

Heartwood Church of England

Academy Trust



Supporting Pupils with Medical Conditions

Policy Owner: Heartwood Headteachers

Version no: 3

Date Revised: July 2017

Next Review Date: Summer 2019

Sign off signatory: Chair of MAT board

This policy has been structured based upon the guidance provided by information from the Supporting pupils at school with medical conditions: *Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (February 2014)* and *Managing Medicines in Schools and Early Years Settings - DfES 2005*.

The Heartwood MAT schools are inclusive communities which welcome and support children with medical conditions.

Aims

1. To provide clear procedural guidance on the Administering of Medicines and record keeping at Heartwood MAT schools.
2. To ensure that the children in our school are safe and are able to attend school regularly.
3. To enable children with medical conditions to be included in the school curriculum and other activities.
4. To support children with complex medical conditions and or long term medical needs.
5. Ensure that all staff understand their duty to care to children in the event of an emergency.
6. Ensure that there is a named member of staff responsible for implementation of this policy.

This policy should be read in conjunction with the school's safeguarding policy and child protection procedures.

Arrangements have been made for the following:

- managing prescription medicines that may need to be taken during the day;
- managing prescription medicines on trips and outings, including school transport;
- the safe storage of medicines and accurate record keeping;
- procedures for access to medicines during emergency situations;
- adherence to risk management procedures involving medicines.

Heartwood MAT Schools are responsible for adhering to Individual Healthcare Plans, maintaining and monitoring records and demonstrating that children are provided with appropriate medical support for which training has been given by qualified personnel. It should be noted that failure to adhere to Individual Healthcare Plans could affect insurance cover and increase liability.

The school will follow First Aid principles and seek to act in the interest of preserving life when in the event of an emergency. The school will accept written notice from parents/carers that relate to particular medical or religious issues that might affect the manner in which emergency cases are managed.

Appropriate forms will be used to support the management and administering of medicines (see 'Managing Medicines in Schools and Early Years Settings' DfES 2005 and Statutory guidance for governing bodies of maintained schools and proprietors of academies in England; February 2014). We understand that the key information requested must not be changed as it would affect any potential insurance claims for medical malpractice.

Responsibilities

Parents

It must be remembered that the prime responsibility for a child's/young person's health rests with the parents/carers.

Medicines should only be administered in school if a child has a diagnosed long term medical condition, however this can only be done once staff have received the appropriate training. It is important, therefore, if there are any changes to children's health that school is informed as soon as possible so the child is able to fully participate in the school day. This is important because staff will not be able to administer medicines until they have received training and this may mean parents having to make arrangements to come to school to administer the medicine or keeping children at home longer than is really necessary.

If a child is prescribed medicine, such as antibiotics, by their GP, then three daily doses should be administered before school, after school and in the evening - there is no need for these medicines to be brought into school. If the GP prescribes 4 daily doses please request that this is adjusted to 3 doses and if this is not possible please ensure that your child is well enough to be at school. Only in exceptional circumstances will medicines be administered by school staff, by agreement with the headteacher.

Only in exceptional circumstances will non-prescribed medicines (eg calpol) be administered in school; wherever possible the dosage must be administered outside of the school day. If non-prescribed medicines are to be given in school the dose should be given to the office in a syringe for the child to self-medicate under supervision.

Parents are asked to deliver medicines to school in the original container(s) and ensure that the medicine is not out of date and that it has been stored correctly. All medicines must be marked with the following information clearly indicated:

- the child's name on the medicine;
- when the medicine should be given;
- the prescribed dose and pharmacist's instruction, e.g., after meals.

To administer medicine in school requires two members of staff. Staff cannot be directed to administer medicine; they must volunteer to do so. Unfortunately therefore

the school cannot guarantee that medicines will always be administered and you may be asked to make alternative arrangements. The administration of medicines is not a service which the school is obliged to provide.

ALL MEDICINE ADMINISTERED IN SCHOOL WILL ONLY BE DONE SO WITH THE SIGNED AUTHORITY OF A PARENT OR CARER.

