



Wood Lane Primary School

POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

THE LEGISLATION THIS POLICY IS BASED UPON:

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 at their school with medical conditions. The DfE publication 'SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS' published April 2014 includes statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

KEY AIMS:

Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.

– The governing body ensures that arrangements are in place in schools to support pupils at school with medical conditions.

The governing body ensures that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

THE ROLE OF THE GOVERNING BODY:

To ensure that arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school as any other child.

To take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening so the focus of action taken is on the needs of each individual child and how their medical condition impacts on their school life.

To make arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school; showing an understanding of how medical conditions impact on a child's ability to learn, as well as increasing confidence and promoting self-care and finally ensuring staff are properly trained to provide the support that pupils need.

To monitor arrangements put in place to ensure that policies, plans, procedures and systems are properly and effectively implemented in accordance with statutory requirements - In particular procedures for administration of medicines.

To ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

To ensure that the school's policy is explicit about what practice is not acceptable when administering medicines in school.

To ensure complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

To review regularly the policy for supporting pupils with medical conditions and ensure it is readily accessible to parents and school staff.

To ensure the policy is implemented effectively by G. Rogers who has overall responsibility for policy implementation and is responsible for ensuring:

- ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,

- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
- monitoring of individual healthcare plans.

THE ROLE OF THE HEADTEACHER:

The Headteacher ensures that the school's policy for supporting pupils with medical conditions is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

The Headteacher ensures that all staff who need to know are aware of the child's condition and that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

THE ROLE OF STAFF:

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff are to receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

THE ROLE OF SCHOOL NURSES:

The school nursing services are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

THE ROLE OF SCHOOL PUPILS:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

THE ROLE OF SCHOOL PARENTS:

Parents – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting.

THE ROLE OF THE NAMED PERSON & INDIVIDUAL HEALTH CARE PLANS

The named person is to ensure that procedures are followed whenever a school is notified that a pupil has a medical condition are in place and followed (see procedures below)

The named person is responsible for individual healthcare plans and their development and use in supporting pupils at school with medical conditions.

