



# Supporting Pupils with Medical Conditions

<b>Governor Review Date</b>	Summer 2017
<b>Review Frequency</b>	Annual
<b>Date for Next Review</b>	Summer 2018
<b>Head Teacher Approval</b>	
<b>Governor Approval</b>	

## **RATIONALE**

Children with medical needs have the same rights of admission to a school, or setting, as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however, have longer term medical needs and may require medicines on a long-term basis to keep them healthy, for example children with well-controlled epilepsy or ADHD. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

## **AIMS**

The aim of this policy is to clarify Caedmon Primary School's and parents' responsibilities in relation to medicines in school.

## **PARENTS AND CARERS**

- Parents, as defined by the Education Act 1994, are a child's main carers. They are responsible for making sure that their child is well enough to attend school. Children should be kept at home if they are acutely unwell.
- Parents are responsible for providing the headteacher with sufficient information about their child's medical condition and treatment or special care needed at school.
- With the headteacher, they should reach an agreement on the school's role in helping their child's medical needs.
- Where parents have difficulty understanding or supporting their child's medical condition themselves, the School Nurse can often provide additional assistance.
- However, ideally, the Headteacher should seek parents' agreement before passing on information about their child's health to other school staff.
- Parents' religious and cultural views should always be respected.

## **GOVERNING BODY**

The Governing Body has a duty to ensure that their insurance arrangements provide cover for staff to act within the school of their employment; that the procedures in this policy are followed, and that any necessary training is made available to staff.

## **HEADTEACHER**

The headteacher is responsible for implementing the Governing Body's policy in practice and for developing detailed procedures. To ensure that named staff who give pupils help with their medical needs receive proper support and training where necessary. Day to day decisions about administering medication will normally fall to a named member of staff with the 3-day First Aid at Work Certificate. The head is also responsible for making sure parents are aware of the school's policy and procedures for dealing with medical needs. The head is responsible for arranging back up cover when the member of staff responsible for a pupil with medical needs is absent or unavailable.

## **TEACHERS AND OTHER STAFF**

Teachers who have pupils with medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. They should be aware of the likelihood of an emergency arising and what action to take if one occurs. If staff administer medication, they may only do so if they have had appropriate training.

## **OTHER HEALTH PROFESSIONALS**

The school will receive support and advice as necessary from the following in conjunction with meeting the needs of pupils with medical needs:

- The local health authority

- The school health service
- The school nurse
- The general practitioner (with the consent of the child's parents)
- The community paediatrician

## SCHOOL TRIPS

Staff supervising excursions should be aware of any medical needs, and relevant emergency procedures. At all times parents will be involved in the decision making process to ensure the needs of the pupil with medical needs are met and, where necessary, an additional supervisor or parent might accompany a particular pupil. However, where a parent cannot accompany a child, the child should not be excluded from the activity and alternative arrangements made. Risk assessments for the visit should state the necessary risks and procedures that will be implemented if the need arises. If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils, they will speak to the headteacher immediately.

## SPORTING ACTIVITIES

Children with medical needs will be encouraged to take part in sporting activities appropriate to their own abilities. Any restrictions on a pupil's ability to participate in P.E. will be included in their individual health care plan. Some pupils may need precautionary measures before or during exercise and /or need to be allowed immediate access to their medication if necessary. Teachers should be aware of relevant medical conditions and emergency procedures.

## CONFIDENTIALITY

The school will treat medical information confidentially. The headteacher will agree with parents who will have access to records and information about a pupil. If the information is withheld from staff they cannot be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## TYPES OF MEDICATION

**(to be stored in a locked cupboard in the office or classroom as appropriate – see 7. Storing Medicines)**

- ◆ Short term – e.g. antibiotics / hay fever relief (only to be held in school if child needs 4 doses a day)
- ◆ Long term – e.g. ADHD medication, inhaler
- ◆ Emergency – e.g. Epipen, Piriton, other anti-histamines

Staff must not be under the influence of alcohol or any other substance, including medication, which may affect their ability to care for children. Medical advice should be sought. Staff medication should also be stored securely.