Parents must notify the school immediately (in writing) of any changes or alteration to a prescription requiring adjustment to be made to any previous arrangement about medicines for their child.

Headteacher

The Headteacher will make appropriate arrangements for medicines to be stored safely in a locked cabinet in the office. Medicines must be kept in the container supplied which must be clearly labelled with the name of the child and instructions for usage.

The Headteacher will make suitable arrangements in partnership with parents that enable children/young people to maintain a prescribed course of treatment. They will liaise with staff/parents/nominated support so that recommended medical treatment can be sustained, and that those people are appropriately trained to administer medication. Staff will not be directed to administer medicines; however, they can choose to volunteer to do so if they so wish. All staff will be advised to refer to advice from their professional associations before volunteering to administer medicines.

The Headteacher will ensure that all staff, who need to know, are aware of a child's condition. They will also ensure that sufficient trained staff are available to implement the policy and deliver against all Individual Healthcare Plans (IHP), including in contingency and emergency situations. They should also make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way. They will contact the school health 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.

Together with school Governors, the Heartwood Headteachers will review this policy at appropriate intervals, in line with local advice, so that the well-being of children and young people and their health is safeguarded.

The Headteacher will ensure that all staff and parents/carers are aware of this policy and the procedures for dealing with medical needs at School.

Governing Body LGC

Governing committees must make arrangements to support pupils with medical conditions in school, this should be done in line with Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (February 2014) and Managing Medicines in Schools and Early Years Settings - DfES 2005.

School Staff

Staff will not be directed to administer medicines; however, they can choose to volunteer to do so if they so wish. All staff will be advised to refer to advice from their professional associations before volunteering to administer medicines. They will be appropriately trained and insured for the administration of medicines.

Child refuses, or not well enough to take medicines

If a child refuses to take medicine as prescribed, the records must state this clearly and the parents/carer must be informed immediately. Children/young people will not be forced to receive medicine if they do not wish to do so.

If a child is ill/injured and therefore unable to receive the agreed prescribed medication, the person designated to supervise the taking of medicine will consult with parents/carers immediately and advise the Headteacher of their actions. If the child vomits or has diarrhoea soon after receiving medication, parents must be contacted so that they can seek further medical advice.

Self medication

In some cases it might be appropriate that children self-administer medicines, e.g., inhalers, EpiPens. The school will encourage those with long term medical conditions to take responsibility for administering their own medication but continue to ask staff to supervise so that the appropriate records can be completed for safeguarding purposes.

Inhalers

The school keeps an emergency salbutamol inhaler in the school office. This can be given to children who have either been prescribed an inhaler as reliever medication or have been diagnosed with asthma and prescribed an inhaler, from whom written parental consent has been given. The inhaler can be used if the child's prescribed inhaler is not available (eg it is broken or empty)

The school staff have received training from the school nurse with regard to asthma and the signs to look for and response necessary. There will be an emergency kit and two named members of staff will be responsible for keeping this safe and clean. All parents who have notified the school that their children have asthma and use inhalers

in school will be asked whether they consent to 'emergency' use and will be asked to complete written consent - Appendix 5. If the school inhaler is administered, the school will inform the parents using proforma -Appendix 6

Storage of Medicines

Medicines will be stored in a medicine cupboard or in the office fridge. The school will ensure that all medicines held are not out of date and that they are returned to parents routinely after use. Some medicines (insulin, liquid antibiotics) may need to be kept in a fridge but must not be frozen. These medicines must be placed in suitable additional sealed/airtight containers such as a Tupperware box and marked 'medicines'. Medicine cabinets will be supervised closely and emptied at least once each term.

The schools dispose of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. Parents collect and dispose of sharps boxes when full.

Some medicines, such as inhalers, need to be close at hand, and dependent on the age of the child, will be kept by the child or in an easily accessible place in the classroom. A note of children with medical conditions is kept in the register to inform all staff along with information regarding medicines and where they are stored.

Emergency arrangements

Care is taken to ensure that all children and young people are safe. The schools have appropriately qualified first aiders in school at above the recommended ratios.

