# St. Joseph’s Catholic Primary School

# Acute Incidents and the Administration Of Medicines Policy

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| **Approved by:** | Governing Body | **Date:** January 2019 |
| **Last reviewed on:** | December 2025 | |
| **Next review due by:** | December 2028 | |

# Overview

As a caring Catholic school community, this policy aims to support children with medical needs to access the whole curriculum in a manner which is supportive of their needs and maintains the efficient and safe practice of other children and adults in school.

The policy will present guidelines on the following categories of medical need:

**Support for a child following acute incident (e.g. accident)**
**Support for a child who is unwell**
**Administration of medication**

For details of support for a child with a chronic (long term condition) where a care plan needs to be agreed, please refer to St. Joseph's Policy for Supporting Children with medical conditions.

## Support for a child following acute incident

Where children have suffered an injury necessitating their absence from school e.g. a fall resulting in injury, the school will support the education of that child by:

- Sending work home if the child is convalescing at home when appropriate.
- Setting up a Teams link when appropriate.
- Working with the hospital education service if the child is recovering in hospital.
- Taking all practical steps to promote re-integration into class.

The principle must be to get the child back into school as soon as is safe and practicable. The school must be prepared to make "reasonable adjustment" but must not impair the efficient and effective education of other school users.

Good practice is for the class teacher, supported if necessary by a senior leader, to meet with the parent to plan re-integration (e.g. if a child has a limb plastered) to plan for break times, support for eating lunch, arrangements for getting to/collection from school, toileting etc.

### Support for a child unwell or injured

Children who become unwell in school should be sent to the medical room. Welfare staff will make their best judgement as to whether to:

a) Call a parent to collect immediately.
b) Give the child a rest period to see if it aids recovery.

c) Send child back to their normal activities WITH AN INSTRUCTION TO REPORT BACK at a given time.

### Children who are injured

a) Will receive immediate first aid assistance from the most appropriate adult in school and if it is deemed necessary, an ambulance will be called.
b) All treatment must be recorded electronically during school hours and in the books provided for this purpose at lunchtime.
c) Any injury requiring a hospital visit should be recorded in the formal accident log.
d) Any serious head injury must be reported to a parent carer by direct contact from a member of staff plus a letter confirming details handed to the class teacher for the parent.
e) Any minor head injury must be reported in a letter confirming details and handed to the class teacher for the parent/carer.

**Staff in school are not medically qualified and so will err on the side of caution. Parents are the appropriate people to decide the care pathway for their child e.g. GP, NHS 111, Urgent Health Care etc.**

### Children unwell at home

When your child is unwell, it can be hard deciding whether to keep them off school. The guidelines, from the NHS should help:
https://www.nhs.uk/live-well/healthy-body/is-my-child-too-ill-for-school/

Children sent into school by parents must be deemed fit for all activities.

Permission will not be granted for unwell children to stay in at playtime, miss P.E. (illness not injury) or swimming etc.

If children are well enough for school they are well enough for all school activities.

## Administration of medication

### Anaphylaxis

Anaphylaxis is a severe and often sudden allergic reaction. Children with a Health Care Plan (HCP) will have their own adrenaline auto-injectors e.g. Epipen for use if they have a severe reaction. If it is noticed that a child with a HCP has symptoms such as a persistent cough, hoarse voice, difficulty swallowing, swollen tongue, difficult or noisy breathing, wheezing, persistent dizziness, pale or floppy the adrenaline auto-injector will be administered without delay. An ambulance will also be called.

### Asthma

Children on the school's Asthma Register should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler in the medical box in their classroom, and if not, it should be easily accessible to them – medical rooms. In the event of an attack, the child will self-medicate in the presence of an adult according to their Health Care Plan. Younger children may need spacers and greater adult intervention.

### Antibiotics

Antibiotics **will not be** administered by the school (unless the child has a specific chronic condition supported by a health care plan – see Policy for Supporting Children with Medical Conditions).

A 3 a day dose of antibiotics can be administered at home.

Children requiring 4 a day doses of antibiotics are usually too ill to be in school.
If children are well enough to be in school and still require a 4th dose of antibiotics, parents will need to complete the 'Headteacher Agreement to Administer Medicine' form.

### Analgesics/pain killers

Analgesics/pain killers, will not normally be administered by school staff.
Where parents specifically request support for children to self-administer (e.g. for menstrual pain) a permission form (see Appendix A) will have to be completed by the parent first and a decision as to whether the school will agree to administer the medication will be at the discretion of the headteacher.
**Parents will ensure that any medication is in its original box and clearly labelled**

The parent will be phoned by a designated member of the welfare staff, first to check whether any medication has already been administered, then phoned or emailed with the time and dose taken to prevent over usage occurring.

### Coughs, colds and sneezes medication

Coughs, colds and sneezes medication. These will not be administered.
If the child requires medication or over the counter medication during the school day they should not be in school. Schools are communities where cross infection is very likely and very undesirable.