**If a parent wishes a child to take a prescribed medicine during school time they should:**

- ◆ Arrange with the Head Teacher to come into school to administer the medicine themselves if they so wish,
- or
- ◆ Complete a school medicine form **Form AM1**, giving permission for the Head Teacher or his / her nominee to administer the medicine. *This form will suffice if short-term medicines need to be administered. If long-term medicines need to be administered, **Form AM3** will need to be completed by nominated staff.*
  - ◆ The Head Teacher will sign **Form AM1** to confirm that medication can be administered by the nominated member of staff.
  - ◆ Deliver the medicine together with the form to the school office where it will be kept securely. It also needs collecting by the adult and not the child. **Children must not carry medication to and from school under any circumstance.**
  - ◆ Permission should never be taken over the telephone or after medication has been given.

- ◆ The Head Teacher has made the decision that here at Caedmon Primary School we will allow parents/carers to administer none prescribed medicines to their own children.

### Any prescribed medicines brought into school for staff to administer should:

- ◆ Be in date and in the **original container / packaging**, showing the patient's label as provided by the Pharmacist, with no alterations to the label evident, (labels with no Pharmacist's logo should not be accepted. If in doubt, phone the Pharmacist) together with a clean medicine spoon or measuring cup and be clearly labelled with:
  - Contents i.e. name and type of medicine
  - Child's name
  - Date
  - Dosage (Variations in dosage **cannot** be made on parental instruction alone)
  - Prescribing doctor's name
- ◆ Never be ground-up, split open or chewed
- ◆ If medication states 'as directed', 'as required' or 'no more than 4 times a day' etc, it should never be administered without first checking when the previous dose was taken and also checking the maximum dosage. Parents must inform the prescribing NHS doctor, nurse, dentist or pharmacist that any future medication must state specific dosage.

### RECORD KEEPING

Clear records of medication brought into and administered in the school for individual children who take regular continuous medication are maintained. The school will keep a daily record of all medicines administered by them continually (**Form AM3**). This is kept in the main office. Only one child at a time should be in the room for medication.

### NB:

- ◆ If a child **refuses** to take the prescribed medication, school staff will **not** force them to do so. In this event staff will follow the procedure agreed in the individual healthcare plan and parents will be contacted immediately. If necessary, the school will call emergency services.
- ◆ If a parent considers the child is capable of carrying and managing their own medication e.g. asthma inhaler, topical cream/lotion etc. they must complete the form to indicate this.
- ◆ Topical lotions and creams e.g. emollients and sunscreen may be brought into school for application by the child with the permission of the Head Teacher, and consent of parent by completing the school medical form (**Form AM1**).
- ◆ Cough sweets / throat lozenges etc. are **not** medicines and are not allowed in school.
- ◆ **Any** misuse of medication should **always** be reported to the police ie if a child brings in and gives out Grandma's medication.
- ◆ A any serious accident, illness or injury to, or death of, any child while in their care, and of the action taken will be reported to the local authority within one week.

### STORING MEDICINES

- ◆ The Head Teacher is responsible for making sure that medicines are stored safely.
- ◆ Large volumes of medicines should not be stored.
- ◆ Staff will only store, supervise and administer medicine that has been prescribed for an individual child.
- ◆ Medicines should be stored strictly **in accordance with product instructions**, (paying particular note to temperature) and in the original container in which dispensed.
- ◆ Staff will 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. This should be easy if medicines are **only** accepted in the **original** container as dispensed by a pharmacist in accordance with the prescriber's instructions.
- ◆ Where a child needs two or more prescribed medicines, each should be in a separate container, and a separate set of forms completed for each one (**Form AM1**).
- ◆ Non-healthcare staff should **never** transfer medicines from their original containers.
- ◆ Children should know where their own medicines are stored, and who holds the key.

- ◆ All **emergency medicines**, such as asthma inhalers and adrenaline pens, should be readily available to children and should **not** be locked away. Each classroom will have an accessible, clearly labeled, sealed box in which to store these emergency medicines.
- ◆ Other non-emergency medicines should be kept in a secure cabinet in the office or in a locked fridge where they are not accessible to children. The keys for which will be held by the School Business Manager.
- ◆ A few medicines need to be refrigerated. They can be kept in a locked refrigerator containing no food etc because of cross-contamination.
- ◆ Ritalin will be stored in a separate container, locked in the secure cabinet.
- ◆ In the event of educational visits, medicines should be stored in a lockable bag or box and kept under the supervision of an adult.
- ◆ When no longer required, medicines should be returned to the parent to arrange for safe disposal.

