



Rooted in the community – growing for the future

Supporting Pupils with Medical Conditions and Needs Policy (incorporating Medicines in School Policy)

Written March 2017 and reviewed September 2019

Adopted by the Governing Body on 20th March 2017 and 16th
September 2019 as recorded in minutes and signed by the
Chair of Governors, Julia Kelly:

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This policy is due for review by September 2022

All our policies should be read in conjunction with our Shire Oak
Values and the principles and practices detailed in our
Equalities Policy.

Supporting Pupils with Medical Conditions and Medical Needs

Purpose, Aims and Sources of Information

This policy is written to support those children with individual medical needs and set out how their needs can be met at Shire Oak CE Primary School. It is closely based on the Leeds model policy as we aim at all times to follow their health and safety advice and guidance. We have also taken into consideration the advice from the Health Conditions in School Alliance.

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with medical conditions the same opportunities as others at school. We will help to ensure they:

- Are safe from harm
- Do well at all levels of learning and have the skills for life
- Choose healthy lifestyles
- Have fun growing up
- Are active citizens who feel they have voice & influence

Responsibilities

We understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. We also understand the importance of medication being given as directed by healthcare professionals and parents.

Parental Responsibilities

- Parents should provide full information about the child's medical needs when the child joins school, or as the medical need arises or changes.
- Long term medical needs, e.g., asthma should be clearly identified, and arrangements for treatment discussed with the Head Teacher or Inclusion Manager.
- Parents should ensure that the child is well enough to attend school and refrain from sending them when they are unwell.
- Parents should follow the agreed procedure in the event of their child requiring medication to be administered by the school staff, and are responsible for its safe transportation to and from the school each day.
- Parents are responsible for the provision to school of in-date medication, e.g., inhalers to treat long term medical conditions.

Head Teacher and Named Staff Responsibilities

- The Head Teacher will ensure that all parents and staff are aware of the policy and procedures for dealing with medical needs.
- The Head Teacher will ensure that systems for sharing information will be followed.
- The Head Teacher is responsible for ensuring that the requirements of this policy are fully implemented and appropriate records are kept.
- The Head Teacher will ensure all staff are aware of this policy and associated procedures, and that staff who agree to administer medicines in school receive the appropriate training.
- The named member of our staff responsible for this medical conditions policy and its implementation is currently Marcelle Maver (Inclusion Manager and one of the Designated Members of Staff). In her absence the responsibility reverts to the headteacher, Jane Astrid Devane.
- Many of the day to day tasks and responsibilities in this policy will be delegated to Jackie Vollans, Senior Administrator and named First Aider. She is supported in this work by Susan Koyuncu (Administrator and First Aider).

Governing Body responsibilities

The governing body has a legal duty to make arrangements to ensure that pupils with medical needs are able to attend school with as little disruption as possible. This policy and associated procedures (together with others in the Inclusion and Health and Safety suites of policies) is intended to achieve this objective.

The Governing Body has responsibility for ensuring that this policy is up-to-date and regularly reviewed and that relevant staff receive regular training.

All staff in school

All staff in school should be aware of the school's policy and should be informed what the school's general procedures are in relation to any pupil with medical requirements.

A teacher or member of support staff (including supply and temporary) who has a pupil with medical needs in his/her class should understand the nature of the child's condition and when and where that pupil requires additional attention. Medical Alert notices are kept in registers and displayed on the safeguarding noticeboard (as well as the kitchen, if applicable)

In particular, staff should be aware if any emergency is likely to occur and what measures they should take if one does. These measures should be in writing and be readily accessible.

Other school staff such as lunchtime assistants or support staff who may, at certain times, be responsible for children with medical conditions should be provided with sufficient support and advice.

Information and advice should also be provided to the school's first aiders if the pupil's medical condition has implications for any first aid treatment which may be given.

All relevant staff understand the medical conditions that affect pupils at our school. We also make sure all our staff understand their duty of care to children and young people in the event of them requiring medical intervention.

