

At Thames View Infants we recognise that parents have the prime responsibility for their child's health and that it is their responsibility to provide school with information about their child's medical condition. Parents should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information about specific conditions.

However, administering prescribed and non-prescribed medicines within school is valuable in that it:

- helps children to return to school earlier from absenteeism and thus reducing the impact of lost learning time;
- helps nurture a supportive and trusting partnership between school and home, essentially challenging traditional dispositions to educational and institutionalism.

Schools and Local Authorities have a duty:

- not to treat less favourably disabled pupils or students, without justification, than pupils and students who are not disabled
- to make reasonable adjustments to ensure that disabled pupils and students are not put at a substantial disadvantage in comparison to those who are not disabled

At Thames View Infants we are committed to these principles.

Aims

It is the aim of this policy to provide

- procedures for managing prescribed and non-prescribed medicines (to be referred to as "medicines" hereafter) which need to be taken during the school day
- procedures for managing medicines on school visits and outings
- a clear statement on the roles and responsibility of staff managing administration of medicines, and for administering or supervising the administration of medicines
- a clear statement on parental responsibilities in respect of their child's medical needs
- the need for prior written agreement from parents for any medicines to be given to a child
- the circumstances in which children may take any non-prescription medicines
- the school or setting policy on assisting children with long-term or complex medical needs
- policy on children carrying and taking their medicines themselves
- staff training in dealing with medical needs
- record keeping
- safe storage of medicines
- access to the school's emergency procedures
- risk assessment and management procedures

At Thames View Infants we recognise that there is no legal duty that requires school or staff to administer medicines.

However, staff trained in administering medicines should follow the following guidelines:

- In all cases, encourage the Parent, where possible, to attend school to administer the medicine or consider other options such as administering doses immediately before or

after school.

- Medicines should only be brought to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.
- All medicines will be administered at the discretion of the school. Parents will be contacted in any instance where discretion has been used.
- All parents wishing for school to administer medicine, should complete the appropriate form available at the School Office. Parents should provide full information about their child's medical needs, including details on medicines their child needs.
- School staff should note that **a child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- **The School should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**
- No child under 16 should be given medicines without their parent's written consent.
- Any member of staff giving medicines to a child should check:
 - The child's name
 - prescribed dose
 - expiry date
 - written instructions provided by the prescriber on the label or container
- All medicines should have a label clearly identifying the child's name and class.
- If in doubt about any procedure staff should not administer the medicines but check with the parents before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with the Headteacher.
- The school should also arrange for staff to complete and sign the school's Medicine Record each time they give medicine to a child. Good records help demonstrate that staff have exercised a duty of care.

Emergency Situations- Loco Parentis

Where a child becomes unwell and a parent or carer with parental responsibility cannot be contacted, school will act as Loco Parentis under the Children Act 1989. Anyone caring for children including teachers, other school staff in charge of children, have a common law duty of care to act as 'in loco parentis'. Legally, while not bound by parental responsibility, teachers/school staff must behave as any reasonable parent would do in promoting the welfare, health and safety of children in their care. In very exceptional circumstances where parental consent is unobtainable, the Headteacher should be consulted as to determine if non-prescription medication should be given if a health care plan is not in place and this action should be recorded. In such circumstances, the Headteacher, or delegated senior staff member, would initially seek advice from NHS 111.

Staff Procedure when Administering Medicines:

A simple standard procedure must be followed by all staff administering medicines, which includes:

- only nominated staff members may administer medicines and they must be employed on at least Scale 3 or above to do so.
- a second staff member who is a teacher, TA or office staff member employed on Scale 4 or above, must be present to oversee and countersign the administration of any medication. (This does not include asthma pumps).
- refer to written instruction received by School
- check prescribed dose and date of prescription
- check expiry date
- check prescribed frequency of medication
- check that the child's name is written on the label or box
- double check the above information with the second staff member present
- identify the child by speaking to a permanent member of staff from the child's class during session time (playtimes, lunchtimes or assemblies may cause confusion and so should be avoided)
- measure out prescribed dose and check the child's name – by asking them directly
- complete and sign record when child has taken or has been given medicine, which is then countersigned by the second staff member
- if there is uncertainty, do not give the medicine but check with the child's parents/carers or doctor

Helpful advice for parents about prescribed medicine

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. 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.

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or relabeling of medicines by parents.

Educational Visits

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools staff should consider what reasonable adjustments they might make to enable children with medical needs 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 children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical 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.

Travel sickness medication is administered in the same way as other medication at Thames View Infants – parents should fill in a form, medication should be in the original packaging, the adult administering should make a record and another adult should witness the administration.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. See DfE guidance on planning educational visits.

For the EYFS there must be at least one member of staff with a Paediatric First Aid (PFA) certificate on site at all times, in line with the latest statutory guidance. Any off-site activities, including Educational Visits, also requires a PFA certificated member of staff to be in attendance.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

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. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Short -Term Medical Needs

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school or an EYFS setting where it would be detrimental to a child's health if it were not administered during the school day.

Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical

diagnosis that **must** be considered.

