



# Medical Conditions Policy

## Supporting pupils with medical needs

**Issued:** December 2018

**Date of Review:** December 2020

**Headteacher:** \_\_\_\_\_ Russell Leigh

**Chair of Governors:** \_\_\_\_\_ Robin Bennett

## **Definition**

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

- (a) Short-term affecting their participation in school activities when they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs)

## **Rationale**

Local Authority's (LAs) and 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 who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs 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 may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility of a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from Oxfordshire County Council on Medicines in Schools and encourages self-administration of medication when possible.

The school nurse is based at Abingdon Hospital – 01865 904890, e-mail: [oxfordshealth.abingdonSHNS@nhs.net](mailto:oxfordshealth.abingdonSHNS@nhs.net)

## **Aims**

The school aims to:

- Assist parents in providing medical care for their children
- Educate staff and children in respect of special medical needs
- Adopt and implement the LA policy of Medication in Schools
- Arrange training for volunteer staff to support individual pupils
- Liaise as necessary with medical services in support of the individual pupil
- Ensure access to full education if possible
- Monitor and keep appropriate records.

## **Entitlement**

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- Choose whether or not they are prepared to be involved
- Receive appropriate training
- Work to clear guidelines
- Have concerns about legal liability
- Bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

## **Expectations**

It is expected that:

- Parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative.
- Where parents have asked the school to administer the medication for their child they must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage is required 4 times a day. The name of the pharmacist should be visible. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent.
- That employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- The school will liaise with the School Health Service for advice about a pupil's special medical needs and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use, should be stored in an appropriate place and kept out of the reach of the pupils. Staff should administer their own medicines out of the site of pupils, with the exception of emergencies e.g. inhalers. Any staff medicine is the responsibility of the individual concerned and not the school.

## Policy into Practice

### Receiving Prescribed Medication

- Medicines should only be brought to school when essential. Medicines will only be accepted for administration in school on completion of the 'Parental Agreement to Administer Medicine Record' by a parent or carer. (*Appendix 1*)
- All medicines must be delivered to the school office by the parent or carer. Teachers and teaching assistants should not take receipt of any medicines in the classroom.
- All medication must be in the original container which includes the following information:
  - a) The child's name
  - b) The name and strength of the medication
  - c) The dosage and time/frequency of administration, accompanied by a dosage spoon
  - d) Any side effects
  - e) The expiry date of the medication.
- In the case of long-term medication; medicines must be accompanied by written confirmation from a health practitioner e.g. GP, clinical nurse or dentist.
- In no circumstances should medicines be left in a child's possession.
- If in doubt about any procedure, staff should not administer medicines but check with the parents or a health professional before taking further action.
- Reasons for not administering prescribed medicine, including if a child refuses, must be recorded on the administration record and parents informed immediately or as soon as reasonably possible.
- Pupils with complex medical needs will require an Individual Health Care Plan (IHCP).
- All medical information must be kept confidential.

### Exceptions Prescribed medicine will not be given:

- a. Where the timing of the dose is vital and where mistakes could lead to serious consequences
- b. Where medical or technical expertise is required
- c. Where intimate contact would be necessary.

### Non-prescription Medicines

- Non-prescription medicines such as Calpol and cough medicines are not to be administered in school without parental consent.
- We do not allow cough sweets in school.

### Children with Asthma

- Children with asthma need to have immediate access to their reliever inhalers when they need them. Pupils who require large doses will have a spare inhaler. Spacers will be kept with boxes.

- Inhalers should be readily available and kept in the classroom in a medical box with the child's name clearly visible.
- All medical boxes and inhalers must be clearly labelled and include guidelines on administration.
- All administration of the inhaler should be logged on the Administering Asthma Inhaler Record sheet kept in the medical box and signed by an adult (see appendix).
- It is the responsibility of the parents to regularly check the condition of inhalers and ensure that they are working and have not been completely discharged. Inhalers should be replaced four weeks after they have been started; this is in line with the manufacturer guidelines.
- If an inhaler is used more than three times a week a referral will be made to the school nurse.
- If in doubt do not hesitate to call 999.

### **School Salbutamol Inhaler**

The Human Medicines (Amendment) (No. 2) Regulations 2014 (regulation 213 and schedule 17) allow schools to purchase Salbutamol inhalers and associated equipment on a no-prescription basis. The following protocols will be observed:

- The inhaler will be kept in the school's Admin Office under appropriate storage needs; it will not be locked away.
- The inhaler will be clearly labelled to identify it as the school's property
- The inhaler will be used only by pupils who have asthma or who have been prescribed a reliever inhaler
- The inhaler will only be used under staff supervision
- Written consent will be obtained from parent/carers prior to letting a pupil use the school's inhaler
- Parent/carers will be informed in writing if their child uses the school inhaler
- The inhaler will be checked on a monthly basis to ensure that it – and the spacers – are present and in working order, with sufficient number of doses available
- Replacement inhaler(s) will be obtained when expiry dates approach
- The plastic inhaler housing (which holds the canister) will be cleaned, dried and returned to storage following use
- Spent inhalers will be returned to a pharmacy to be recycled.

