



IPSWICH SCHOOL

MEDICINE POLICY 2022

Children with medical needs

Children with medical needs have the same rights of admission to a school as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children, however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend school regularly and take part in normal activities, sometimes with support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

Children taking regular medication will be provided with a health care plan, which will be agreed and signed, by parents and the School Matron.

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between the school, parents, health professions and other agencies will help provide a suitably supportive environment for children with medical needs.

Information given to staff will be determined by the amount of intervention required.

Support for children with medical needs

Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician, if needed. The School Matron will also be able to provide additional background information for staff.

There is no legal duty that requires the school or staff to administer medicines. However, Ipswich School will work in partnership with parents to administer medicines as per instructions received from parents/medical professionals.

Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from the School Matron. An assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks will be undertaken on a regular basis. (See Appendix H)

Medical Confidentiality

Medical codes of ethics dictate that patients have the right to confidentiality and that information disclosed to medical staff should not be passed on to a third party. This applies to pupils at Ipswich School.

However, in the case of pupils under 18 years of age, there may be other considerations which are relevant and which may be in conflict with the general principle of medical confidentiality.

For example, parents have the right to information about their children. Also in a boarding school, staff act “in loco parentis” and, whilst not entitled to the same access to information about children in their charge, have responsibility for the welfare and general wellbeing of the children in their care. It may follow that school staff are unable to properly discharge their responsibilities if they are denied access to what is regarded to be a medical confidentiality. It is a very unsatisfactory area with no easy solution.

Thus, if at all possible, and where it is considered to be in a pupil’s best interest, the patient’s permission to disclose the confidence to a limited number of other staff should be sought and obtained.

Although it can be argued that legally pupils over 18 years of age have a greater right to privacy and confidentiality, there still may be occasions when their best interest is served by other people knowing about this problem and, again, their permission should be sought and obtained to disclose the confidence to a limited number of other people.

Unless there is a very serious risk to life or health, confidences should not be broken if pupils refuse to consent to the disclosure of information.

Prescribed Medicines

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’. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber’s instructions for administration.

The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies, which enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day can be taken in the morning, after school hours and at bedtime.

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, for example, methylphenidate.

Nominated members of staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine will do so in accordance with the prescriber’s instructions. Two witnesses will be required to confirm the administration of the medicine, one of which may be the pupil.

The school will keep controlled drugs in a locked non-portable container and only named staff will have access. A record (In/Out Register) will be kept for audit and safety purposes (see Appendix A). An audit of drugs kept on the school's premises will be undertaken on a regular basis.

Should it be necessary for a controlled drug to be taken by a member of staff on a school trip, the complete box of the drug must be taken. A record of the number of drugs taken must be recorded on the In/Out Register. The controlled drugs must be kept securely in a locked container (such as a small cash box).

A controlled drug, as with all medicines, will 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 School Matron for safe disposal.

Misuse of a controlled drug, such as passing it to another child for use, is an offence. The school has a policy in place for dealing with drug misuse.

Non-Prescription Medicines (Over the Counter Remedies)

Preparatory School

Staff will never give a non-prescribed medication to a child unless there is specific prior written permission from the parents (see Appendix B). Where a non-prescribed medicine has been administered to a child, it will be recorded on the child's individual in-house medical record card and the parent informed via the self-carbonated accident/occurrence record sheet.

Senior School

Over the Counter remedies to treat minor ailments such as headaches, muscular pain, minor sports injuries, will be given after prior consent has been obtained from parents. This consent will be obtained via the School Medical Questionnaire sent to all parents of children entering the school.

A child under 16 should never be given aspirin. Ibuprofen may be used if required.

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 when 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. 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 school needs to know any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. This information should include:

- ❖ Details of a child's condition
- ❖ Special requirement eg dietary needs, re-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.

See Appendix E for copies of the School Health Care Plans.

Administering Medicines

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.

If in doubt about any procedure, staff should not administer the medicines but check with the parents, School Matron or a health professional before taking further action. If staff have any other concerns related to administering medicines to a particular child, the issue should be discussed with the parent, if appropriate, or with the School Matron.

See Appendix F for the procedures to be followed when administering medication to Ipswich School pupils.

Self-Management – Senior School Only

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and the Senior School encourages this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

The only medication that can be carried by a Senior School pupil whilst in school are inhalers for the treatment of asthma, and emergency adrenaline pens. The School Matron must be kept fully informed of any changes to a child's asthmatic requirements.

Refusing Medicines

If a child refuses to take medicine, staff will not force them to do so but will note this in the records. Parents will be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed by the School Matron.

