

# Mercia Primary Academy Trust



## Administering Care and Medication to Children with Medical Needs Policy

### Policy Status and Review

<b>Date:</b>	<b>December 2024</b>
<b>Review Date:</b>	<b>December 2025</b>
<b>Signed by Director:</b>	<b>Garry Hirons</b>
<b>Date Signed:</b>	<b>11/12/2024</b>

### Introduction

- THIS POLICY is a statement of the aims, principles and strategies for caring for children with specific medical needs.
- THIS POLICY was developed through a process of consultation with staff, governors and parents. The Governing Body carries ultimate responsibility for ensuring that our Administering Care and Medication to Children with Medical Needs Policy complies with current legal requirements. That it is in place and regularly reviewed and implemented through effective procedures.
- THIS POLICY is implemented in conjunction with other school policies.  
For example: Equal Opportunities, Health and Safety Guidelines and Educational Visits, and Drug Awareness Policy.
- THIS POLICY WILL BE MONITORED and EVALUATED for effectiveness through: -
  - Staff meetings
  - Governing Body meetings
  - Parental feedback
  - Ofsted Inspection
- THIS POLICY WILL BE DISSEMINATED through providing a summary in the School Prospectus, via the school website and will be available as a paper copy on request.

### Inclusion

Mercia Primary Academy Trust has a responsibility to provide a broad and balanced curriculum for all pupils. The National Curriculum is the starting point for planning a school curriculum that meets the specific needs of individuals and groups of pupils. This statutory inclusion statement on providing effective learning opportunities for all pupils outlines how teachers can modify, as necessary, the programmes of study to provide all pupils with relevant and appropriately challenging work. It sets out the four principles that are essential to developing a more inclusive curriculum: -

- Setting suitable learning challenges
- Responding to pupils' diverse learning needs
- Overcoming potential barriers to learning and assessment for individuals and groups of pupils
- Ensuring that physical needs are met wherever possible for children with specific or complex needs.

The National Curriculum secures for all pupils irrespective of social background, culture, race, gender, differences in ability and disabilities, an entitlement to a number of areas of learning.

### Equal Opportunities

We believe in promoting equal opportunities for all pupils in every aspect of school life. We oppose any form of discrimination or racism and prepare our pupils to live in a multicultural society. Any reports of discrimination or racism are recorded and investigated in line with Trust policies.

### Resources

A range of documents and/or resources are available in school to support this policy. Financial allocation is provided if and when necessary.

- The school ensures it has suitably stocked first aid containers. These are monitored regularly and are accessible to all members of staff in the school.
- Plastic gloves should always be worn and staff should wash their hands with soap before and after changing a child, dealing with spillages of blood or other bodily fluids, and disposing of dressings or equipment.
- Up to date and relevant training for all staff. A list of qualified first aiders is displayed at all sites
- Every child who has a medical condition which may at some point require some form of treatment through the school should have a written care plan. Personalised guidance is written in each child's individual care plan to support their individual needs.
- COVID-19 has increased the need for resources. These can now include masks, aprons, face shields, sanitiser. More details can be found in the infectious diseases policy and COVID-19 risk assessments.

### Administration of Medication

In light of The Children Act 1989 and the DfES Publication, 'Managing Medicines in Schools and Early Years Settings', our school policy is as follows:

#### 'Short-term' Medication

Children who require a short course of prescribed medication, e.g. antibiotics, will need to fill in a 'Parental Agreement for MPAT school to Administer Medicine Form', so that the medication can be administered at school.

