



*St. Bede's Catholic Primary School & Nursery*



# ***SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY***



Autumn 2017



*“Shine like a lantern in the presence of the Lord.”*

## **SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

### **Introduction**

Legislation (Children & Families Act 2014) places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. This policy sets out our arrangements.

We aim to ensure that all children with medical conditions in terms of physical and mental health are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

### **Roles & Responsibilities:**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work cooperatively with other agencies to ensure that the needs of pupils with medical conditions are met effectively.

The Head teacher:

- has overall responsibility for the implementation of this policy and will ensure that it is implemented with partners.
- will ensure that all staff are aware of this policy and understand their role in its implementation.
- will ensure that new staff are fully informed about this policy.
- will ensure that relevant staff are informed about a child's condition.
- will ensure that sufficient staff are suitably trained and available. (Additional staff will be trained in order to cover staff absence or staff turnover.)
- has overall responsibility for the development of Individual Health Care Plans (IHCP).

The SENCo:

- will identify any training needs necessary during the development or review of Care Plan.
- will liaise with external agencies to assess staff training needs.
- will arrange for external professionals to train staff.
- will support staff in carrying out their role.
- will liaise with the head teacher to commission training.
- Will initiate the annual review of Care Plans

Staff:

- must ensure that they are fully up to date with the latest Care Plans for the children they work with
- may be asked to provide support to pupils with medical conditions, including the administering of medicines
- will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Appendix 4 will need to be completed in this respect where applicable; in any event all staff will undertake training annually on various medical conditions including anaphylaxis, epilepsy, diabetes and asthma
- should know what to do and respond accordingly when they become aware that a pupil with medical condition needs help.
- must ensure they have all the required medication and Care Plans before taking children off site

- class teachers (or in their absence a designated person agreed beforehand ie. their partner year group teacher or the relevant phase leader or teaching assistant) will brief supply teachers on any child with medical conditions in their class – supply teachers should be directed to the Class Pupil Information/SEN folder(s) which will contain a copy of the Medical Conditions List for that class together with a copy of the Care Plan, where applicable.

#### Pupils:

- should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, any comply with, their Care Plan .
- will be encouraged to take responsibility for managing their own medicines and procedures if, following discussions with their parent/carer, it is agreed that they are competent.
- will be allowed to carry their own medicines and relevant devices wherever possible.
- who refuse to take medicine or carry out a necessary procedure will not be forced to do so but the procedure in the Care Plan should be followed and parent/carer must be informed so that alternative options can be considered.

#### Parent/Carer:

- should ensure that their child is fit enough to attend school
- should keep any child who is acutely unwell at home
- should provide the school with sufficient and up to date information about their child's medical condition and any treatment and special care needed at school.
- should be involved in the development and review of their child's Care Plan and may be involved in its drafting.
- 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.
- should remind the class teacher of the need to take the relevant medicines on all school trips

#### Supply Teachers

- must ensure they are familiar with any Care Plans which apply to the children they are teaching, as outlined in the school's Guidance for Supply Teachers; they should be briefed by a designated person (relevant Class or Year Group Teacher/Phase Leader or in their absence, a relevant Teaching Assistant). Supply teachers should be directed to the Class Pupil Information/SEN folder(s) which will contain a copy of the medical conditions list for that class together with a copy of the relevant Care Plans, where applicable..

#### Teaching Assistants

- must ensure that they are fully up to date with the latest Care Plans for the children they work with
- in the absence of the Class/Year group Teacher or Phase Leader may be asked to brief supply teachers on any child with medical conditions in their class.

#### Group Leaders

- will liaise with the Educational Visits and/or Health & Safety Co-Ordinator Co-Ordinator to carry out risk assessments for school visits, holidays and other school activities outside of the normal timetable.

#### PE Subject Lead

- will liaise with the SENCo to identify any child taking part in an after school activity who has a Care Plan, so that a copy may be provided to the coach taking the session

#### Sports Coaches (after school sessions)

- will be provided with a copy of any relevant Care Plans by the PE Subject Lead

- must ensure they are familiar with the content of the Care Plans and know what steps to take in an emergency

#### School Nurse

- will write the initial Care Plan for any child requiring one, in conjunction with the parent and SENCo
- will be involved in the annual review of the Care Plans if requested by the parent or school
- will be involved in the review of a Care Plan when a child's medical condition changes significantly
- will undertake training for all staff annually on various medical conditions including anaphylaxis, epilepsy, diabetes and asthma (including how to recognise an asthma attack). More specialised training, where applicable, to ensure that appropriate staff achieve the necessary level of competence before they take on responsibility to support children with medical conditions will be provided. The form at appendix 4 should be completed in relation to any specialist training undertaken.

