



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

Head Teacher: Mrs Sarah Young

Chair of Governors: Mr Daniel Tharby

Designated Child Protection Person: Mrs Sarah Young

Deputy Designated Child Protection Person: Mrs Katie Salisbury

This policy was adopted on : September 2018

To be reviewed: September 2019

### **Introduction**

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. The Head Teacher is responsible for making sure that relevant staff

know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need.

### **DEFINITION**

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term, affecting their participation in school activities which they are on a course of medication for.
- (b) Long-term, potentially limiting their access to education and requiring extra care and support.

### **AIMS OF THIS POLICY**

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits and support regular attendance;
- To explain our procedures for managing prescription medicines which may need to be taken during the school day;
- To ensure that staff and parents/carers understand their roles and responsibilities in respect of the children's medical needs;
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication;
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs;
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary;
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support;
- To keep, monitor and review appropriate records;
- To ensure the safety of all pupils.

### **ENTITLEMENT**

St Paulinus C E Primary School provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs, as follows: Employees may:

- Choose whether or not they wish to be involved
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership any concern or matter relating to the support of pupils with medical conditions

## **UNACCEPTABLE PRACTICE**

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication;
- Assume every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents/carers;
- Ignore medical advice;
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan;
- Penalise children for their attendance record where this is related to a medical condition;
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition;
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

## **LEGAL REQUIREMENTS**

THERE IS NO LEGAL DUTY THAT REQUIRES ANY MEMBER OF SCHOOL STAFF TO ADMINISTER MEDICINES. All documentation related to a pupils health and medical care **MUST** be kept until the child reaches the age of 25.

## **PRESCRIBED MEDICINES**

**Prescribed and non prescribed medicines may be administered by the school.**

### **Non-prescription medication :**

These should never be administered without first checking maximum dosages and when the previous dose was taken. **Aspirin should never be given to a child under 16 years unless it has been prescribed by a doctor.**

### **Prescription medication:**

These must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

All medicines must only be administered to a child where **written permission for that particular medicine has been obtained from the child's parent and/or carer.** The school must keep a **written record each time a medicine is administered** to a

child, and **inform the child's parents and or/carers** on the same day, or as soon as reasonably practicable.

It is helpful if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. For example, medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Medicines should only be taken into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

### **EXCEPTIONS**

Prescribed medicine will not be given:

1. Where the timing of the dose is vital and where mistakes could lead to serious consequences.
2. Where medical or technical expertise is required.
3. Where intimate contact would be necessary.

### **REFUSAL OF MEDICINES**

If a child refuses to take any medicines, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as is reasonably possible.

### **STORAGE OF MEDICINES**

All medicines should be delivered to the school office by the parent or carer. In no circumstances should medicines be left in a child's possession. Teachers and teaching assistants should not take receipt of any medicines. All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medication is safely accessible to all staff and pupils and each class will have a medication bag kept in the classroom. Additional emergency epipens are kept within close range of the classrooms - in the office. Medicines must be stored in the supplied container and be clearly labelled with the name of the child; the name and dose of the medicine and the frequency of administration.

### **DISPOSAL OF MEDICINES**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period. Written notice will be sent home and expired medicines kept in the office, awaiting collection.

### **RECORD KEEPING**

Medicines should be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. Staff should check that written details include:

- name of the child
- name of the medicine
- dose
- method of administration
- time and frequency of administration
- any side effects
- expiry date

An agreement form must be completed and signed by the parent, before medicines can be administered. At the time of administering medicines, the member of staff must complete the medicines record sheet. No medication should be given unless it has been checked by a second adult. When medicines are given, parents will be informed either verbally or with a signed slip that will be sent home with the child.

### **CHILDREN WITH LONG TERM MEDICAL NEEDS**

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, class mates). A health care plan will be written for children with long term medical needs, involving the parents and relevant health professionals.

### **CHILDREN WITH ASTHMA**

Children who have inhalers should have them available where necessary. Please see storage of medicines. Depending on the needs of the individual, inhalers should be taken to all physical activities. Inhalers must be labelled and include guidelines on administration.

The school hold in-date emergency asthma inhalers which are stored in the office. Children may carry their own inhalers, when appropriate. It is the responsibility of parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged.

### **CHILDREN WITH HAYFEVER**

Medication should be taken in the morning before school starts. Children may wear plastic sunglasses during break times, but the school will not be responsible for any loss or damage.

### **TRIPS AND OUTINGS**

Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children. The school visit leader will be responsible for medical information for each child and one member of staff will be nominated as having responsibility for the administration of all medication for any child that needs medication during the trip. Each class medical bag will have a 'record of administering medication' form for record keeping. Roles and responsibilities of parents/carers as outlined below will apply.

### **ROLES AND RESPONSIBILITIES**

Parent/Carer

- Should give sufficient information about their child's medical needs if treatment or special care is required;
- Must keep staff informed of changes to prescribed medicines and medical needs;
- Must complete and sign the parental agreement form before medication is brought into school;
- Must deliver liquid medicines in a 'zip-lock' style bag to the school office in person;
- Must inform staff if medication is given which will have an effect on the ability of the child to learn;
- Keep medicines in date – particularly emergency medication, such as adrenaline pens;
- Dispose of expired medication when notified by school.

Head Teacher

- To ensure that the school's policy on the administration of medicines is implemented;
- There are members of staff within the school willing to volunteer to administer medication to specific pupils if required;
- Ensure that staff receive support and appropriate training where necessary;
- Ensure that medical information is stored confidentially;
- To share information, as appropriate, about a child's medical needs;
- Ensure that parents are aware of the schools policy on the administration of medicines;
- Ensure that medicines are stored correctly.

## Staff

- On receipt of medicines, the child's name; prescribed dose; expiry date and written instructions provided by the prescriber should be checked;
- Ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber's instruction;
- Ensure that a second member of staff is present when medicines are administered;
- Complete a slip or verbally inform parents/carers when any medication is given;
- Complete the 'administration of medicines' record sheet each time medication is given.
- Ensure that medicines are returned to parents for safe disposal via the office.

## **CONFIDENTIALITY**

All staff will treat medical information confidentially. Information on pupil medical needs will be stored in the 'Medical Information File' on the classroom noticeboard.

## **STAFF TRAINING**

Training opportunities are identified for staff with responsibilities for administering medicines. Bexley schools nursing team delivers yearly training that relates to medicines and the Medical Alert Book.

## **RELATED POLICIES**

For more information see the health and safety policy.