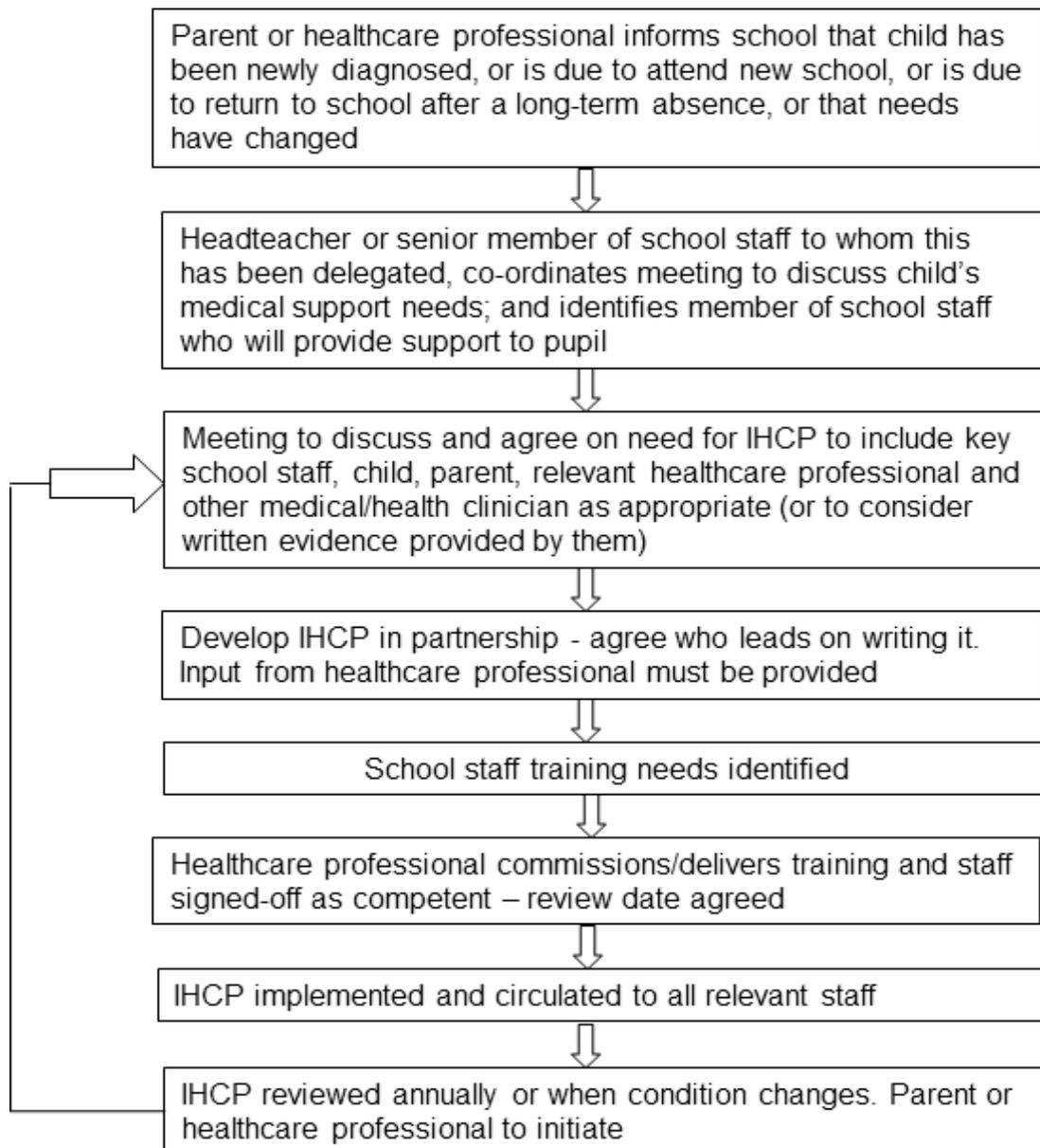
Individual Health Care plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind and assess and manage risks to the child's education, health and social well-being and minimises disruption.

When deciding what information should be recorded on individual healthcare plans, the named person considers the following :

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, 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 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; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;

- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

PROCEDURES FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS



PROCEDURES FOR HANDLING AND ADMINISTERING MEDICINES IN SCHOOL

Rationale

As a Trust school we want all our pupils to be happy, safe, fit and well. In order to achieve this, we believe a clear policy on the handling and administration of medicines in school is necessary to safeguard all of the pupils in our care.

Responsible person and setting staff

The school has ensured that there are sufficient members of staff who are appropriately trained to manage medicines as part of their duties. It is the responsibility of the head teacher to ensure that all staff are trained appropriately and should have read and understood the current medication policy and the current Staffordshire County Council Health and Safety guidance document.

The school must ensure that staff have:

- Been authorised to administer medicine
- Parental consent
- Full knowledge of policy & guidance
- Received training when required
- Attended refresher training when required

Procedures for administering medicine

The school has clear written procedures/arrangements for the management of medication appropriate to the setting and the children within it. All staff are familiar with these arrangements.

Our arrangements include the following aspects:

1. Arrangements and procedures for managing medicines:
 - a. When on the premises
 - b. On trips and outings
2. The circumstances (if any) in which children may take any non-prescription medicines (in school settings). Guidance suggest only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber may be administered)
3. A clear outline of the roles and responsibility of staff involved in administering medicines or supervising the administration of medicines
4. A clear statement on parental responsibilities in respect of their child"s medical needs
5. The need for prior written consent from parents for any medicines to be given to a child (For early years settings prior permission is a mandatory requirement)
6. The school or setting policy on assisting children with long-term or complex medical needs
7. The school or setting policy on children carrying and taking their medicines themselves
8. Staff training requirements for dealing with administration of medicines
9. Record keeping arrangements
10. Safe storage of medicines
11. Access to the school"s emergency procedures
12. Any applicable risk assessment and management procedures

Early Years setting

There is a requirement in Early Years settings for children under 5 years of age or 5 before the 31st August for the setting to ensure any medication and or personal care needs are accommodated when required.