**No over the counter medication will be allowed to be administered by school unless special permission is given by the Headteacher after a discussion with the family. This may result in a parent or guardian coming into school to administer their child with the un-prescribed medication.**

#### 'Long-term' Medication

A few children, whilst fit to attend school, may require medication during school hours. In addition, it may be necessary for children with long term complaints or chronic illnesses such as asthma, diabetes or certain allergies to receive this medication. Some children may require regular visits to hospital, so special arrangements may be necessary. Where appropriate a care plan will be put in place. This is done by a meeting between the parent/guardian and their designated educational professional to discuss their child's individual medical needs. Once a care plan has been put into place it is reviewed annually. If a child's needs or medication changes it is the responsibility of the parent/guardian to inform their designated educational professional, who will then adapt the child's care plan. All care plans are signed by the parent/guardian and their designated educational professional. Copies of care plans are kept in the child's classroom, personal folder and in a locked cupboard in the school office. The following guidelines are designed to give schools direction as to the procedures and arrangements which should be observed when dealing with this subject.

### Parents' / Carers' Responsibility

Prescribed medication should not be given in schools unless the parent/guardian has completed the 'Parental agreement for MPAT schools to Administer Medicine Form.'

All prescribed medication must have a clearly printed label which gives important information i.e. name of medication, child's name, mode of administration oral/aural, dosage and frequency. The parent/guardian must take responsibility to update the school of **any** changes in medication or administration of known medication/s. It is also the parent/guardians responsibility to maintain an in-date supply of the medication.

**A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

Where a pupil requires medication to be administered by invasive procedures or injection the school may ask the parent/guardian to come into school and administer such medication.

### School's Responsibility

The appointed First Aider is responsible for 'short term' medication in school together with the Headteacher. Day-to-day administration is delegated to competent, trained staff. As stated earlier non-prescription drugs should not be brought into school. Individual cases may be discussed with the Headteacher and First Aider. Medication will only be accepted and administered in school after the 'Parental to Administer Medicine Form', has been completed and signed by a parent/guardian.

### Storage of Medicines

Medication, when not in use, is kept in a safe and secure place in line with the pharmacist's instructions. All other medicines except emergency medications and inhalers are kept securely in the staff room fridge or locked cupboard in the school office. Large volumes of medication will not be stored. All oral medication will be in a childproof container. Medication will be stored strictly in accordance with product instructions. Some medication may need to be stored in a refrigerator in order to meet the requirement for security. Such medication is stored in a secure refrigerator in the staff room. All medication will be kept out of direct sunlight and away from all other heat sources. Any unused or time expired medication will be handed back to the parent/guardian for disposal. Where children have been prescribed **controlled drugs**, staff need to be aware that these will be kept in a locked cupboard. Medication required in an emergency should be readily accessible at all times. These are stored in a secure box, at adult height in the child's classroom.

First Aid boxes are inspected and stock replaced regularly by the appointed qualified First Aider.

### Administration / Records

A record is kept of all doses given. To safeguard children and staff, two trained members of staff will need to be present in order to administer medication. The log detailing the time it was administered will be signed by the staff member administering and the staff member witnessing and checking procedures are followed. Those administering medicine will also have signed to say they have read and understood the policy surrounding administering of medicine. This is carried out to the best of the named person's ability.

Incorrect Administration of Dosage – protocols are listed on the instruction pamphlet inside of the medication box, this pamphlet will contain emergency actions in respect of this happening. The incident will be reported to the Headteacher. In the event of an excess dose being accidentally

## Administering Care and Medication to Children with Medical Needs Policy

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administered or the incorrect procedure being carried out, the child concerned will be taken to hospital as a matter of urgency.

Records and care plans of pupils requiring regular medication are updated on an annual basis. Copies of all care plans are displayed in the staff room, at the back of the class SEN folder and the pupil files located in the school office. Photographs of children with chronic illnesses or certain allergies are attached to the secure box in which their medication is kept.

Parents are requested to complete allergen forms for the catering company. School informs the kitchen of known allergies and these are displayed in the kitchens.

### Disposal of Medicines

Medication that is no longer required can not be allowed to accumulate, it must be returned in person to the parent/guardian for disposal. The parent/guardian must take responsibility to update the school of **any** changes in medication or administration of known medication/s. It is also the parent/guardians responsibility to maintain an in-date supply of the medication. Where it is not possible to return medicines to the parent, The Robert Peel Hospital is to be contacted for advice regarding disposal (01283 566333).

