



## **Policy for Supporting Pupils with Medical Conditions**

**January 2020**

### **Aim:**

The aim of this Policy is to ensure that the school has in place effective management systems for administering medicines to pupils. To ensure that every child can access and enjoy the same opportunities as any other child. We know that our parents and pupils have confidence in the school's ability to provide effective support as specified in this policy.

### **Policy Implementation**

The Head Teacher is responsible for ensuring that sufficient staff are suitably trained, including staff new to the school. The Head Teacher reports regularly to the Safeguarding Committee of the Governing Body on the effectiveness of the school's ability to deal with medical conditions and any further training staff may need.

We ensure that all staff are aware of children with medical needs including kitchen staff and supply teachers through regular updates of our register including photographs.

Risk assessments for trips and activities are made for individual pupils usually following meetings with parents.

### **Individual Health Care Plans**

Individual health care plans are drawn up by the Inclusion leader and relevant teachers with the support of the appropriate medical experts e.g. diabetes practitioners. They will be in place for each individual child with a new diagnosis within 2 weeks and preferably before the start of a new school year. These plans will be reviewed annually or earlier if evidence presents itself that the child's needs have changed. Individual health care plans will specify:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;

- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Head Teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

IHCs will be reviewed annually by the Inclusion leader or before if evidence is presented that a child's needs have changed.

### **Roles and Responsibilities**

**School staff** - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**Other healthcare professionals, including GPs and paediatricians** - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g asthma, diabetes).

**Pupils** – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions. Some pupils will be able to manage some of their own health needs e.g. those with asthma, but will always be supervised by an adult.

**Parents** – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

### **Medicine taken during the School Day**

Only essential medicines will be administered during the school day. These will be only those prescribed by a doctor, unless the Head Teacher has given specific permission following a written request by parents. Forms of pain relief e.g. Paracetamol, Aspirin and Ibuprofen will not be administered unless prescribed by a doctor. Parents will be asked to attend school if a child is in pain e.g. with toothache and to administer pain relief themselves if this appropriate. Parents must submit a written permission slip before any medicine is administered by school staff.

Medicines to be given during the school day must be in their original container, in-date and labelled. Parents must explain when the last dose was given.

Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

Medicines will be routinely returned to parents at the end of each term except those which are solely for the school site e.g. Epipen. The Parent Support Advisor will check dates of these medicines termly to ensure that school always has medication within its use-by date.

### **Medicine on Educational Visits**

Essential medicines will be administered on Educational Visits, subject to the conditions above.

A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

### **Rules for Administration**

The Head Teacher and named staff members will give medicines (see end of Policy). Staff should wash their hands before and after administering medicine. Before administering any medicine, staff must check that the medicine belongs to the child, check that the dosage they are giving is correct, that written permission has been given, that the medicine is within its expiry date and a second witness is present to oversee the administration in addition to providing their signature on appropriate paper work.

Children can self-administer if parents have requested it. Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed immediately.

All doses administered will be recorded in the Administration of Medicines book (located in the administration office) with a second signer present.

Wasted doses (e.g. tablet dropped on the floor) will be disposed of into the clinical waste bin.

### **Storage of Medicines**

All medicines will be stored safely in a locked cupboard in the school office.

Asthma inhalers, Epipens etc. are clearly labelled and kept in the school office in boxes to ensure easy access at playtimes. Staff may need to take the medicine to the child in extreme circumstances. Some children also keep an inhaler in the classroom. Inhaler equipment will be cleaned in line with recommendations.

Controlled drugs will be kept in the locked cabinet in the office. Access to these medicines is restricted to the named persons who have received relevant training. The Head Teacher/SBM are the key holders for these cabinets. A key is also held by the School Administrator trained in administering medication.

## **Disposal of Medicines**

Expired/no longer required medicines will be returned to parents within 14 days. If parents do not collect the medicine, then it will be returned by the school clerk to the local pharmacy on Borough Road. Medicines will not be disposed of by flushing down the toilet. Any labelling with a child's name on will be disposed of via the confidential waste bin.

## **Record Keeping**

Staff will record any doses of medicines given in the Medicine book. Children self-administering asthma inhalers do not need to be recorded. A notice-board in the school office details children with medical conditions. The Parent Support Advisor is responsible for keeping this board up-to-date as soon as information is received from parents. These will all be monitored by the Head Teacher termly.

## **Asthma**

Inhalers are kept in the school office. Children have access to these inhalers at all times. All inhalers are marked with the child's name. School keeps spare inhalers for emergency use. Parents will be informed if their child has needed to use their inhaler more than once during the day. The Parent Support Advisor is the Asthma lead for the school.

All children having an inhaler must take them on educational visits, however short in duration.

## **Staff Training**

Training will be organised when necessary, to update skills and knowledge. Where appropriate, this will be carried out by external agencies e.g asthma nurse, epilepsy nurse. Training for staff from parents will be acceptable only where this is agreed with health-care professionals. Staff must not give prescription medicines or undertake health-care procedures without appropriate training.

## **Parental Responsibility**

Parents must inform school of any medical condition which affects their child. Parents are expected to ensure that inhalers are in date, and that medicine is collected from the School Office.

## **Emergency Procedures**

In a medical emergency, teachers can administer emergency first aid if necessary. If possible, the school's First Aiders will be asked to attend.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parent contact details and any known medical conditions.

In the absence of a parent/ guardian, children must be accompanied to hospital by a member of staff. Staff cars should not be used for this purpose.

Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital by ambulance.

## **Information**

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, in the school office. Children with medical conditions which may require emergency attention, e.g epilepsy, diabetes, will have their names and a care plan displayed in their classroom, and all adults dealing with the child will have their attention drawn to this information.

## **First Aiders**

School First Aiders: Denisa Blazejova, Lynsey Tonge

A list of first aid trained staff is displayed in each classroom / office area. An up to date record of staff trained in First Aid is kept by the School Business Manager.

Named people for administering medicines:

Denisa Blazejova, Shannon Barstow and Debra Baxter.

Epipen – Any member of staff can administer an Epipen in an emergency. However, members of staff have been trained and dinner supervisors have also been trained in how the Epipen is used.

Cetirizine, where provided by individual parent / carer for a named child, may be given if slight tingling of the lips occurs following ingestion of possible irritants for nut allergy sufferers. This is a liquid medicine stored with the Epipen. School does not carry cetirizine.

If symptoms are more severe, the Epipen should be given immediately.

An ambulance must be called immediately. Parents should be contacted after this call has been made.

## **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Head Teacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.