Where settings do not have a sufficient amount of staff to volunteer to undertake these tasks, the school or Early Years management must take relevant action to ensure the children"s / pupil"s needs are met.

Prescribed medication

Children taking prescribed medication must be well enough to attend school. If they are deemed to be well enough, the required medication will be administered by a qualified member of staff.

The administration of prescribed antibiotics in school will be permitted only if the recommended dosage is four or more times per day. A prescribed dosage of 3 times per day is usually taken at home before school – e.g. at breakfast time, straight after school e.g. 3.30pm and at bedtime.

Arrangements can be made for children attending After School Club – e.g. if they are here after 4pm then we would administer a dosage of anti-biotics.

Emergency Calpol

Staff will only give a non-prescribed Calpol medicine to a child where there is specific prior written permission from the parents/carers to do so. Or, in cases where the first signs of illness are developing in school hours, to prevent unnecessary loss of attendance, and inconvenience to parents who are working and unable to get to school, we would telephone the parent/carer to obtain verbal consent to give Calpol.

When a non-prescribed medicine is administered it is **ALWAYS** logged and recorded.

Staff must never give a child under 16 aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Over the counter medicines

Occasionally parents and carers may wish to use “over the counter” remedies to treat minor symptoms for short periods. These can include alternative medicines such as herbal remedies, vitamins, ear/eye drops, and application of various creams.

The same procedure is followed for recording the administration of OTC remedies as is required for prescribed medication and they are entered on the medication record. OTC remedies are stored in the same way as prescribed medication.

As a school we always encourage parents / carers to make arrangements for this type of medication to be administered at home wherever possible.

We understand that a GP may prescribe an OTC remedy; this will then be treated as a prescribed medicine.

Receipt of medicines by the school including Consent and Storage

- Medication must come into school via the school office at all times. Dropped off in the morning and collected at the end of the school day by the parent/carer.
- If handed into school during Breakfast Club hours (between 7.45 and 8.30 when the office is not manned) the Breakfast Club supervisor must record receipt of the medication on the school Medical Administration Consent Form. Copies are kept with the Breakfast Club. (see appendix)
- Medicine must be in the original container clearly marked with the young person's name, date of dispensing, name of medication, any instructions for administration. Spoons must be provided.
- All medicine must be in date.
- A written consent (Medical Administration Consent Form) must be obtained from a person with parental responsibility (verbal consent must be obtained with emergency calpol and this must be recorded on the consent form.)
- Consent form must clearly state the name of the medication, the amount to be administered and the time it is to be given. The form must be signed and dated by parents when handing over the medicine.
- All medications when will be locked safely out of children's reach and refrigerated if necessary.

All medicine administration must be recorded in a log book which must show:

- Person whom the medication is prescribed
- Date of receipt
- Name and strength of the medicine
- Dosage required
- The time of required dose
- Signature from employers (Administrator & Witness)

General principles

A young person's privacy and dignity is paramount and medicines should always be administered in an area where this will not be compromised.

Under no circumstances must medicines prescribed be given to anybody except the person for whom it was prescribed.

The name of the member of staff responsible for administering the dose of the medicines must be included on the medicines administration record.

All records of requests for administration of medicine must be in writing

PARENTS' SUMMARY OF PROCEDURES FOR HANDLING AND ADMINISTERING MEDICINES IN SCHOOL.

Key Stage 1 children with asthma, administer their own medication under supervision of the First Aider. Key Stage 2 children who suffer with asthma, are responsible for carrying and administering their own medication.

Our current qualified First Aiders are all staff.

A portable First-Aid kit and individual pupils' medicines are taken on Education Visits and administered by a designated member of staff.

Revised: Sept 2018

Review date: Sept 2019