Children with life threatening medical conditions or one that requires close monitoring/supervision will have Individual Healthcare Plans (IHP), issued by Health professionals, that provide contact details for emergency situations, e.g., anaphylaxis, diabetes, or epilepsy. Asthma can also be life threatening. All cases deemed 'complex' or 'serious' medical conditions have emergency contact details held in the school office.

Individual Healthcare Plans (IHP)

All children with a medical condition should have an Individual Healthcare Plan. Individual Healthcare Plans help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Plans will be drawn up with input from health professionals eg a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents (see appendix 4). These will be reviewed at least annually or earlier if the child's needs change. They will be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

In identifying what information plans records include the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues eg crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self-administered by individual pupils during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate eg risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements

Off-site activities/school trips

All arrangements for medicines, including the storage of medicines, Individual Healthcare Plans, and Risk Management programmes will apply for any off-site activities or school trips. A member of staff will be appointed to ensure there are

suitable arrangements for storage, and recording of the medicines when assessing any risks associated for the trip, particularly for those children with long term or complex health conditions.

All off-site activities will be evaluated in terms of proximity and accessibility to emergency services and any implications for those with short or long term medical conditions before receiving approval to go ahead from the Headteacher/Governors.

Equality Statement

All of Heartwood MAT schools are mindful of its Equality Duties; respecting religious belief and ensuring that support is provided for those with disability needs that might be affected by this policy. Where there are language or communication issues, and to avoid any misunderstanding, the parents/carers and Headteacher will agree an appropriate course of action. The Headteacher will engage interpreters or signers when required to ensure that full understanding of a child's medicine needs are determined accurately.

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Appendix 1: Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form. Woodside C of E Primary School has a policy that staff can administer medicine.

Name of Child: _____

Date of Birth: _____

Class: _____

Medical condition/illness:

Medicine

Note: Medicines must be the original container as dispensed by the pharmacy

Name/Type of Medicine (as described on the container):

Date dispensed: _____

Expiry date: _____

Agreed review date to be initiated by
_____ [name of member of staff]

Dosage and method:

Timing: _____

Special Precautions:

Are there any side effects that the school/setting needs to know about?

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency:

Contact Details

Name: _____

Daytime Telephone No: _____

Relationship to Child: _____

Address: _____

I understand that I must deliver the medicine personally to the school office and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date: _____

Signature(s): _____

Relationship to child: _____

If more than one medicine is to be given a separate form should be completed for each one

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Appendix 2: Confirmation of the Head's agreement to administer medicine

It is agreed that _____ [*name of child*] will receive

_____ [*quantity and name of medicine*]

every day at _____ [*time medicine to be administered e.g. Lunchtime or morning break*].

_____ [*name of child*] will be given/supervised whilst he/she takes their medication by _____ [*name of member of staff*].

This arrangement will continue until _____ [*either end date of course of medicine or until instructed by parents*].

Date: _____

Signed: _____

[*The Head teacher/Named Member of Staff*]