Record Keeping

Parents must tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required via the parental consent form (see Appendix C). However, staff must ensure that this information is the same as that provided by the prescriber.

Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- ❖ Name of child
- ❖ Name of medicine
- ❖ Dose
- ❖ Method of administration
- ❖ Time/frequency of administration
- ❖ Any side effects
- ❖ Expiry date.

The school will keep written records each time medicines are given. Good records help demonstrate that staff have exercised a duty of care.

Moving around the School Site

Preparatory School

Arrangements are in place for ensuring that pupils requiring inhalers/epipens have these available to them whilst moving around the school site, for example, sports fields, swimming pool, main dining room etc.

Senior School

Asthmatic children carry their own inhalers with them. Epipens must be carried at all times by the child to whom they have been prescribed.

Educational Visits

Arrangements for taking any necessary medicine for children participating in educational visits will be taken into consideration. Staff supervising excursions will always be informed of any medical needs and relevant emergency procedures. A copy of any health care plans will be taken on visits in the event of the information being needed in an emergency.

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 Matron.

Sporting Activities

Most children with medical conditions can participate in physical activities and co-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 wellbeing. 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 will consider whether risk assessments are necessary for some children, to be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Training for Staff

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will receive appropriate training and guidance from the School Matron. They will be made aware of possible side

effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

Nominated members of staff will undertake general training by the School Matron in the administration of medicines at the beginning of each academic year.

Written records will be kept as to the training each member of staff has received.

SAFETY MANAGEMENT

All medicines may be harmful to anyone for whom they are not appropriate. As such, the school adheres to the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Storing Medicines

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 should know where their own medicines are stored and who holds the key. The Headmaster is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Years 3 to 13 pupils are allowed to carry their own inhalers. Other non-emergency medicines are kept in a secure place not accessible 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.

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. Only the School Matron and Relief Matron have access to medicines, with the exception of the emergency inhaler/adrenaline pen.

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, these should be given to the School Matron for safe disposal.

Sharps boxes should always be used for the disposal of needles and are provided by the School Matron.

Hygiene and Infection Control

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

Emergency Procedures

As part of its general risk management process, the school has arrangements in place for dealing with emergency situations. The school's emergency procedures can be found with the Health and Safety Policy.

All 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 (see Appendix G)

All staff should know who is responsible for carrying out emergency procedures in the event of need. The School Matron is responsible for any decisions on medical treatment when parents are not available.

A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.

Individual health care plans will include instructions as to how to manage a child in an emergency, and identify who has responsibility in an emergency.

Risk Assessments

Risk assessments and management procedures will be reviewed and updated on a regular basis. Risk assessments will determine the hazard, the risk and control measures required

Boarding Houses

This policy covers the whole school, but the following is specific to boarding pupils.

- *Children with medical needs* - if a Care Plan is required, this will be drawn up by the School Nurse and emailed to parents for their information. The House Parent will sign the plan after receiving acknowledgement of the plan. The pupil should be made aware of the details on the Care Plan.
- *Medicine without a UK licence* should not be brought to the boarding house.
- *Prescribed medication brought from overseas* must have a translation in English for its labelling. A letter from the prescriber, written in English, must accompany the medication.
- *If a boarder refuses medication* it will be noted on Medical Matters. The parents will be emailed straight away. Some students resist medication for cultural reasons. Any staff worried about a poorly child that is refusing medication should contact the School Nurse for advice. Out of hours they should contact the HsM straight away.
- *Trips and activities* - trips from the boarding house are accompanied by boarding staff who are aware of the medical needs of pupils. Checks are performed to ensure that pupils have their medication with them, or that staff have collected medication on their behalf.
- *Training for medication management* - Boarding staff undertake online medicines training (through Opus), and first aid training.

- *Self-medication by boarding pupils during the day and at the boarding house* – A ‘responsible’ student who is on a short course of medication (e.g. antibiotics) **or** who is on a longer course of medication for a chronic condition may look after their medication and self-medicate whenever, in the opinion of Matron **and** the Head of Boarding, the medication cannot present a danger to any other person, student or otherwise. In the boarding house, medication should be stored in its original box and locked away in bedside tables.
- Children with *inhalers/adrenalin auto-injectors* should carry their medication with them at all times.
- *Transport of prescribed medication from the Boarding House to school* – the Boarding House Matron will email the School Matron if a boarding pupil requires prescribed medication during the school day. The pupil delivers medication to Matron on arrival at School. Unless the pupil is deemed able to self-medicate (see above).
- *Controlled drugs* – If a boarding pupil requires controlled drugs during the school day, Boarding House staff deliver the medication to Matron at School.
- *Disposal of medicines* - Staff will inform parents /Guardians by email if medication requires disposal. It will be taken to a pharmacy.
- *Personal medication* should be given to staff for safe keeping, but may be collected at the start of a school holiday.
- *New prescriptions* - parents/guardians will be made aware of any medication that has been prescribed. It is their responsibility to inform host families.
- *Hospitalisation* - emergency admission to hospital must be communicated immediately to Deputy Head (pastoral), School Nurse and the Headmaster