Provision, planning and procedures

We aim at all times to meet the needs of children with long-term conditions, including diabetes and asthma. No child or young person will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

We will:

- Ensure that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
- Provide staff training on the impact medical conditions can have on pupils in order to be safe, welcoming and supportive of pupils with medical conditions.
- Strive to provide children and young people with medical conditions the same opportunities and access to activities, both on and off site, as other pupils.
- Consider what reasonable adjustments we need to make to enable children with medical needs to participate fully and safely on visits.
- Carry out risk assessments so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

We understand that children with the same medical condition will not necessarily have the same needs. Our staff understand their duty of care to children and young people with medical conditions and know what to do in the event of an emergency. Our medical conditions policy has been agreed after speaking to pupils, parents, staff, governors, and relevant local health services. We will communicate the implementation of this plan, as necessary, with staff, parents and other key stakeholders.

We have clear guidance on:

- record keeping
- providing care and support
- administering medication
- the storage of medication and equipment

This school takes responsibility for ensuring that there are named staff with explicit responsibility for administering medication and providing care. All staff, however, have received suitable training and have access to ongoing support. This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risk, where possible and proportionate. Each member of the school and health community knows their role in, and responsibility for, maintaining and implementing effective provision for children with medical conditions. All school staff (including temporary and supply staff) will be alerted (usually through our Alert Posters) of children where their medical condition might result in an emergency. All staff have a duty of care to pupils in an emergency and updates to these procedures are communicated in training, face to face conversations, induction and/or the weekly staff briefing.

Individual Healthcare Plans

Children with significant medical conditions should have an individual healthcare plan (IHP) drawn up. (These are sometimes also called Health Plans, Care Plans, IHCPs, IEPs, etc. depending on the most appropriate format and who they are being written with. We use IHP to mean any of these documents where it sets out exactly:

- What care a child needs in school, when they need it and who is going to give it.
- It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.
- This should be drawn up with input from the child (if appropriate), their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one. (e.g. the diabetes nurse)
- A child's IHP should, explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car unless expressly instructed to by medical professionals.
- Sometimes a child's medical needs require an Education, Health and Care Plan to be drawn up with the local authority. Parents should talk to our SENCo about applying for these for children with long term needs.

Intimate Care

If a child needs intimate care, this is planned for (wherever possible) in advance and recorded in an IHP or other care plan. In all cases we adhere to the protocols and guidance in LSCB (Leeds Safeguarding Children Board) Intimate Care Policy.

Medicines in School

A teacher or other member of staff in a school or college who looks after pupils and students in place of the parent (in **loco parentis**), must treat and take care of the pupil as a "careful parent" would. If a request is made in relation to a pupil's medical needs then consideration should be given to whether or not the request is what would be expected of a reasonable parent in the same circumstances.

Medicines should only be taken to school when essential; that is where it would be detrimental to the child's health if the medicines were not administered during the school day. Staff will usually only accept prescribed

medicines; those prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber (see DfES and DoH guidance, March 2005)

The only non-prescribed medication we will typically administer is travel sickness tablets and parents are asked to follow the same procedures outlined in this policy for prescribed medicine if they need their child to take this sort of medication. Other non-prescribed medication (such as painkillers for period pain) will only be by prior agreement with the headteacher or senior leader, where it has been used before by the child without side effects, and the agreement with the parent will be recorded and signed. We will never administer aspirin without a prescription. If a child suffers regularly from frequent or acute pain requiring such medication, the parents should be encouraged to refer the matter to the child's GP.

Responsibilities of Staff Administering Medicines

Shire Oak Primary School accepts responsibility for members of staff who volunteer to give, or supervise children taking, prescribed and agreed medicines during the school day:

- Staff members who agree to accept responsibility for administering prescribed medicines (except inhalers) will have first aid training and will follow agreed procedures for recording the administration of medicines.
- Such staff will receive training in safe administration of medicines from a health care professional as well as 'on the job' training from more experienced Shire Oak staff.
- A medicine administration sheet should be completed by the parent and all doses given recorded on the sheet by the assigned member(s) of staff.

Medicines on Educational Visits

We are keen to encourage children with medical needs to participate in safely managed visits. Reasonable adjustments will be made to enable children with medical needs to participate fully and safely on visits.

Class teachers and accompanying first-aiders will together be responsible for the transportation and administration of any medicines required for individual pupils.

