Administration of Medicine / First Aid

Policy and Procedures

February 2018

STATUS: Recommended

Please also refer to the document ‘Supporting Pupils at school with medical conditions’ (DFE) which is on the John Locke Academy website.

Administration of Medication

The Governors and staff at John Locke Academy endeavour to follow the advice given by the DFE. Section 100 of the Children and Families Act 2014 places a duty on the governing bodies to make arrangements for supporting pupils at school with medical conditions.

1. Aim:

This policy aims to:

* Provide a clear policy and set of procedures which will be understood and adopted by staff, parents and pupils. It will provide a sound basis for ensuring that pupils with medical needs receive proper care and support at the Academy
* Set out the necessary safety measures to support pupils with medical needs (including long term or complex needs)
* Explain the procedures to ensure the safe management of any medications

2. Responsibilities:

1. Parents/Guardians

* Parents/Guardians are responsible for ensuring that their child is well enough to attend the Academy.
* Parent/guardians must disclose medical information on the ‘data capture form’ (the form filled-in when the child begins to attend the Academy).
* It is the parent/Guardian’s responsibility to discuss any medical concerns regarding their child with the class teacher or Mrs Marsh (welfare lead).
* Ideally, any prescribed medication should be administered at home. The Academy accepts, however, that it may be necessary for some medication to be administered during school hours. Before any medication can be administered to your child, you must complete a form (Medication Form) at the Academy main office.
* ALL MEDICATION FORMS MUST BE SIGNED BY THE PARENTS BEFORE ANY MEDICATION CAN BE ADMINISTERED.
* Under arrangement made by the Academy, parents/guardians should provide the welfare lead with sufficient information about their child’s medical condition and treatment or special care needed.
* Parents/ Guardians are responsible for ensuring that medical details are up to date. Please speak with Mrs Reed (Office Manager) or Mrs Marsh immediately if any changes need to be made to the medical information held about your child.
* Parents are responsible for ensuring that any medicines that need to be administered during the school day are prescribed by a qualified medical practitioner. The details of the medication and the administration of it needs to be set out clearly on the bottle/packet. It is the parent/guardian’s responsibility to ensure that the medication is in date.
* School staff must check the date, name and dosage information again before administering it.
* Where appropriate, parents/guardians’ should be involved in drawing up a Education Health Care Plan(EHC) for their child. The decision to write a EHC plan will be made in consultation between the SENCO ( Ms Roebuck), the parents and any other relevant professionals e.g. school nurse, GPs.

3. The Academy

* The Academy is responsible for requesting information concerning details of all pupils’ medical conditions and treatment/care.
* Only Academy staff who are authorised and trained in the giving of medication may administer it.
* Medication will only be administered by Mrs Marsh or named NNEB/HLTA.
* Other teaching staff are not obliged or authorised to administer medication
* No other member of staff is authorised to give, or oversee, the taking of medication.
* The Academy will only oversee the administration of medicines prescribed by a qualified medical practitioner.

The Academy makes its arrangements for administering medication in line with the government guidance in ‘Managing Medicines in Schools and Early Years Settings’ and ‘Supporting Pupils at school with medical conditions’.

The Principal is responsible for:

* Ensuring that appropriate procedures are in place.
* Ensuring the formulation of individual Health Care Plans where necessary.
* Appointing appropriately trained staff.
* In consultation with the trained staff, for drawing up and implementing emergency medical procedures and First Aid arrangements.
* Ensuring that staff who agree to accept responsibility for administering prescribed medication to a pupil, have appropriate training and guidance.
* Ensuring that all parents are aware of the Academy’s Policy and Procedures for dealing with medical needs.
* Ensuring that arrangements are in place for requesting and receiving information from parents
* The Principal is responsible for trained staff acting in loco parentis during the Academy day – i.e. between 8.45 a.m. and 3.45 p.m.

NO MEDICATION WILL BE ADMINISTERED BY

DESIGNATED ACADEMY STAFF WITHOUT

SIGNED CONSENT OF THE PARENT/

GUARDIAN.

