

Children should not help with First Aid. Current First Aiders in the school : Angela Harker, Rebecca Herrera, Julie Green, Mandy Kirby Selves, Kate Squibb, Hayley Harker, Julie Lindsay, Lisa White, Carolynne Cannon, Jo Harris, Helen Gilbey, Michaela Browse,

Always wear gloves when administering First Aid.

Behaviour Watch Entry 'First Aid' Slip:

- Name of child and class
- Signature of the person reporting the accident
- Date and time
- Where it occurred and what happened
- The resulting injury
- How it was dealt with

Parents should be notified of any significant First Aid given to a child during the school day (significant: bumped head, cold compress, obvious injury etc) Every First Aid incident is logged on Behaviour Watch by the designated First Aider .If the child has bumped their head the designated first aider will print out a Behaviour Watch bumped head slip, this will go to the class teacher to be passed to the parent at the end of the day. At the time of the bumped head, the office staff will send a text message home to parents to notify their child has bumped their head.

Any serious injuries (other than non-serious bruises, grazes etc) will require the parents to be contacted immediately.

Appendix F - Allergies during Lunchtimes

- Children with an allergy will be highlighted in red on the daily lunch registers with their allergy detailed on the lunch register.
- Children collect their lunch each day directly from the school cook so she can ensure they are given the correct meal. Please let any children in your class with an allergy know that they need to collect it from the hatch - this includes those having a packed lunch
- Children on emergency health care plans have a photo printed out with their specific allergies/need given to the school kitchen

If the accident occurs due to a Health and Safety oversight, please pass on the information to the Site Caretaker : Robert Giampaglia.

Relevant legislation and guidance

Managing Medicines in Schools and Early Years settings (2004)

Disability Discrimination act 1995 and Special Educational Needs and Disability Acts (2001 and 2005)

The Education Act 1996

Health and Safety at Work act 1974

Management of Health and Safety at Work Regulations 1999

Medicines Act 1968

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