## CHILDREN WITH ASTHMA

### Children with asthma need to have immediate access to their reliever inhalers when they need them.

- ◆ Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.
- ◆ Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.
- ◆ Inhalers should **always** be readily available during physical education, sports activities and educational visits.
- ◆ For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school.
- ◆ All pupils with an inhaler will have individual health-care plan drawn up by the school in conjunction with parents and supported by the Health Service, which must be adhered to.
- ◆ Staff are alerted to pupils with severe conditions with pupils' photographs, together with outline medical protocols kept in the file in the Main Office for reference.
- ◆ As with other medicine, a record should be kept each time the inhaler is used and parents informed using form **AM3**.
- ◆ A list of children with Asthma will be kept in the office with the expiry date of the inhaler.
- ◆ If a pupil no longer requires an inhaler, parents must write a letter to the school confirming this.
- ◆ The school has taken the decision to hold asthma inhalers for emergency use. Consent will always be sought with parents.

## CHILDREN WHO MAY REQUIRE EMERGENCY MEDICAL TREATMENT

- ◆ Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is **not** locked away and is accessible to all staff.
- ◆ It is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.
- ◆ All pupils will have individual health-care plans drawn up by parents and school, which must be adhered to.
- ◆ Staff are alerted to pupils with severe conditions with pupils' photographs, together with outline medical protocols in the file in the Main Office for reference.
- ◆ As with other medicine, a record should be kept each time the inhaler is used and parents informed.
- ◆ Whole school medicine awareness training is carried out by the school nurse and written confirmation of competency is provided. New staff are informed as part of their induction.

When children are involved in out of school activities, we will administer prescribed Calpol if required. Permission will be granted by parents/carers before this takes place by completing the HASLOC3 form. **The nominated member of staff will complete the AM3 form, if medication is administered.**

Medical reviews are carried out at the beginning of each academic year. Parents are asked to confirm medical conditions and whether medication is required in school. Care plans are updated and reviewed at this time also but can also be updated at any time during the year.

### **INDIVIDUAL HEALTHCARE PLANS**

- ◆ Individual Healthcare Plans help to ensure that pupils with medical conditions are supported effectively and give clarity about key information and actions that are required to support the child effectively.
- ◆ Individual Healthcare Plans replace the Asthma Policy.
- ◆ Individual Healthcare Plans should be written for every child who has medication in school (except for short term antibiotics).
- ◆ Individual Healthcare Plans will be accessible to all who need to refer to them, while preserving confidentiality.
- ◆ Individual Healthcare Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional where necessary. This may include presentation of documentation related to the child's condition, and should indicate which professionals are involved.
- ◆ Governors should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- ◆ Where the pupil has a special educational need identified in a statement or EHCP, the individual healthcare plan is linked to or becomes part of the EHCP.
- ◆ Where a pupil is returning to school following a period of hospital education or alternative provision, school will ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

### **The format of Individual Health Care Plans may vary for the specific needs of each pupil.**

However, the following information should be considered:

- ◆ The medical condition, its triggers, signs, symptoms and treatments
- ◆ The pupil's resulting needs, managing the condition, medication and other treatments
- ◆ Specific support for the pupil's educational, social and emotional needs
- ◆ The level of support needed
- ◆ Who will provide this support, their training expectations, proficiency to provide support and cover arrangements for when they are unavailable
- ◆ Who in the school needs to be aware of the child's condition and support required, and is there consent to inform others?
- ◆ Arrangements for written permission from parents and the Head Teacher for medication to be administered and the signed consent form is to be attached to the Healthcare Plan
- ◆ Separate arrangements or procedures required for school trips or other school activities outside of the normal 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
- ◆ Essential facts should be included e.g. name, date of birth, address, names of parents/carers, contact telephone numbers, emergency contact person and telephone number, doctor's name, nature of medical difficulty, the key facts about how the pupil is affected by his/her medical condition, details of the medication prescribed and the treatment regime, the name and contact number of key personnel (e.g. staff, paediatrician, school doctor), steps to be taken in an emergency, details of personnel and equipment that will be required, procedures to be taken to administer the treatment or medication, where the medication will be kept and who can access it, when and how often the care plan will be reviewed and who will be involved in that process.
- ◆ Staff should review: training required, risks involved, cautions or requirements, additional guidelines if there is a need to lift or move a child, who is responsible for drawing up and monitoring the plan, and cultural or religious beliefs that could cause difficulties for the child or staff.