Teachers and Support Staff

* All teachers and support staff are responsible for keeping up-to-date with the medical needs of the children in their year groups. This information is contained in the red Inclusion files and on the ‘lookout’ board in the staffroom.
* Scholarpack holds all medical information, in addition to filed paper copies. A Scholarpack medical data grid MUST be printed half-termly and placed into the RED inclusion file for each class.
* If a new child joins the Academy, it is the teachers’ responsibility to check with the Office Manager for any medical needs. In Early Years, NNEB also have this responsibility.

The teachers in charge of particular activities are responsible for ensuring that

appropriate arrangements are made for pupils with medical needs during:

* Educational Visits
* Sporting activities

All staff are responsible for:

* Knowing the arrangements and following the procedures
* Reporting any problems to the person appointed to oversee the administration of medication.

After School Care

After school care staff members are responsible for checking the medical information for any child in their care. It is the parents’ responsibility to ensure that after school staff know of any changes to medical conditions. This can be done directly or via the school office.

4. Policy on specific medical issues

The Academy welcomes all pupils and encourages them to participate fully in all activities.

The Academy provides advice and training to staff on the practical aspects of management of:

i) Asthma attacks

ii) Diabetes

iii) Epilepsy

iv) An Anaphylactic Reaction

*Procedures for these are attached below.*

All staff members receive ANNUAL asthma and epipen training (anaphylactic reaction).

All asthma inhalers, epi-pens are kept in the classrooms inside RED PLASTIC BOXES LABELLED WITH A GREEN CROSS so that they are easily accessible. Inside the boxes each individual inhaler or epipen is placed in a clear plastic zip wallet clearly labeled with the child’s name.

Insulin will be kept in the FRIDGE IN THE WELFARE ROOM.

It is the parents’ responsibility to ensure that the medication is in date. However, the welfare lead will keep a check of the expiry dates of all asthma inhalers and epipens and remind parents whenever new inhalers/epipens are required.

FIRST AID

A list of all first aid trained staff is visible in key areas - main reception, nursery.

The Academy will ensure there are designated first aiders in each phase.

The Academy will provide the materials, equipment and facilities to be able to

carry out first aid.

There are first aid kits located in –

1. The nursery changing room.

2. Each classroom

3. The main Academy Office

4. The welfare room

There are also small first aid kits available which are taken outside by SMSA’s at lunchtime.

Trips

* Staff are responsible for taking named asthma inhalers, epipens and any other

relevant medical equipment.

* A first aid kit and emergency asthma inhaler must also be taken on any trips, visits outside of the Academy.
* The contents of the kits must be checked by the welfare assistant half-termly.
* The welfare lead will also order any new resources as and when needed.
* In any emergency an ambulance should be called and the Principal informed.

Head Injuries

We recognise that injuries to the head can be extremely problematic, even for

qualified doctors, as the effects might not be immediately evident.

All blows and bumps to the head are recorded on an accident form. If this has taken place during class time then a form must be signed by the parent when they pick-up their child. If the injury occurred at break time the child will be issued with a bump note and a phone call to home will be made.

Unfortunately, children do sometimes bump themselves or sustain an injury

which is not witnessed by an adult. The Academy does all that is possible to try

to avoid this happening. Please explain and regularly remind your child to

report any bump to their head to a member of staff.



Supply teachers

All supply teachers will be informed of the procedures.

Support staff should inform any supply teachers of any medical issues.

Equal Opportunities

In making, reviewing and implementing this policy TEFAT and the Academy will

have regard to its equal opportunities policies, and in particular will have

regard to the needs of any pupil with disabilities.

Monitoring and Review

The Principal will determine the monitoring and review arrangements in the

Academy.The Principal and LGB will consider the working of the policy and

make any relevant recommendations to TEFAT. The Principal will report on

the management and progress of the policy to the Local Governing Body

annually.

