

**SUPPORTING CHILDREN WITH MEDICAL  
CONDITIONS POLICY**



**TURNERS HILL CHURCH OF ENGLAND  
PRIMARY SCHOOL**

**THIS POLICY WAS ADOPTED**

**JUNE 2015**

**REVIEWED: MARCH 2011, MARCH 2017**

**THE POLICY IS TO BE REVIEWED IN**

**MARCH 2018**

## **Inclusive Practice**

Our school prides itself on promoting an inclusive environment. We recognise that each child is an individual and we never assume that every child with the same condition requires the same treatment. We ensure where possible that children with medical conditions remain in school; we do not send them home frequently or prevent them from staying for normal school activities, including lunch, unless it is specified in their Individual Healthcare Plans. We also encourage children to participate in every aspect of school life including school trips and we do not create unnecessary barriers in preventing them from doing so, e.g. requiring parents to accompany their child. Children are not prevented from drinking, eating, taking toilet breaks or other breaks whenever they need to, in order to manage their medical condition effectively.

We will always take account of the views of each child and his/her parents along with taking account of medical evidence and opinion. However, in line with statutory guidance we may challenge any advice if we consider it to be inappropriate. We understand that it may be necessary for children to attend hospital appointments during school time.

## **Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils with medical conditions. The governing body of Turners Hill Church of England Primary School will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in 'Supporting pupils at school with medical conditions' April 2014.

Establishment staff do not have a statutory duty to give medicines or medical treatment. However medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in care – this might mean giving medicines or medical care.

## **Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at Turners Hill Church of England Primary School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The lead for implementation of this policy and for the management of medicines at Turners Hill Church of England Primary School is Ben Turney or, in his absence, Carole Boshier. They will liaise with healthcare professionals as necessary to implement this plan in respect of individual pupils. Their responsibilities in respect of the implementation of this policy will include:

- Ensuring that sufficient staff are suitably trained;

- Ensuring that all relevant staff are made aware of an individual child's medical condition;
- Ensuring that supply teachers are briefed appropriately;
- Ensuring that risk assessments are undertaken for school visits, holidays and other school activities outside the normal timetable; and
- Ensuring that individual healthcare plans (IHPs) are prepared and monitored.

In their duties staff will be guided by their training, this policy and related procedures.

### **Implementation, monitoring and review**

All staff, governors, parents/carers and members of staff at Turners Hill Church of England Primary School community will be made aware of and have access to this policy. This policy will be reviewed bi-annually and its implementation reviewed as part of the head teacher's annual report to governors.

### **Prescription Medicines**

Medicine should only be brought into school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime.

Occasionally a GP may prescribe that a medicine has to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that a member of the school staff administers the medicine. When school staff administer medicines the parent or guardian must supply the medicine in the original pharmacist's container clearly labelled including details of possible side effects to the school office and must complete a 'Parental Agreement for setting to administer medicine' form. On no account should a child come to school with medicine if he/she is unwell.

### **Asthma**

The school recognises that pupils with asthma need access to relief medications at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils will be required to have an emergency inhaler and a spacer (if prescribed) in school.

The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parent if new medication is required.

A sufficient number of inhaler(s) and spacer(s) will be held by the school to cover emergency use and parental consent to administer the 'school inhaler' will be gained when the pupil starts school. The school will hold a register of the pupils diagnosed with asthma, and parental consent with the 'school inhaler(s)'. The school will be responsible for ensuring the 'school inhaler(s)' remain in date.

The school will follow the emergency treatment as detailed on the Asthma Information Form that can be found within the Asthma Toolkit. The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop Individual Health Care Plans for those

pupils with severe asthma, and an Asthma Information Form completed for pupils with mild asthma.

### **Non- Prescription Medicines**

Only 2 non-prescription medications will be administered in school, all other non-prescription medication will not be administered at school and pupils should not bring them to school and pupils should not bring them to school for self-administration. The majority of medication lasts 4-6 hours, therefore non-prescription medication can be administered at home prior to the start of the school day and it will last the duration of the school day. A parent or guardian may attend school to administer additional doses if necessary.

Only non-prescription travel sickness medication and antihistamine can be administered in school. Antihistamine can only be administered where a GP/Consultant has recommended or prescribed antihistamine for the treatment of a mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes,)The school can administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs or further allergic reaction. During this time pupils must **never** be left alone and should be observed at all times.

**If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then an adrenaline auto injector should be administered without delay and an ambulance called.**

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E., Science, Design and Technology.

### **Mild Allergic Reaction**

Every effort will be made by the school to identify and reduce the potential hazards/triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population.

Antihistamine will be administered for mild reactions as detailed above.