#### **Managing Medicines on School Premises**

1. Medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. We will therefore only administer medicines when absolutely necessary decided on an individual basis. Where antibiotics are to be given several times a day it is practicable that this happens outside of school hours. If a parent/carer feels it is absolutely necessary for a child to receive medication during the school day, the parent/carer is always welcome to come into school to administer the dosage.
2. Children for whom we are likely to agree to administer medicines include children with long term medical needs including diabetes, epilepsy, asthma and/or severe allergies.
3. Children will not be given medicines without their parent/carer's written consent. If we agree to administer any medicine, the parent/carer must complete the form at Appendix 1. A copy is available from the office and is on the school's web site.
4. Children should not bring any medicine into school with them- this includes cough sweets.
5. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
6. Children will never be given medicine containing aspirin unless prescribed by a doctor.
7. Medication should never be administered without first checking maximum dosages and when the previous dose was taken.
8. We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage; the exception to this is insulin which may be inside an insulin pen or pump rather than its original container.
9. At the start of the school year – or at any time during the year for a newly diagnosed condition or where medications are changed - parents/carers will be asked to bring appropriate medications (2 lots of each) into the school office and to complete and sign the form attached at appendix 5. The member of staff receiving the medications in school will also sign this form to confirm that this has happened. At the end of the school year the same thing will happen in reverse with medications being sent home.
10. At the start of the new school year and at the end of each half term before the holidays Class Teachers (and the School Office staff) should check the medications held in each location to ensure they are in date. If not in date they should contact the parents/carers to collect the out of date medications and ask them to bring new up to date medications into school at the start of the new term – the same process outlined in paragraph 9 above will apply.
11. Medicines, such as Piriton, will be stored in the school office, as will back up asthma inhalers if these have been provided by the parent/carer. Asthma pumps, Epipens, seizure medication, blood glucose monitoring equipment and hypo treatments will be

- stored in individual classroom medical cabinets (Key Stage 2) or in the Teacher's Cupboard (Key Stage 1) and/or in the School office
12. On school trips the children should know where their medication is at all times and be able to easily access it whenever they need it.
  13. Controlled drugs will be stored in a non-portable container and named staff will have access.
  14. Staff administering medicines should do so in accordance with the prescriber's instructions.
  15. When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal and the form attached at appendix 5 completed as indicated in paragraph 9 above to confirm that the medication has been handed over to them.

### **Asthma Care**

From 1<sup>st</sup> October 2014 legislation allows schools to buy and hold salbutamol inhalers, without a prescription, for use in emergencies. Schools are not required to hold an inhaler but may do so if they wish.

The emergency salbutamol inhaler can only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available eg. if it is broken or empty.

Schools holding an emergency inhaler are required to have at least 2 volunteers responsible for the storage and maintenance of the inhaler kit.

### **Managing Medicines on Residential School Trips**

During residential school journeys, we will administer medicines prescribed by the GP. We will not administer other medication unless there are exceptional circumstances for the request. Permission must therefore be sought from the Head teacher well in advance of any trip if any non-prescribed medicine (for example, travel sickness tablets, hay fever medication) is requested to be administered. A form (appendix 1) will have to be completed and agreement reached with the staff who are being asked to administer this medication. After consultation with parents/carers we will administer non-prescription medication such as Calpol or travel sickness medication only on residential school journeys, after completion of the above mentioned form.

### **Record Keeping**

A record must be kept of all medicines administered to individual children, stating what, how and how much was administered and by whom. Any side effects of the medication should be noted. A record will be kept of any doses of a controlled drug used and the amount of the controlled drug held in school. A medications record sheet is attached at appendix 3 - in certain individual cases it may be decided that there should be an individual record book.

### **Procedure to be followed when notification is received that a pupil has a medical condition**

- Parent/carer or healthcare professional informs the school that the child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long term absence, or that needs have changed.
- A meeting is arranged between the head teacher or SENCo, class teacher, the parent/carer, child and relevant healthcare professional (or to consider written evidence provided by them) to ascertain the child's medical support needs. Members of staff are identified to provide support to the child.
- At the meeting a discussion will take place to agree on the need for a Care Plan.
- The school will liaise with the healthcare professional in order to write the Care Plan.

- The SENCo will identify any training needs.
- The School Nurse delivers training and staff are signed off as competent. Review date agreed.
- The Care Plan will be signed by the parent/carer and the head teacher
- The Care Plan will be implemented and circulated to relevant staff.
- The Care Plan will be reviewed annually or when the condition changes. (Parent/carer to initiate or school to initiate)
- In the case of a new diagnosis or children moving to the school mid-term every effort will be made to ensure that arrangements are put in place within two weeks.
- Parent/carers are responsible for informing the school about any change to their child's condition.