The School needs to know about any particular needs before a child is admitted, or when a child first develops a medical need, including any diagnosed allergies. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals. This can include:

- details of a child's condition
- special requirement e.g., dietary needs, pre-activity precautions
- any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

Self-Management

Whilst we understand it can be good practice to support and encourage children, who are able, to take responsibility to manage their own medicines, at Thames View Infants, we believe our children are too young to take on that responsibility. We have staff trained to give specialist medication such as insulin, as well as other emergency medication such as epi- pens and recovery medication such as buccal midazolam for children with epilepsy. All such medication is kept in the main school office, in a child's individual labelled medical box. These boxes are easily accessible for staff, but are out of reach to children.

Asthma pumps are kept in a designated box in the class cupboard. Children who are asthmatic are encouraged to take their pumps independently, as appropriately, but are supervised whilst this takes place. If children require help with an asthma pump, staff will support this.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed by telephone of the refusal. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Safety Management

All medicines may be harmful to anyone for whom they are not appropriate. Where a school agrees to administer any medicines, the employer **must** ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by

children, e.g. methylphenidate.

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

It is permissible for Schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Schools and settings should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label). Misuse of a controlled drug, such as passing it to another child for use, is an offence.

Storing Medicines

Large volumes of medicines should not be stored in School. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children who have asthma pumps will know they are stored safely in their classroom. Children who have other medications, should be aware that the School office will have them and be able to access them should they need it.

The Headteacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available for staff to administer to children and should **not be locked away**. Many Schools and settings allow children to carry their own inhalers. Other non-emergency medicines should generally be kept in a secure place not accessible to children. Criteria under the national standards for under 8s day care require medicines to be stored in their original containers, clearly labelled and inaccessible to children.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

Local pharmacists can give advice about storing medicines.

Access to Medicines

Children need to have immediate access to their medicines when required. However, it is also

important to make sure that medicines are only accessible to those for whom they are prescribed.

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.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services. The sharps disposal box is in the medical room.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Emergency Procedures

As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision. Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. The office staff are usually responsible for calling emergency services at Thames View Infants. A member of staff should always accompany a child taken to hospital by ambulance, where a parent/carer is unable to attend and the urgency is deemed time-sensitive. Staff should stay with the child until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. In remote areas a School might wish to make arrangements with a local health professional for emergency cover. The national standards require EYFS settings to ensure that contingency arrangements are in place to cover such emergencies

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.



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APPENDIX 1

Form to be completed by the parent or carer to request that a school take responsibility for the administration of medication in school

To the Parent or Carer: The school will not give your child medication unless you complete and sign this form and the Headteacher has agreed that the school staff can administer the medication.

To the Headteacher:

Can you please arrange for medication to be administered to:

Details of Child:

Name

Address

Class.....

Condition or illness.....

I understand that this is a service which the school is not obliged to undertake.

MEDICATION:

Name/Type of Medication (as described on the container):

For how long will your child take this medication:

Full Direction for use:

11.30 13.30 A/W

Dosage and method: Timing: or

Last day to be taken:

Special Precautions:

Side Effects:

Self Administration:

Procedure to be taken in an emergency:

Contact Details:

Name of Parent/carers: Daytime Tel: No.

Signature(s): Date:

Relationship to pupil:

APPENDIX 3

Emergency Planning

Request for an Ambulance to: **Thames View Infants**

Dial 999, ask for ambulance and be ready with the following information.

1. Your telephone number – **020 8270 4317**
1. Your location as follows: **Thames View Infants, Bastable Avenue, Barking, IG11 9LG**
2. Give exact location in the school: **Next to the Sue Bramley Children's Centre/Thames View Medical Centre**
3. Give your name
4. Give brief description of pupil's symptoms and if you are aware of any medical history
5. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the pupil concerned.

Another staff member should print off the child's information from the school database so the ambulance crew has the full name, DOB, medical conditions and any other relevant information for the child.

Speak clearly and slowly and be ready to repeat information if asked.

Head Injury Guidance

Today your child had a head injury and **we have advised you to seek further medical guidance**. The below information is issued by the NHS after seeking medical treatment. It is offered purely for information and not as substitute for the required medical attention which we advise you to seek.

Minor head injuries

Minor head injury and knocks to the head are common, particularly in children. Following the injury, if the person is conscious (awake) and there is no deep cut or severe head damage, it is unusual for there to be any damage to the brain.

However, sometimes a knock to the head can cause damage to the brain or to a blood vessel next to the brain. A damaged blood vessel may bleed into the brain, or more commonly, into the area between the brain and the skull (a 'subdural haemorrhage'). This is uncommon, but can be serious, as a build up of clotting blood can cause pressure on the brain.

Symptoms of damage or bleeding may not develop for some hours, or even days, after a knock to the head. In rare cases, symptoms from a slow bleed can develop even weeks after a head injury.

This is why 'head injury instructions' are given to people who have had a head injury. These are symptoms to look out for following a knock to the head.