### **An Individual Healthcare Plan should:**

- ◆ Give correct factual information
- ◆ Give information that enables staff to correctly interpret changes within the child's condition and action required
- ◆ Be kept where it can be easily accessible and taken with the child on educational visits etc.
- ◆ Be accurate, accessible, easy to read, and give sufficient detail that the staff know exactly how to deal with the child's needs
- ◆ The care plan should be broken down into four distinct sections
  1. Identification Details
    - Name of child
    - Date of birth
    - Address
    - School/setting id (class, year etc.)
  2. Medical Details
    - Medical condition
    - Treatment regime
    - Medication prescribed or otherwise
    - Side effects
    - Action to be taken in event of emergency or crisis
  3. Contact Details
    - Parents/carers
    - Alternate family contact (persons nominated by parents/carers)
    - Doctor/Paediatrician/Pharmacy
    - Any other relevant Health Professional
  4. Facilities Required
    - Equipment and accommodation
    - Staff training/management/administration
    - Consent
    - Review and update

## EMERGENCY PROCEDURES

All staff will have regular training in First Aid; named staff will have regular "3-day at Work First Aid" training and know how to call the emergency services. Any pupil taken to hospital by ambulance will be accompanied by a member of staff until the pupil's parents arrive.

## UNACCEPTABLE PRACTICE

**Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.** Although school staff should use their discretion and judge each case on its merits with reference to the 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; 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, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;

- 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 parents, 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. by requiring parents to accompany the child.

## **COMPLAINTS**

If a parent/carer wishes to make a complaint, they should discuss this directly with the school. If the matter cannot be resolved, the parent/carer should follow the school's Complaints Policy.

***Every care has been taken in the compilation of this policy and the information provided is correct at the time of publication.***

***Any policies that have been referred to in this policy are available on the school website ([www.caedmonprimaryschool.co.uk](http://www.caedmonprimaryschool.co.uk)) or are available upon request from the school office. Written information that is normally provided by the school can be provided in alternative forms.***



**FORM AM1 - REQUEST FOR School TO ADMINISTER MEDICATION**

The school will **not** give medicine to your child unless you complete and sign this form, and the Head Teacher has agreed that School staff can administer the medication.

<b>PUPIL DETAILS</b>			
Surname:		First name(s):	
Address:			
Male / Female:		Date of birth:	
Condition / Illness:			
<b>MEDICATION</b>			
Name / type of medication: (as described on the container)			
Length of time your child will need to take this medication:		Date dispensed: (as described on the container)	
<b>Full directions for use:</b>			
Dosage and method:			
Timing:			
Special precautions:			
Side effects:			
<b>Supervised self administration permissible:</b>	Yes	No	(Circle as appropriate)
Procedures to take in an emergency:			
<b>NB If your child refuses to take the prescribed medication, School staff will not force them to do so. In this event you will be contacted immediately. If necessary School will call emergency services.</b>			
<b>CONTACT DETAILS</b>			
Name:		Daytime telephone number:	
Relationship to pupil:		Alternative contact number:	
<p>I understand that I must deliver the medicine to the agreed member of staff in its <i>original container / packaging</i>, together with a clean medicine spoon or measuring cup and be clearly labelled with:</p> <ul style="list-style-type: none"> <li>▪ Contents i.e. name and type of medicine</li> <li>▪ Child's name</li> <li>▪ Date</li> <li>▪ Dosage</li> <li>▪ Prescribing doctor's name</li> </ul> <p>I accept that this is a service which the school is not obliged to undertake.</p>			
Signature:		Date:	
Head Teacher's signature:		Date:	