### Eye drops and other relievers.

Eye drops and other relievers.
A parental permission form must be completed (see Appendix A).
**Parents will ensure that any medication is in its original box and clearly labelled**

## Administration of medication – monitoring and recording

An electronic record will be kept, when the child's medication is administered, by one of the designated members of the welfare staff.

### Disclaimer

Unless specifically required to do so as part of a job description, the headteacher will not direct any member of staff to administer medication to any child. The school supports all precautionary measures taken by staff, i.e. contacting parents if unsure about a child's welfare. The school remains a learning community not a child care centre and reserves the right to advise parents to absent their child if injured or unwell.

# APPENDIX A

# HELPING CHILDREN WITH EPILEPSY

### Contents

***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 children are assessed and treated on an individual basis.***

### What is epilepsy?

Children 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 per cent 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 children in the UK. Eighty per cent of children with epilepsy attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition. However, the National Centre for Young People with Epilepsy (NCYPE) says that up to half of such children (approximately 30,000 children in the UK) have real difficulties in school, resulting in a negative impact on their future lives.

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 children 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 children 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 child has had seizures for some time the parents, or indeed the child 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 children. Schools 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 child's epilepsy.

## Medication

Children with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well-controlled. Most children 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 children who require medicine three times daily but even then it is usually taken before school, after school 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 child 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. Schools with children 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 school should aim to do**

Most teachers during their careers will have several children with epilepsy in their class. Therefore all staff should be aware that any of the children 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 children with epilepsy should have a health care plan that details the specifics of their care. The headteacher should ensure that all class and subject teachers know what to do if the child 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 child does experience a seizure in a school 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 child’s specialist. Children 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 child and parents as part of the health care plan.

During a seizure it is important to make sure that:
- the child is in a safe position;
- the child’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 child’s head to help protect it. Nothing should ever be placed in the mouth.

After a convulsive seizure has stopped, the child 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 child’s first seizure;
- the child has injured themselves badly;
- they have problems breathing after a seizure;
- a seizure lasts longer than the period set out in the child’s health care plan;

- a seizure lasts for five minutes - if you do not know how long they usually last for that child;
- there are repeated seizures - unless this is usual for the child as set out in the child’s health care plan.

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

## Sporting and off-site activities

All schools should have agreed policies 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.

The policy could be part of the general suite of health and safety, medicines and disability policies, or a stand-alone policy for sporting and off-site activities. Such policies should include details of each child’s individual needs. All staff accompanying the group should ensure that they know the school policy and what is expected of them in relation to each child. The parents and child should be involved in drawing up the details for the individual and know exactly what the policy is.

The majority of children with epilepsy can participate in all physical activities and extra-curricular sport. There should be sufficient flexibility for all children 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 child’s ability to participate in PE should be recorded in his/her individual health care plan.

Schools should encourage children with epilepsy to participate in safely managed visits. Schools should consider what reasonable adjustments they might make to enable such children 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 children and might also include risk assessments for such children.

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 children with medical needs are protected from discrimination under the *Disability Discrimination Act (DDA) 1995 (now the Equality Act 2010)*. Epilepsy is a long-term medical condition and therefore children 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 the law on disability, responsible bodies for schools (including nursery schools) **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. Schools should be making reasonable adjustments for disabled children including those with epilepsy at different levels of school life. Thus children 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 child is disabled, the school 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.education.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DFES-1448-2005 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 Action** www.epilepsy.org.uk publishes ***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 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 Centre for Young People with Epilepsy (NCYPE) has published material that will help schools revise school policies and procedures on dealing with pupils with epilepsy at www.ncype.org.uk/

**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.)

## Parental agreement for St. Joseph’s Catholic Primary School to administer medicine

St. Joseph’s is unable to administer medicine to your child unless you complete and sign this form.

| | |
|---|---|
| Name of child | |
| Date of birth | |
| Class | |
| Medication condition or illness | |

**Medicine**

| | |
|---|---|
| Name/type of medicine<br>*(as described on the container)* | |
| Date dispensed | |
| Expiry date | |
| Agreed review date to be initiated by | [name of staff member] |
| Dosage and method | |
| Timing | |
| Special precautions | |
| Any side effects that the school needs to know about? | |

| | |
|---|---|
| Self-administration | Yes/No |
| Procedures to take in an emergency | |

**Contact Details**

| | |
|---|---|
| Name | |
| Daytime telephone no | |
| Relationship to child | |
| Address | |

I understand that this is a service that St. Joseph's is not obliged to undertake.
I understand that I must notify the school/setting of any changes in writing.

Date ______________________________ Signature(s) ______________________________

## St. Joseph's Catholic Primary School

## Headteacher agreement to administer medicine

It is agreed that __________________________________________ [name of child] will receive

____________________________________________________ [quantity and name of medicine]

every day at _____________________ [time medicine to be administered].

__________________________________________ [name of child] will be given/supervised

whilst he/she takes their medication by __________________________________________

[name of staff member] and witnessed by ________________________________________

[name of staff member].

This arrangement will continue until _________________________________________ [date].

Date ______________________________________

Signed ____________________________________

(The Headteacher/named member of staff)