### Training of Staff

All staff must have received training before administering medication. A record is kept of staff who have received training. Ideally, they should receive first aid training. Any difficulties in understanding about medication usage should be referred to the school nurse. There are certain conditions e.g. diabetes mellitus, bleeding disorders or hormonal disorders which are controlled by regular injections. Children with these conditions are usually taught to give their own injections, and where this is not possible, injections should be given by their parent/guardian or by a qualified nurse.

### Liability of School Staff

Staff who have been give parental consent to administer medication to pupils shall be covered by the Academy's insurance in the event of a liability / negligence claim being made against them. This cover is provided as long as they have taken reasonable steps to follow the procedures contained in these guidelines.

### Procedures for Out of School Activities

Arrangements are made to ensure that children who may require medication when away from the school setting have access to that medication, and, where necessary, are accompanied by a member of staff who is First Aid trained.

**Emergency medication and reliever inhalers must follow the child at all times.** Inhalers and emergency treatment medication must follow the child when they are outside or away from the school environment. This medication should be kept by the teacher in charge or the First Aider. It is the parent/guardians responsibility to ensure that all medication is in date and replaced as appropriate. If any unusual use of an inhaler occurs, that the school deems as unusual compared to a child's usual dosage, the child's parent/guardian will be informed immediately.

A first aid kit is always taken on a school trip. A first aider or appointed person, wherever possible, accompanies a school trip.

### **Risk Assessments**

A full risk assessment is always carried out before any school trip  
(See Educational Visits, Trips Policy)

If a parent/guardian can not be reached a member of staff should accompany a child to hospital by ambulance and should stay for as long as is reasonably practicable. In the event of an emergency/accident which requires a child to be treated by health professionals (doctors/paramedics) or admitted to hospital, the staff member who has accompanied the child is responsible for any decision on medical grounds when and if the parents/carers are not available.

Staff should never take a child to hospital in their own car. When emergency treatment is required, an ambulance should be called immediately. The National Standards require Early Years settings to ensure that contingency arrangements are in place to cover such emergencies. On those occasions where an injury is not life threatening but staff consider that medical treatment is required, parents/guardians should always be informed.

### **Bodily Fluids (relevant for Aids/Hiv)**

Blood and body fluid precautions involve the use of protective barriers such as gloves, gowns, masks, and eye protection. These reduce the risk of exposing the skin or mucous membranes to potentially infectious fluids. Health care workers should always use protective barriers to protect themselves from exposure to another person's blood or body fluids. Gloves protect you whenever you touch blood; body fluids; mucous membranes; or broken, burned, or scraped skin. The use of gloves also decreases the risk of disease transmission if you are pricked with a needle.

- Always wear gloves for handling items or surfaces soiled with blood or body fluids.
- Wear gloves if you have scraped, cut, or chapped skin on your hands.
- Change your gloves after each use.
- Wash your hands immediately after removing your gloves.
- Wash your hands and other skin surfaces immediately after they come in contact with blood or body fluids.

### **Use and disposal of needles**

Discarded sharps can present a risk of needle stick injury. The extent of infection from such an injury is largely dependent on how the needle has been used and by whom.

#### **Who is at risk?**

Sharps have been found left on playing fields, playgrounds, in entrance porches and on footpaths around schools.

Any staff whose job involves site maintenance/cleaning activities are most likely to be at risk. Litter picking, emptying litter bins and general grounds maintenance work are all tasks where discarded syringes may be discovered. Staff should take precautions to reduce the risk of accidentally coming into contact with discarded sharps.

Occasionally, pupils or other members of the public may find a needle that has been discarded on or off school site.

### **What action should I take if I find a discarded needle or one is reported to me?**

If you discover a needle or syringe:

- Do not touch it with your bare hands,
- Use a dustpan and brush or other suitable implement to place it in a suitable container.
- Children must be kept away from the affected area until the sharp has been removed.
- Pupils must be told to report any such findings to a member of staff and discouraged from interfering with the item.

### **What is the correct method of storing needles and syringes?**

Used syringes and needles must be stored in an approved sharps box.

