

**SUPPORTING CHILDREN WITH MEDICAL  
CONDITIONS POLICY**



**TURNERS HILL CHURCH OF ENGLAND  
PRIMARY SCHOOL**

**THIS POLICY WAS ADOPTED ON  
19<sup>TH</sup> MARCH 2021**

**THE POLICY IS TO BE REVIEWED IN  
MARCH 2022**

## **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. 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. Children are not prevented from drinking, eating, taking toilet breaks whenever they need to, in order to manage their medical condition effectively. We

also 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' December 2015

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 Managing Medicines at Turners Hill Church of England Primary School is Ben Turney or in his absence Carole Boshier. 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 biennially and its implementation reviewed as part of the head teacher's annual report to governors.

## **Insurance**

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. 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.

## **Admissions**

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescription medication using 'Template B(Appendix 2): Parent/Guardian consent to administer short-term non-prescribed 'ad-hoc' medicines'. An assessment of the pupil's medical needs will be completed; this might include the development of an Individual Health Care Plan (IHP)(Template 1, Appendix 1) or Education Health Care Plan (EHCP) and require 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 with medical needs**

The school will follow Government guidance and develop an IHP or EHCP for pupils who:

- Have long term , complex or fluctuating conditions – these will be detailed using Template 1 (Appendix 1)
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3,4,5 and 6 for anaphylaxis (Appendix 1)

Parents/guardians 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/guardians, 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. Health care plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

## **All prescribed and non-prescribed medication**

On no account should a child come into school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administer the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian

and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol and antihistamine, for administration with parental consent (Template B) (Appendix 2) for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or the patient information leaflet (PIL). Medicines must be delivered to the school office with the appropriate template form. (C/C1) (Appendix 2) The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day by means of a notification form.

### **Confidentiality**

As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the child's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

### **Consent to administer medication**

Parental/guardian consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** – The school will request parent/guardian consent to administer ad-hoc non-prescription medication by either using Template B (Appendix 2) when the pupil joins the school OR by contacting the parent/guardian to gain consent at the time of administration. (Note of conversation should be recorded). The school will send annual reminders requesting parents/guardian to inform the school if there are any changes to consent gained when the original consent was given. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.
- **Prescribed and non-prescribed medication** – each request to administer medication must be accompanied by a 'Parental consent to administer medication' form (Appendix 2, Form C/C1 or if applicable on the IHP)

### **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. If your child is prescribed antibiotics that require administering four times a day please ask your doctor to consider changing the doses to three so it is not necessary for the medication to be brought into school.

Administration will be recorded using Template D or E (Appendix 2) and the parent informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

### **Non-Prescription Medicines**

Under exceptional circumstances where it is deemed that their administration is required to allow a pupil to remain in school the school will administer non-prescription medicines. The school **will not** administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHCP as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupil's at School with Medical Conditions December 2015' the school will also not administer Aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' – the school will administer the following non-prescription medication:

- Paracetamol (to pupils of all ages)
- Antihistamine,

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template C1 (Appendix 2);
- Medication is licensed as suitable for the pupil's age;
- Medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for the condition;
- Administration is required more than 3-4 times per day;
- Medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or PIL;
- And accompanied by parental/guardian consent Template C and C1 (Appendix 2) and confirmation the medication has been administered previously without adverse effect;

The school **WILL NOT** administer non-prescription medication:

- As a preventative, i.e. in case the pupil develops symptoms during the school day;
- If the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- For more than 48 hours – parents will be advised if symptoms persist to contact their Doctor;
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term – it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the Intimate Care Policy and procedures. Children will not be allowed to self-

medicate lipsalves, Vaseline, hand creams etc. and a parent/guardian will need to complete a 'short term ad-hoc non-prescribed medication' form.

- Medication that is sucked i.e. cough sweets or lozenges, will not be administered in school.
- If parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

### **Short term ad-hoc non prescribed medication**

A small stock of standard paracetamol and antihistamine will be kept by the school for administration if symptoms develop during the school day.

**ONLY** the following will be administered following the necessary procedures:

For the relief of pain

- Standard paracetamol will be administered in liquid or tablet form for the relief of pain i.e. migraine, period pain.