### **Transition Arrangements**

When a child transfers to St Bede's., the previous setting will be contacted and a request will be made for any paperwork to be transferred.

### **Individual Healthcare Plans (IHCP)**

Care Plans can help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom.

Care Plans are written by the school nurse, in conjunction with the child's parents/carers and the SENCo. The school nurse, SENCo and parent/carer will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

A healthcare plan will be essential in cases where:

- a condition fluctuates
- there is a high risk that emergency intervention will be needed

They will also be helpful in other cases where a medical condition is long term and complex.

The healthcare plan will be drawn up in partnership between the school, parent/carer and a relevant healthcare professional who can best advise on the particular needs of the child.

Where the child has a special educational need identified in a statement or EHC plan the IHCP will be linked to or become part of the statement or EHC plan.

When a child returns to school following a period of hospital education or alternative provision the school will work with the local authority to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

The Care Plan will be made accessible to all staff and professionals who need to refer to it. Copies are kept in the School Office, Class Pupil Information/SEN Folder and on the inside of the Medical Cupboard door(Key Stage 2)/inside of the Teacher's Cupboard door (Key Stage 1). Photos of children with Care Plans, or who have medical conditions staff need to be aware of but who do not have a Care Plan, are displayed in the Staff Room, School Office, School Kitchen and on the Medical Cupboard (KS2) /back of Classroom door (KS1)

The Care Plan will be reviewed on an annual basis or earlier if evidence is presented that the child's needs have changed.

### **Emergency Procedures**

If a child needs to be taken to hospital, a member of staff will stay with the child until the parent/carer arrives or accompany a child taken to hospital by ambulance.

### **Day Trips, Residential Trips and Sporting Activities**

The school will carry out a risk assessment to take account of any steps needed to ensure that pupils with medical conditions are supported to participate in school trips and visits wherever possible.

The school will consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely on visits.

The school will consult with parent/carer, and take advice from the relevant healthcare professional to ensure that the child can participate safely.

### **Unacceptable Practice**

It is unacceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- assume that every child with the same condition requires the same treatment.
- ignore the views of the child or their parent/carer or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities.
- send a child to the school office unaccompanied or with someone unsuitable if they become ill.
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- require parent/carer to attend school to administer medication or provide medical support to their child.
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life including school trips.

### **Insurance Arrangements**

Our public liability policy covers the school, school governing body, teachers, other employees and volunteers should a claim be made by a pupil who alleges they have sustained injury or damage to property as result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically or by tube and the application of dressings or appliances including by pump or injection eg. insulin for diabetes and epipens. This applies both to straightforward and complex conditions.

It would be expected that any guidance with the medication is followed and those administering the treatment would have received the appropriate training and that this would be reviewed on a regular basis.

### **Complaints**

If parents/carers are dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue they should make a formal complaint via the school's complaints procedure which is available from the school office.



## Appendix 1

### Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

#### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

#### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 2

### Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



**Staff training record – administration of medicines**

**Appendix 4**

Name of school	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

ST BEDE'S CATHOLIC PRIMARY SCHOOL & NURSERY

**MEDICATION RECORD**

(One sheet per type of medication and/or per child  
to include only medications outlined in Care Plans and asthma pumps)

**RECEIPT OF MEDICATION IN SCHOOL (to be completed when medication is received in school at the start of the school year; when replaced or when a condition has been newly diagnosed)**

**To be completed by Parent/Carer**

Name of child and class

.....

In the case of an emergency, I give permission for my child to use spare school asthma pump (this does not replace the need for two to be provided by parents to be kept in school at all times).

Signature of Parent/Carer

.....

Full name and relationship to child

.....

**To be completed by school staff (please confirm type of medication i.e. asthma pump/epipen and number of items received)**

Medication name/dosage/number of items

.....

Where medication is to be located in school

.....

(usually 1 in class and 1 in the office)

Signature of member of staff receiving the medication

.....

Full name and date

.....

**RETURN OF MEDICATION TO PARENT/CARER (to be completed when medication is returned to parent e.g. at the end of term or when item is out of date)**

**To be completed by school staff**

Name of child and class

.....

Medication type and number of items returned to parent/carers

.....

Signature of member of staff returning medication

.....

Full name and date

.....

**To be completed by Parent/Carer confirming medication received**

Signature of Parent/Carer

.....

Full name and relationship to

child.....

**Other comments (if applicable)**

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