Suitable sharps containers are manufactured from a puncture proof material and have the appropriate hazard warning labels attached. They also have a sealed lid to prevent sharps from being removed. A range of suitable containers is available on the Staffordshire Purchasing contract (PHS Group Ltd, 02920- 809128). The LEA does not recommend the use of glass jars or metal tins/boxes for this purpose.

Keep the sharps box in an area which is only accessible to staff.

### **How do we dispose of sharps boxes?**

The school should make arrangements for the box to be collected. The County's supplier of sharps boxes will dispose of the same for a small fee. Alternatively, your local district council's waste management department may have a collection facility.

Boxes are designed for incineration. Under no circumstances must they be emptied and returned for reuse in school.

### **What action should we take in the event of a needle stick injury?**

If an injury occurs:

- encourage the wound to bleed, ideally by holding it under running water
- wash the wound using running water and plenty of soap
- do not scrub the wound while you're washing it
- do not suck the wound
- dry the wound and cover it with a waterproof plaster or dressing
- You should also seek urgent medical advice as you may need treatment to reduce the risk of getting an infection:
- Injuries to staff should be reported immediately to the headteacher who should contact Elite.
- Injuries to pupils should be reported immediately to the Headteacher.
- The Headteacher should contact the parents or other responsible adult and advise that the child be taken immediately to their own doctor or accident and emergency unit to seek advice about immunisation.
- Headteacher must report all accidents involving exposure to discarded syringes and needles to Elite Safety who will advise further.

### **Special precautions (eg.Swine Flu)**

The school follows the most recent advice from Staffordshire's Health and Safety unit regarding any particular outbreaks. As this information may constantly change it is deemed as unsuitable for the policy.

In the event of illness where the child needs a quiet, private area the medical room or phonics room may be used. Staff are always reminded of the need to be vigilant regarding Child Protection issues.

## Administering Care and Medication to Children with Medical Needs Policy

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This information can be made available in a range of formats and languages, including Braille and large print. If this would be useful to you or someone you know, please contact your Directorate HR Unit.

*A signed copy of this document is available from the school office.*

### Version Control

Version	Date Approved	Changes	Reasons for Alterations & signature Cycle of policy update.
2 04/05/2016		<p><b>Resources paragraph:</b> Where the list of first aiders are kept at FH/LH.</p> <p><b>Administration/Records paragraph:</b> where care plans are located.</p> <p><b>Parental Agreement for Flax Hill/Lark Hall to Administer Medicine Form:</b> Flax Hill inserted as well as bold formatting.</p> <p><b>Disposal of Medicines paragraph:</b> inserted Sir Robert Peel Hospital number.</p> <p><b>Risk Assessment paragraph:</b> change from 'the latter' to 'the staff member who has accompanied the child'.</p>	
2 26/06/2018		<b>Added details of Lakeside's Medical room</b>	
3 4/11/19		Policy depersonalised to cover MPAT schools	
4 12/11/2020		<p>In Inclusion changed the wording from three principles to four.</p> <p>In resources added PPE in-line with COVID-19 guidelines</p> <p>In administration/records added about allergies displayed in kitchen</p> <p>Updated Sir Robert Peel hospital phone number</p> <p>In Disposal changed phone number for Robert Peel</p> <p>Changed special precautions from staff room to medical room.</p> <p>Updated needle stick injury</p> <p>Added Elite H and S as first point of contact</p>	<p>Incorrect wording</p> <p>Due to Covid-19 changes</p> <p>Updated guidance/procedures</p> <p>Incorrect phone number</p> <p>Incorrect phone number</p> <p>Staff room not used</p> <p>New guidance</p> <p>Appropriate contact</p>
5 24/03/2021		Added a range of formats.	Accessibility.
6 July 2023		No Changes	
7 December 2023		Changed wording regarding administration of invasive medication	Updated guidance
8 28/11/2024		Change of procedure when recording and administering medication. Two trained people now required to administer and	Wrong medication incident.



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