Appendix 3: Record of medicine administered to an individual child

Name of Child: _____

Date medicine provided by parent: _____

Class: _____

Quantity received: _____

Name and strength of medicine: _____

Expiry date: _____

Dose and frequency of medicine: _____

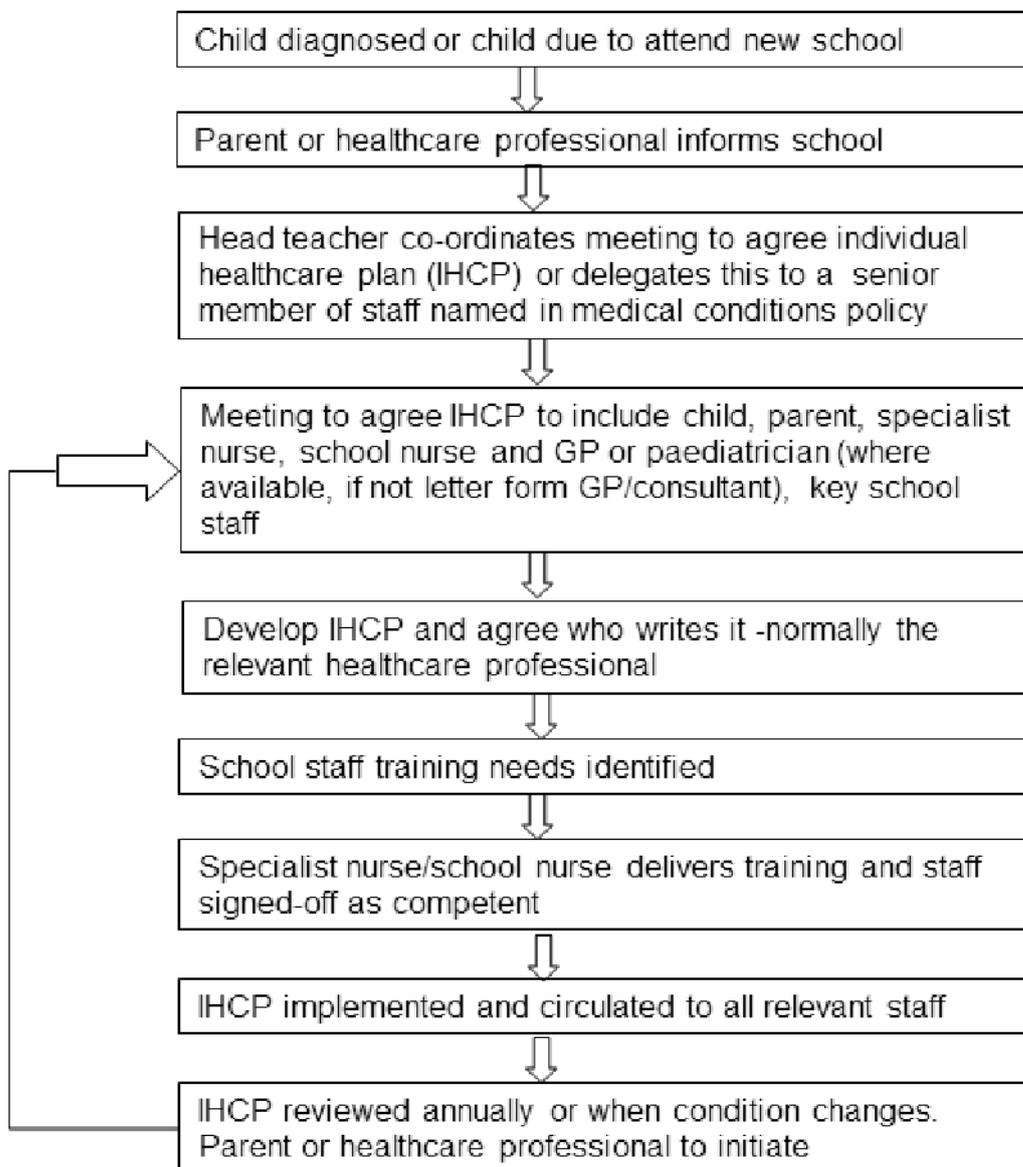
Staff signature: _____

Quantity returned: _____

Parent signature: _____



Appendix 4 - Process for developing an Individual Healthcare Plan





Appendix 5 - Guidance on the use of emergency salbutamol inhalers in school

**CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
(Woodside Church Of England Primary School)**

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day or leave in school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:..... Date:.....

Name (Print).....

Child's name.....

Class.....

Parent's address and contact details:

.....
.....
.....

Telephone.....

Email.....



Appendix 6 – Guidance on the use of emergency salbutamol inhalers in school

**SPECIMEN LETTER TO INFORM PARENTS OF
EMERGENCY SALBUTAMOL INHALER USE**

Child's name.....
Class.....
Date.....

Dear.....,

(Delete as appropriate)

This letter is to formally notify you that has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

(Delete as appropriate)

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely
Headteacher