Safe Storage of Medicines 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 and in the original container in which dispensed.
- Medicines should be kept in a locked cabinet or the fridge in the school office, depending on storage instructions. They should be in the original packaging.
- 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.

Emergency Medicines

All emergency medicines, such as asthma inhalers and adrenaline/epi pens, should be made readily available to children and should not be locked away. All key staff and individual pupils should know where they are.

Inhalers

- Inhalers should be kept in class for children in Key Stage Two in the box provided unless it has been agreed with parents that they should be kept on the child's person (in which case, a duplicate in the box is helpful.)
- Children in Key Stage 2 should be encouraged to self medicate after asking an adult and record the time and date of usage in the child's own asthma record card provided in the box.
- Children in Key Stage 1 should be encouraged to self medicate but under the strict supervision of an adult who will fill in the asthma record card provided in the box.
- All inhaler boxes should be taken to PE and outside during games or other lessons.

Procedures for the administering of medicines in school

The member of staff giving medicine must:

- Check that there is written agreement from a parent/guardian to administer medication.
- Check the pupil's name on the medicine container, the prescribed dose and the expiry date. If staff are in doubt they should not give the medication until these things have been checked and the full details known.
- **School should never accept medicines that have been removed from their original container nor make changes to dosage on parental instruction.**
- Ask the child to confirm that they should be receiving medicine.
- Ask another member of staff to double-check the name on the medicine and the dosage where reasonably practicable.
- Each time a pupil is given medication a record should be made, including the date, time, what was administered and, if necessary, details of any problems, which the person administering the medication should sign.
- Where invasive or intimate treatments are required then the LSCB Intimate Care Policy should be followed.

Refusal to take medicine

No child should be forced to take medicine should they refuse.

If a pupil refuses to take medicine and the information provided by the pupil's parent and/or GP suggests that the pupil is at great risk if they do not take their medication, the parents should be contacted immediately. If a parent cannot be contacted, medical advice and/or the emergency services should be called.

Where the information provided indicates that the pupil will not be at great risk if they do not take their medication, but the parent has informed the school that their child should receive their medication, the parent should be contacted as soon as possible.

Parents/ primary carer/ guardian should be communicated with directly and not via a note sent home with the pupil. Records of the conversations should be kept and the school may wish to follow this up with a letter.

Disposal of medicines

Under no circumstances should a school dispose of any prescribed medicine or the container from which it came. The parent of the pupil for whom the medicine was provided should collect all empty containers, surplus medicines and out-of-date medicines. 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.

Supporting Documents and Further Sources of Information

This policy should be read in conjunction with the latest version of the following documents:

- PG505 Guidance Note on Medication in Schools Health and Safety Handbook for Schools
- Leeds LSCB Intimate Care Policy
- Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015)
- Managing medicines in schools and early year settings” (March 2005 –DfES) contains helpful information regarding medication in schools – in particular basic information regarding common conditions such as asthma, epilepsy, diabetes and anaphylaxis.
- Accessibility Plan
- Inclusion (including SEND) Policy
- Health and Safety Policy
- Equalities Policy
- The notice to staff on the fridge
- The latest school forms for recording the administration of medicines (based on the DfE templates)

Useful Contacts

Allergy UK

Allergy Help Line: (01322) 619864

Website: www.allergyfoundation.com

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: 0845 1202960 (Weekdays 9am to 5pm)

Website: www.diabetes.org.uk

Department of Health

Tel: (020) 7210 4850

Website: www.dh.gov.uk

Epilepsy Action

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

Website: www.epilepsy.org.uk

National Society for Epilepsy

Helpline: (01494) 601400 (Mon-Fri 10am to 4pm)

Website: www.epilepsynse.org.uk

1

- Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

2

- Headteacher or delegated SLT member co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the pupil.

3

- Meeting held to discuss and agree on the need for IHP to include key school staff, child, parent and relevant healthcare professionals and other medical/health clinician as appropriate (or to consider evidence provided by them).

4

- Develop IHP in partnership. Agree who leads on writing it. input from healthcare professionals must be provided.

5

- School staff training needs identified.

6

- Healthcare professional commissions and/or delivers training.
- Staff signed off as competent - review date agreed.

7

- IHP implemented and circulated to all relevant staff.

8

- IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate.