

# Menston Primary School



## Supporting Children with Medical Conditions and Administration of Medicines Policy

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# **SUPPORTING CHILDREN WITH MEDICAL CONDITIONS AND ADMINISTRATION OF MEDICINES POLICY**

## **INTRODUCTION**

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. Statutory guidance is laid out in the document **Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England**, December 2015.

This policy has been written with reference to this statutory guidance and has therefore had Full Governing Body approval (March 2016).

## **AIMS**

The aim of this policy is to ensure that all children with medical conditions, in terms of both 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.

This school will work with the local authorities (Bradford and Leeds), health professionals, commissioners and other support services to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

Where learners have been prescribed medications by a doctor or other appropriately qualified health care professionals, it may be necessary for them to continue with the treatment in school. Our policy is to ensure that children who need prescribed medication during school hours have their special needs met in such a way that they retain the fullest access to the life and work of the school. This policy sets out how the school will establish safe procedures.

## **INDIVIDUAL HEALTHCARE PLANS**

Children with some medical conditions need Individual Healthcare Plans, tailored to their particular needs and agreed by the school, parents/carers, the child (if appropriate) and the relevant Healthcare professional.

Governors and the Headteacher will ensure sufficient staff are trained to support children with medical conditions and that all relevant staff are aware of a child's condition and understand the child's Individual Medical Care Plan.

Plans are reviewed at least annually, or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption.

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is at Appendix F.

Where the child has a special educational need identified in a Statement of Special Educational Needs or Education, Health & Care Plan (EHCP), the individual healthcare plan should be linked to or become part of that Statement or EHCP.

## **PRACTICE WITHIN SCHOOL**

- All relevant staff will be made aware of the child's condition. Photographs and details of individual pupils with severe specific medical / dietary requirements are permanently on display in the staff room, and also in the school kitchen and Care Club where appropriate. Class teachers each have a Medical Care Plan file, which has details of the special medical and dietary needs of pupils in school. Supply teachers are always made aware of where the file is kept within each classroom and of any children with specific needs within the class/group that they are teaching.
- Risk assessments for school visits always include special arrangements for any pupils with additional needs.
- For school activities outside the normal timetable, parents are always invited to discuss individual needs with service providers with a view to inclusion.
- Annual epipen training is provided by the school nursing service.
- Several members of staff are trained in first aid, and / or in paediatric first aid. Training is kept up to date with staff attending refresher courses prior to the expiry of the previous training.
- The Headteacher and Deputy (who is also the SENCo) are responsible for ensuring that sufficient staff are suitably trained to administer medication to meet pupils' needs.
- For children with specific needs, such as diabetes, health professionals (in most cases the school nurse) deliver staff training along with parents in order to explain in detail and ensure staff are aware of the nature and extent of the need.
- Where a Medical Care Plan is in place, staff with specific involvement in the care are named. Cover arrangements in case of staff absence are detailed in the Medical Care Plan
- Where a child transfers into or from school, information about medical needs is transferred sensitively and in a timely manner with the intention of least disruption to the child's education.
- Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

## **UNACCEPTABLE PRACTICE**

Although school staff should use their discretion and judge each case on its merits with reference to a child's individual healthcare plan, it is not generally acceptable 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 parents/carers;
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied;
- Penalise children for their attendance record if their absences are related to their medical conditions, e.g. school appointments;
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to;
- Require parents/carers or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child;

## **ROLES AND RESPONSIBILITIES (Taken from statutory guidance)**

### **Governing Body**

Governing bodies must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

### **Headteacher**

The Headteacher should ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

### **Parents**

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They will usually 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. 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.

### **Pupils**

Pupils with medical conditions will sometimes be able to provide information about how their condition affects them. Where appropriate, 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.

### **School staff**

Any member of school staff may be asked to provide support to pupils with medical conditions, including administering medicines. 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.

### **School nurses**

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which requires support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams are also a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 18 to 20 below about training for school staff.

### **Other healthcare professionals**

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 individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

## **MANAGING MEDICINES IN SCHOOL**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in very exceptional circumstances where verbal consent will be obtained (and recorded as given).
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. All such medicine is

subject to the same written information/ permission protocols as prescription medicines in this school.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept prescribed medicines if these are in-date, labelled for the patient, 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 must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school

## **ASTHMA**

Asthma is a physical condition. It affects at least one in every ten children. An attack is caused by a sudden narrowing of the air passages making it difficult to breathe. Asthma can be controlled by, firstly avoiding known irritants and, secondly, by inhaling specific drugs. These drugs can be self-administered by the child. There are two main types of drugs, one to prevent attacks such as Intal, Becotide or Pulmicourt. The other set of drugs offers relief once an attack is suffered, e.g. Ventolin or Atrovent.

All children are encouraged to take responsibility for their own asthma inhalers which they should keep on their person or nearby at all times. The class teacher should keep a spare inhaler. If, after discussions between parents, clinical professionals and teacher, it is decided that the child is too young to do this, then the inhaler will be kept in the classroom in an accessible place. The storage positions will be made known to all adults working with the class, including supply teachers. Parents are responsible for ensuring that the inhaler is in date, clearly named and that there are two in school at all times.

Inhalers will be taken out of the classroom when the class works elsewhere in the school, e.g. PE, swimming, off site visits.

The school takes account of the Department of Health advice as detailed in the document **Guidance on the use of emergency salbutamol inhalers in schools** March 2015 (See Appendix G for guidance)

## **RECORD KEEPING**

Records of medication administered at school will be kept in line with statutory recommendations (see Appendix B)

## **EMERGENCY PROCEDURES**

- Individual Medical Care Plans define an emergency and the relevant procedures which should be followed.
- Any injury sustained at school will be reported to a First Aider, who will decide whether any further medical advice needs to be taken and whether parents/carers need to be informed.
- In the case of a head injury not requiring immediate further medical treatment, a head injury form will be sent home with child and school staff will speak to parent/carer directly.
- If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance. **Staff should not take children to hospital in their own car.**

## **DAY TRIPS, RESIDENTIALS AND SPORTING ACTIVITIES**

- Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.
- Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. Risk assessments include arrangements that take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **COMPLAINTS**

Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## **OUTCOMES**

The school will do all that it can to ensure that children with medical and special needs have as little disruption to their education as possible. It will make safe arrangements for the administration and keeping of medication and it will seek to ensure that sufficient members of staff are trained and confident to supervise and administer medication.

Appendix A

**Parental agreement for setting to administer medicine (to be completed by parent)**

The school/setting will not give your child medicine unless you complete and sign this form.

Name of school/setting	
Name of child	
Date of birth	
Class	
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	
Date and time that the last dose was administered	

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

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
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/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Appendix B

**Record of medicine administered to an individual child (to be completed by school staff)**

Name of school/setting	
Name of child	
Class	
Date medicine provided by parent	
Quantity received	
Name and strength of medicine	
Expiry date	
Date medicine returned to parent	

Date	
Time given	
Dose given	
Name of member of staff	
Witnessed by	

Date	
Time given	
Dose given	
Name of member of staff	
Witnessed by	

Date	
Time given	
Dose given	
Name of member of staff	
Witnessed by	

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

Date

Time given

Dose given

Name of member of staff

Witnessed by


Date

Time given

Dose given

Name of member of staff

Witnessed by


Date

Time given

Dose given

Name of member of staff

Witnessed by


Date

Time given

Dose given

Name of member of staff

Witnessed by


Date

Time given

Dose given

Name of member of staff

Witnessed by


Date

Time given

Dose given

Name of member of staff

Witnessed by


## Appendix C

### Individual Healthcare Plan (to be completed by parents, school staff and, where relevant, medical professionals)

Name of school/setting

Child's name

Group/class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


#### Family Contact Information

Name

Relationship to child

Phone no. (mobile/ home)

Phone no. (work)

Name

Relationship to child

Phone no. (mobile/ home)

Phone no. (work)

Other contact/ number


#### Clinic/Hospital Contact

Name

Phone no.


#### G.P.

Name

Phone no.


Who is responsible for providing support in school?