Updated June 2022 RHT

APPENDIX A

Controlled Drugs In/Out Register

APPENDIX B

PARENTAL CONSENT FORM

APPENDIX C

SENIOR SCHOOL – CURRENT PUPILS CONSENT LETTER

APPENDIX D

SENIOR SCHOOL MEDICAL QUESTIONNAIRE FORM

APPENDIX E

IPSWICH SCHOOL HEALTH CARE PLANS

Appendix E

Health care plans will be drawn up for pupils suffering from:

- Anaphylaxis
- Asthma (severe)
- Diabetics
- Epilepsy

Pupils will be identified by the Medical Questionnaire forms completed on a parent's acceptance of their child's place at the school. In addition, parents are asked to keep the school informed should there be a change of circumstance regarding their child, for example, a child newly diagnosed as being asthmatic.

Health care plans will be sent to parents by Matron. Parents will be asked to complete, agree, sign and return the health care plan to Matron.

Matron will advise the relevant parts of the school, i.e. Lower Prep, Upper Prep, Boarding House accordingly of health care plans in place and provide copies as required for display/storage in the relevant offices.

APPENDIX F

PROCEDURES FOR ADMINISTERING MEDICINE

Appendix F

Procedures for Administering Medicines

Reception to Year 2

- Parent to attend School Office (Lower Prep) and complete consent form
- Children arriving at school by bus to take medicine and completed consent form immediately to School Office on arrival at school. (Consent forms to be sent out to parents of children who travel to school by bus with the 'end of year' mailing)
- Office to inform class teacher of medication to be given and to arrange the time when it will be given.
- Medication to be stored appropriately
- Medication to be administered as required by one of the above nominated members of staff
- Pupil's individual medical card to be updated with details of date, time of medication, dose and signed by the person administering the medicine
- In-house accident/occurrence record book to be completed with details as above and copy sent home to parent's in child's book bag
- Consent form to be kept on file in School Office.

NB In the case of a child requiring use of an inhaler within a classroom setting, teaching staff to complete the child's medical record card, and parent to be advised of this medication via the in-house accident/occurrence record book sheet.

Year 3 to Year 6

- Parent to attend School Office (Upper Prep) and complete consent form
- Children arriving at school by bus to take medicine and completed consent form immediately to the School Office on arrival at school. (Consent forms to be sent out to parents of children who travel to school by bus with the 'end of year' mailing)
- Debbie Scarlett, Susie Gaffer and Jane Stubbs to be informed of medication to be given and provided with copy of completed consent form
- Office staff to administer medication as required
- Consent form to be updated with details of date, time of medication, dose and signed by the person administering the medicine
- In-house accident/occurrence record book to be completed with details of any ad hoc medicines (verbal permission must be obtained each time) and copy sent home to parents in child's book bag
- Consent form to be kept on file in School Office

NB In the case of a child requiring use of an inhaler within a classroom setting, parents are encouraged to regularly ask their child about how frequently they are using their inhaler in school. This will alert parents to any change in their child's condition, and ensure that they provide new inhalers as needed.

Senior School

Over the Counter Remedies

- Parental consent obtained via medical questionnaires
- Medicine administered as required for headaches, muscular pain and minor sports injuries
- Medicine will not be administered if parental consent has not been received.

Prescribed Medicine

- Prescribed medication must be provided in its original container with the pharmacy label intact
- Parent to inform Matron by telephone
- Medication to be stored appropriately
- School Matrons to administer medication as required
- Pupil's individual medical isams record to be updated with details of date, time of medication and dose.

APPENDIX G

Contacting Emergency Services

Form to be displayed in FRONT RECEPTION OFFICE

Contacting Emergency Services

Request for an Ambulance

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

1. School Telephone Number:

01473 408300

2. Give your location as follows (school's address):

*Ipswich School
Accessed via – Ivry Street, Ipswich*

3. State that the postcode is:

IPI 3SG

4. Give exact location in the school:

Eg School office, playground, classroom

5. Give your name:

6. Give name of child and a brief description of child's symptoms:

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to:

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

APPENDIX H

RISK ASSESSMENTS