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DATE OF THE NEXT REVIEW: February 2020

POLICY ON RESPONDING TO ASTHMA

*See Separate Asthma Policy*.

ALLERGIC REACTIONS/ANAPHYLAXIS

*See separate Anaphylaxis Policy*

POLICY ON RESPONDING TO EPILEPSY

HELPING PUPILS WITH EPILEPSY

Contents

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This section provides some basic information about epilepsy but it is beyond its scope to provide more detailed medical advice. It is important that the particular needs of pupils are assessed and treated on an individual basis.

What is epilepsy?

Pupils with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Five percent of people with epilepsy have their first seizure before the age of 20.

Epilepsy is the second most common medical condition that teachers will encounter. It affects around one in 130 pupils in the UK. Eighty percent of pupils with epilepsy attend mainstream schools. Most pupils with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Epilepsy is not a disease or an illness but may sometimes be a symptom of an underlying physical disorder. Epilepsy is defined as having a tendency to have convulsions or fits. An epileptic seizure happens when normal electrical activity in the brain is suddenly disrupted. An epileptic seizure can take a number of different forms – it can cause changes in a person’s body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. A seizure or ‘fit’ is a brief disruption to normal brain functioning

What causes epilepsy?

Some pupils have epilepsy as a result of brain damage caused through injury before, during or after birth. This type is known as symptomatic epilepsy. For other pupils there is no known or identifiable cause, they have an inherited tendency to have epilepsy. This type is known as idiopathic epilepsy.

Some develop epilepsy during childhood, and about a third of these will outgrow their epilepsy by the time they become adults. Some teenagers may develop epilepsy. Depending on the type of epilepsy they develop, these young people may or may not grow out of their epilepsy by the time they become adults.

Triggers

If the pupil has had seizures for some time the parents, or indeed the pupil if he/she is old enough, may be able to identify the factors that make the seizures more likely to occur. These are often called ‘triggers’. The most common are:

* Tiredness
* Lack of sleep
* Lack of food
* Stress
* Photosensitivity

There are over 40 types of seizure and it is unnecessary for staff to be able to recognise them. Seizures can take many different forms and a wide range of descriptors are used for the particular seizure patterns of individual pupil. Academies should obtain detailed information from parents and health care professionals. The information should be recorded in an individual health care plan, setting out the particular pattern of an individual pupil’s epilepsy.

Medication

Pupils with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well controlled. Most pupils need to take medicine to control their seizures. Medicine is usually taken twice each day, outside of school hours, which means that there are no issues about storage or administration for school staff. There are some pupils who require medicine three times daily but even then it is usually taken before the school day, after the school day and before going to sleep.

The only time medicine may be urgently required during the school day is when seizures fail to stop after the usual time or the pupil goes into ‘status epilepticus’. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening.

If this happens, an emergency sedative needs to be administered by a trained member of staff. The sedative is either the drug diazepam, which is administered rectally, or midazolam that is administered through the mouth.

Academies with pupils who require rectal diazepam should have an Intimate Care Policy. Two adults should be present when intimate or invasive procedures take place, at least one of whom should be of the same gender as the pupil.

For more information go to: <http://partner.ncb.org.uk/dotpdf/open_access_2/>including\_me.pdf

What the Academy should do

Most teachers during their careers will have several pupils with epilepsy in their class. Therefore all staff should be aware that any of the pupils in their care could have a seizure at any time and therefore should know what to do. It is important that cover supervisors and new staff are also kept informed and up-to-date.

All individual pupils with epilepsy should have a health care plan that details the specifics of their care. The Principal should ensure that all class and subject teachers know what to do if the pupil has a seizure.

The health care plan should identify clearly the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

If a pupil does experience a seizure in the Academy the details should be recorded and communicated to parents and/or the specialist nurse for epilepsy. This will help parents to give more accurate information on seizures and seizure frequency to the pupil’s specialist.