For mild allergic reaction

- Antihistamine (See Anaphylaxis)

For travel sickness

- Medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

### **Pain relief protocol for the administration of paracetamol**

If a request for non-prescribed pain relief is made by a pupil before 12pm

- The school will contact the parent/guardian and confirm that a dose of pain relief (Paracetamol) was **NOT** administered before school, taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours the school will with parental consent administer 1 dose.
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol) was administered before school then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

- **PARACETAMOL** – The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

If the request for pain relief is made after 12pm:

- The school will assume the recommended time between doses has elapsed and will with parental consent, administer 1 standard dose of Paracetamol without any need to confirm with the parent/guardian if a dose was administered before school, but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.

The school will inform the parent/guardian if pain relief has been administered this will include the type of pain relief and time of administration.

### **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.(Appendix 3) 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 and a record of these communications will be kept.

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 IHP's for those pupils with severe asthma and complete the Individual Protocol for Pupils with mild asthma form. (Appendix 1)

### **Anaphylaxis**

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 community. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask a parent/guardian to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parent/guardian if new medication is required and a record of these communications will be kept.

### **Mild Allergic Reaction**

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction.

If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

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. and Science.

### **Hay fever**

Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure,

### **Severe Allergic Reaction**

Where GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupil's IHP. The school will 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 of 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 if the pupil has been prescribed an adrenaline auto injector it will be administered without delay, an ambulance called and the parents informed.***

### **Medical Emergencies**

In a medical emergency, first aid is given, an ambulance is called and the parent/guardian is notified. Should an emergency situation occur to a pupil who has an IHP or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff. If the medication isn't available staff will administer the school's emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school or when asthma/anaphylaxis is diagnosed using Template 2 for asthmatics (Appendix 1) and Templates 3,4,5 and 6 for anaphylaxis (Appendix 1). The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school

medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the school office. (Template G, Appendix 2)

### **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 locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. Midazolam will not be locked away and will 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 stock held in school. (Templates D and E, Appendix 2)

### **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 or EHCP and parents should complete the self-administration section of 'Parental consent to administer medication' form (Template C, Appendix 2)

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

All medicines apart from emergency medicines (inhalers, adrenaline auto-injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto-injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second asthma inhaler/adrenaline auto-injector for each child and they will be kept in the medical room. 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.

Medicines that require refrigeration are kept in the fridge in the staff room to which pupil access is restricted, and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs.

### **Waste medication**

Where possible, staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle for future administration. If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

### **Spillages**

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary the parent/guardian will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in Intimate Care Policy.

If the school holds any cytotoxic drugs, their management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

### **Record Keeping – administration of medicine**

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 or residential visits. The pupil's parent/guardian will also be informed if their child has been unwell during the school day and medication has been administered.

### **Recording Errors and Incidents**

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements. Local records must include details of what's happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

### **Staff Training**

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff that occasionally need to administer a medicine are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines **MUST** complete a competency test and achieve 100% in order to administer medicine.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All school staff are trained annually to administer an auto-injector and asthma inhaler in an emergency. A record of all 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 the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy (midazolam). Training in administration of these specific medicines is arranged via the school nurse.

### **Educational Visits (Off-site one day)**

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in the policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

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.

### **Residential Visits (overnight stays)**

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 as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school will keep its own supply of the following non-prescription medication (paracetamol, antihistamine and travel sickness) for pupils during a residential visit and parental consent will be required in order for the school to administer their supply (Template C/C1, Appendix 2). 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.

### **Risk assessing medicines management on all off site visits**

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents/guardians and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupil's IHP or EHCP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during a visit and an IHP or EHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

Travelling abroad – a risk assessment will be developed considering parental and medical advice and documented on the pupil's IHP or EHCP. If an IHP or EHCP has not been developed, the school will record their findings. 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).

The results of risk assessments however they are recorded i.e. IHP, EHCP etc. will be communicated to the relevant staff and records kept of this communication.

### **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 will inform the governing body who will seek resolution.

Agreed on behalf of staff by .....

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

Review Date: March 2022

Appendix 1 – Care Plan Templates

Appendix 2 – Administering Medicines Templates

Appendix 3 – Asthma Toolkit