### **Severe Allergic Reaction**

An adrenaline auto injector should be used immediately in a severe reaction (see Pupil's Individual Health Care Plan for details). If in doubt about the severity of an allergy reaction, administer the adrenaline auto injector and call an ambulance immediately.

### **Hay Fever**

Medication for the treatment of hay fever should be administered by the parents before the pupil starts school, it is not necessary for the school to administer non-prescribed medication for the treatment of hay fever.

These 2 non-prescription medications will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental agreement for setting to administer medicine' form. Medication must be suitable for the pupil's age, supplied by the parent (not the school) and its original packaging, with manufacturer's instructions. Staff will check that the medicine has been administered before without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form.

The use of antihistamine will be detailed on the Pupil's Individual Health Care Plan. The medication will be stored and administration recorded as for prescription medicines. The school will inform the parent/guardian the time and dose of the non-prescription medication that has been administered, at the end of each day.

### **Controlled Drugs**

The school, does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access, controlled drugs for emergency use must also be **easily** accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

### **Pupils with Long-term or Complex Medical Needs**

Parents or carers should provide the head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHP) or Educational Health and Care Plan (EHC). These plans will be reviewed by the school annually or, more frequently, following a significant change in a pupil's medical condition.

### **Admissions**

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an IHP and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

### **Pupils taking their own medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the Pupil's Individual Health Care Plan and parents should complete the relevant section of the 'Parental agreement for setting to administer medicine' form.

### **Staff Training**

The school will ensure that members of staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example Anaphylaxis (**adrenaline auto injector**), Diabetes (Insulin) and Epilepsy

(Midazolam). **Training in the administration of these specific medicines is arranged via the school nurse.** A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will also ensure that other staff who may occasionally need to administer a prescribed medicine supplied by the parent with a valid consent form and, or an IHP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. **Staff must complete a competency test and a record of this and the** training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that a record is made of every dose of medicine administered in school. The record is completed by the person that administers the medicine.

No member of staff should administer prescription medicines or undertake health care procedures without appropriate training.

The Lead for Managing Medicines will assess both initial and on-going training needs and organise all necessary training, working in collaboration with medical professionals where necessary.

When a training need is identified in supporting an individual child, the school will ensure that members of staff will receive the relevant training to enable them to support the child. The Individual Healthcare Plan will then be updated with this information. We understand that medical needs of a child may change and training needs will be assessed when this occurs ensuring that the correct support is in place.

### **Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, **adrenaline auto injector**, etc) are kept locked in the **medicine cupboard in the school office.** Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored. In the event that a pupil requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and **adrenaline auto injector** are kept in a clearly identified container in a child's classroom. **Parents will be asked to supply a second adrenaline auto injector for each child and they will be kept in the school office.** Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

**In accordance with the Human Medicines (Amendment No 2) Regulations 2014 the school will keep a small supply of salbutamol inhalers for emergency use, Parental consent will be gained to administer the emergency school inhaler.**

Medicines that require refrigeration are kept in the staffroom fridge, and are clearly labelled in an airtight container.

### **Record Keeping**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day.

### **Emergency Procedures**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP, the emergency procedures detailed on the plan are followed, and a copy of the IHP is given to the ambulance crew. IHP's will also be given to those companies and staff providing transportation of pupils to and from school, in order that the IHP can be passed to the ambulance crew in the event of an emergency. Instructions for calling an ambulance are displayed prominently by the telephone in the school office.

### **Medicines on Educational Visits**

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form and supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication **and antihistamine for mild allergic reaction**) cannot be administered by staff and pupils must not carry them for self-administration. Hay fever remedies, paracetamol etc. should therefore be provided, if necessary, on prescription.

Pupils with medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

### **Medicines on Residential Visits**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines i.e. **antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like migraine, period pain, toothache etc.** Parents must give written consent prior to the residential visit **using a, 'Parental agreement for setting to administer medicine' form** before a non-prescription medicine can be given. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form.

The school will keep its own supply of **medication for administration to pupils during a residential visit and parental consent will be required in order for the school to administer the supply.** The medication will be stored and administration recorded as

for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self administration.

### **Travelling Abroad**

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific additional risk assessment and a care plan will be drawn up considering parental and medical advice. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number). **European Health Insurance Cards (EHIC) should be applied for by the parents and supplied to the school prior to travel for all pupils that travel abroad.**

### **Insurance**

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the WSCC medical audit are covered under WSCC insurance. The medical audit is available to view **on West Sussex Services for Schools under 'guide to insurance for schools'**

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

### **Complaints**

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot be **easily** resolved the Head teacher or the child's parents may refer the matter to the **governing body who will seek resolution.**

Agreed on behalf of staff by .....

Adopted by Governors ..... Date .....

Review Date March 2018