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**Individual Healthcare Plan (continued)**

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

**Individual Healthcare Plan (continued)**

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Signed \_\_\_\_\_ (Parent/Carer)

Date \_\_\_\_\_

## Appendix D

### Staff training record – administration of medicines

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

I confirm that [name of member of staff] 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 \_\_\_\_\_

## Appendix E

### Contacting emergency services

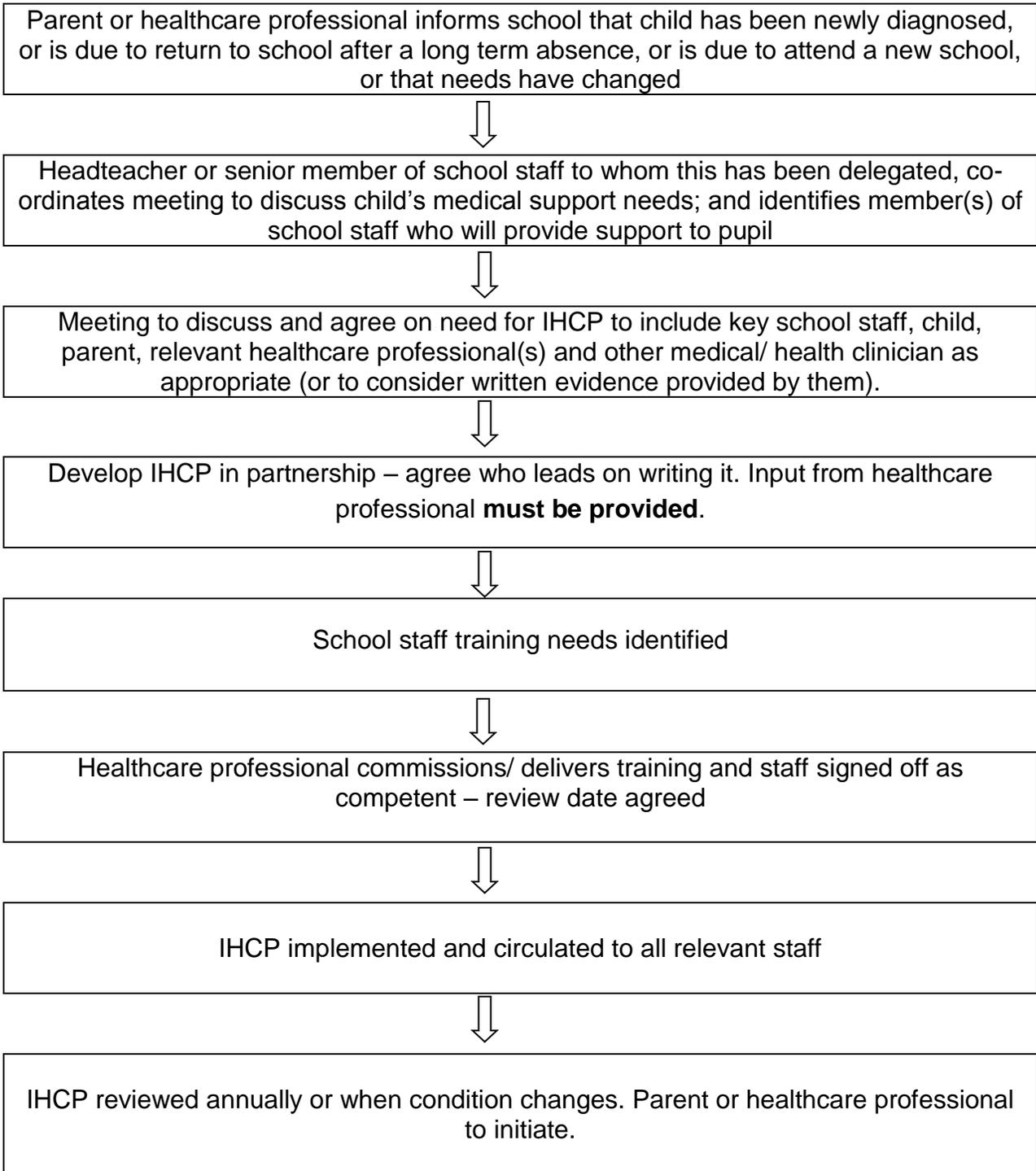
**Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.**

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

1. your telephone number (ideally give a mobile number that emergency services can call you back on)
2. your name
3. your location as follows **Menston Primary School, Main Street (or St Peter's Way)  
Menston, LS29 6LF**
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Inform the school office as soon as possible, as they could be the first point of call for contact with emergency services and will attempt to contact parents.

## Appendix F

### Model process for developing individual healthcare plans



## **HOW TO RECOGNISE AN ASTHMA ATTACK**

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
  - Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

## **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
  - Is going blue
  - Has collapsed

## **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
  - Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANY TIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should 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.

Guidance on the use of emergency salbutamol inhalers in schools Prepared by the Disabled and Ill Child Services Team, Department of Health