Pupils with epilepsy should be included in all activities though extra care may be needed in some areas such as swimming, undertaking gymnastic activities at a height or working in science laboratories. Concerns about safety should be discussed with the pupil and parents as part of the health care plan.

During a seizure it is important to make sure that:

* The pupil is in a safe position;
* The pupil’s movements are not restricted; and
* The seizure is allowed to take its course

In a convulsive seizure something soft should be put under the pupil’s head to

help protect it. Nothing should ever be placed in the mouth.

After a convulsive seizure has stopped, the pupil should be placed in the

recovery position and stayed with, until he/she is fully recovered.

An ambulance should be called if:

* It is the pupil’s first seizure;
* The pupil has injured him/herself badly;
* They have problems breathing after a seizure;
* A seizure lasts longer than the period set out in the pupil’s health care plan;
* A seizure lasts for five minutes – (if you do not know how long they usually last for that pupil);
* There are repeated seizures - unless this is usual for the pupil as set out in the pupil’s health care plan.

This information should be an integral part of the school’s general emergency procedures but also relate specifically to each pupil’s individual health care plan.

Sporting and off-site activities

All academies should have agreed procedures about what to do when any pupil with a medical condition or disability takes part in PE and sports, or is on a school activity off-site or outside school hours.

Such procedures should include details of each pupil’s individual needs. All staff accompanying the group should ensure that they know the procedure and what is expected of them in relation to each pupil. The parents and pupil should be involved in drawing up the details for the individual and know exactly what the procedure is.

The majority of pupils with epilepsy can participate in all physical activities and extracurricular sport. There should be sufficient flexibility for all pupils to follow in ways appropriate to their own abilities. Physical activities can benefit their overall social, mental and physical health and well being. Any restrictions on a pupil’s ability to participate in PE should be recorded in his/her individual health care plan.

Academies should encourage pupils with epilepsy to participate in safely managed visits. Academies should consider what reasonable adjustments they might make to enable such pupils to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include the pupil and might also include risk assessments for such pupils.

Staff supervising excursions should always be aware of individual needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Disability and epilepsy

Some pupils with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. Epilepsy is a long-term medical condition and therefore pupils with the condition are usually considered disabled. Whether they also have special educational needs will depend on how the condition impacts on their access to education and their ability to make adequate progress.

Under Part 4 of the DDA, schools and academies must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including admissions, school trips and school clubs and activities. Academies should be making reasonable adjustments for disabled pupils including those with epilepsy at different levels of school life. Thus pupils with epilepsy should take part in all activities organised by the school, except any specifically agreed

with the parents and/or relevant health adviser.

Whether or not the epilepsy means that an individual pupil is disabled, the Academy must take responsibility for the administration of medicines and managing complex health needs during school time in accordance with government and local authority policies and guidelines.

References

Managing Medicines in School and Early Years Settings, DfES 2005 http:// publications.teachernet.gov.uk/eOrderingDownload/1448-2005DOC- EN.doc

 (Make sure you refer to the updated version amended in November 2007)

Medical Conditions at School: A Policy Resource Pack has been compiled by the Medical Conditions at School Group to compliment the DCSF guidance. This free pack can be downloaded at http:// www.medicalconditionsatschool.org.uk/

Epilepsy Actionwww.epilepsy.org.ukpublishes Epilepsy - A teacher's guide - http://www.epilepsy.org.uk/info/education/index.html. This looks at classroom first aid, emergency care, and medication and school and school activities. Further information is available from a freephone helpline on 0808 800 5050 (Monday-Thursday, 9:00 am - 4.30 pm, Friday 9:00 am - 4:00 pm)

The National Society for Epilepsy (NSE) <http://www.epilepsysociety.org.uk/> has information on education and epilepsy which looks at epilepsy and learning, special needs, examinations, practical activities, medication, the Disability Discrimination Act, and teaching pupils with epilepsy. Contact the UK Epilepsy helpline, telephone 01494 601 400 (Monday-Friday 10:00 am - 4:00 pm.)