See a doctor quickly if any of the following symptoms occur after a head injury

- Drowsiness when you would normally be wide awake (but see below).
- Worsening headache – which does not go away with paracetamol (but see below).
- Vomiting.
- Loss of use of part of the body – for example, weakness in an arm or leg.
- Dizziness, loss of balance or walking strangely.
- Fitting (convulsions) or collapse followed by feeling strange afterwards.
- Any visual problems, such as blurring of vision or double vision.
- Blood or clear fluid leaking from the nose or ear.
- New deafness in one or both ears.
- Unusual breathing patterns.

A note about drowsiness

After a knock to the head, children will often cry, be distressed and then settle down. It is then quite common for them to want to sleep for a short while. This is normal. However, it will appear to be a normal 'peaceful' sleep, and they wake up fully after a nap.

Some parents are afraid to let their children go to sleep if the accident happens just before bedtime. Do let them. Drowsiness means they cannot be roused. If you have a concern, wake the child up after an hour or so. They may be grumpy about being woken up, but that is reassuring. You can then let him or her go back off to sleep again. You can do this a few times during the night if there is particular concern. When asleep, check to see that he or she appears to be breathing normally and in a normal position.

A note about headache

It is normal after a knock to the head to have a mild headache. Sometimes there is also tenderness over bruising or mild swelling of the scalp. Some paracetamol or ibuprofen will help. It is a headache that becomes worse and worse which is of more concern.

Some other symptoms that may occur

Some people develop some mild symptoms after a head injury that are not serious and usually go away within two weeks. These can include a mild headache, feeling a bit sick (without vomiting), being irritable and grumpy, tiredness, poor appetite and some difficulty concentrating. These may develop just as a reaction to a knock on the head and not due to bleeding or serious injury. However, if you have any doubt about a symptom following a head injury then it is best to get it checked out by a doctor as soon as possible. Also, see a doctor if you feel that you have not completely recovered after two weeks.

Further help and information

Headway – the brain injury association

Web: www.headway.org.uk

Provides a range of information on head injury including a leaflet called Minor Head Injury discharge advice.

References

- Triage – assessment – investigation and early management of head injury in infants, children and adults, NICE Clinical Guideline (September 2007).

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EMIS

Greenstick Fracture Guidance

Today your child had a limb injury and as a precautionary measure, we have advised you to seek further medical guidance, just in case they have a Green Stick Fracture. Green Stick Fractures can be quite common in children under 10 and difficult for our trained First Aiders to diagnose. Seeking further medical advice at the GP, Walk-in Centre or Hospital/A & E will dispel any doubt. The below gives you more information about this condition.

What is a greenstick fracture?

A greenstick fracture occurs when a bone bends and breaks, but doesn't break into two separate pieces. It's called by this name because it looks similar to what happens when you try to break a "green" branch from a tree. It also goes by the term "partial fracture."

Because greenstick fractures happen in young, soft bones, they typically occur in children under 10 years old.

What are the symptoms of a greenstick fracture?

The symptoms of a greenstick fracture vary depending on the severity of the fracture. You may only develop a bruise or general tenderness in more mild fractures.

In other cases, there might be an obvious bend in the limb or fractured area, accompanied by swelling and pain.

Symptoms also depend on the location of the injury. For example, if the injury occurs in your finger, you might not be able to move the finger for a period of time. Alternatively, a fracture in your arm might be painful with swelling and tenderness while you maintain mobility.

What causes a greenstick fracture?

The most common cause of a greenstick fracture is a fall. Most children develop greenstick fractures in their arms, because they try to catch themselves as they fall.

How is a greenstick fracture diagnosed?

If your child is experiencing any of the following, see a doctor:

- They have pain in a limb that doesn't go away after a day or two.
- There's an obvious bend in their limb.
- They're unable to put weight on your leg.

At the appointment, the doctor will perform a physical exam and look for tenderness, swelling, deformity, or numbness. To check for the nerve damage that can sometimes accompany bone injuries, your doctor may ask your child to wiggle your fingers or perform other similar tests. Additionally, they may check the joints above and below the injured area. To be certain they've got a greenstick fracture, they may recommend an X-ray be performed.

References

Adapted from <https://www.healthline.com/health/greenstick-fracture#symptoms>

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USEFUL CONTACTS

ADHD UK

49 Green Street, W1D 4EG

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

The Anaphylaxis Campaign

Helpline: (01252) 542029

Website: www.anaphylaxis.org.uk and www.allergyinschools.co.uk

Asthma UK (formerly the National Asthma Campaign) Adviceline:

08457 01 02 03 (Mon-Fri 9am to 5pm) Website: www.asthma.org.uk

Diabetes UK

Careline: 0345 123 2399 (Weekdays 9am to 5pm) Website:

www.diabetes.org.uk

Disability Rights Commission (DRC)

DRC helpline: 08457 622633

Textphone: 08457 622 633

Website: www.drc-gb.org

Epilepsy Action

Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm) Website:

www.epilepsy.org.uk

Health Education Trust

Tel: (01789) 773915

Website: www.healtheducationtrust.com

admin@healtheducation.com

National Eczema Society

Helpline: 020 7281 3553

Sickle Cell Society

info@sicklecellsociety.org

020 8961 7795