### **Safety Management**

- All medicines may be harmful to anyone for whom they are not appropriate.
- Children should know where their medicine is stored and who has agreed to administer it.
- All medicines should be stored in accordance with product instructions (paying particular attention to temperature). All medicines will be stored in the staffroom or staffroom fridge and not in classrooms.
- All medicines must be stored in the supplied container with the child's name clearly visible, with all dosage, administration records and medical details in the box.

### **Disposal of Medicines**

- Staff should not dispose of medicines.
- Parents are responsible for ensuring that medicines that have passed the expiry date are returned to the pharmacy for safe disposal.
- Parents must collect all medicines at the end of the agreed administration period.

### **Individual Health Care Plans – IHCPs (Appendix 2)**

- A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies e.g. administering an EpiPen. Staff should not give medicines without appropriate training from health professionals.
- Children with an IHCP will have their plan reviewed at least three times a year and / or following any changes in medication, dosage, etc.

### **Managing Medicines on School Trips**

- It is the responsibility of the class teacher to take emergency contact lists and medical details on every school trip.
- The class teacher must ensure any medication that is required is taken on the school trip and administration logged on the record sheet.

### **Emergencies**

Where a child requires a serious level of care, including hospital:

- The parents must be informed immediately
- If the parent is not available, the nominated emergency contact for the child should be informed.

- Staff must never take children to hospital in their own car; it is safer to call an ambulance.
- Where necessary, a member of staff will accompany the child until such time as a parent arrives
- The staff member should provide any vital information about the injury / illness and the child's medical background to pass on to the nurse / doctor.

## **ROLES AND RESPONSIBILITIES**

Supporting a child with a medical condition during school hours is not the sole responsibility for one person. School will work in partnership with healthcare professional, social care professionals, Local Authorities, Parents and Pupils.

### **Governing Body**

The governing body will make arrangements to support children with medical conditions in school and ensure that a policy is developed and implemented. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions

### **Headteacher**

The Headteacher will ensure that:

- the school's policy is developed and effectively implemented with partners
- all staff are aware of the policy and understand their role in its implementation
- all staff who need to know are aware of the child's condition
- there are sufficient trained numbers of staff available to implement the policy and deliver against all IHPs including in contingency and emergency situations

### **School Staff**

- may be asked to provide support to children with medical conditions, including administration of medicines (although they cannot be required to do so)
- will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions

### **School Nurse**

They are responsible for:

- notifying the school when a child has been identified as having a medical condition which will require support in school
- liaising with lead clinicians locally on appropriate support for the child and associated staff training needs
- providing advise and liaising with staff on the implementation of a child's IHP

### **Other Healthcare Professionals including GPs and Paediatricians**

- They should notify the school nurse when a child has been identified as having a medical condition that will require support at school.

- Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes)

### **Children**

- Will be fully involved in discussions about their medical support needs and contribute, and comply with, their IHP as appropriate

### **Parents**

- Will provide the school with sufficient and up to date information about their child's medical needs
- Will be involved in the development and review of their child's IHP
- Will provide medicines and equipment and ensure they, or another nominated adult, are contactable at all times
- Will deliver all medicines to the school office in person.
- Must complete and sign the parental agreement form.
- Where it is practicable, should administer medicines to their child during school hours.
- Parents are responsible for ensuring that all medication kept in school e.g. asthma inhalers and Epipens, are kept up to date.
- Parents are responsible for notifying the school if there is a change in circumstances e.g. if symptoms change, or a child is no longer asthmatic

### **Local Authority**

The Local Authority should provide support, advice and guidance to support children with medical conditions to attend full time.

### **Providers of Health Services**

Providers of Health Services should co-operate with school in providing valuable support, information, advice and guidance

### **Staff Training and Support**

- The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained. However school may wish to choose to arrange training and ensure this remains up to date
- Training will be sufficient to ensure that staff are competent and have confidence in their ability to support children. This includes an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. A record of the staff training will be kept (See Annex B)

### **Staff will not give prescription medicines or undertake healthcare procedures without appropriate training – the training will be updated to reflect any IHP**

A first-aid certificate does not constitute appropriate training in supporting children with medical needs

- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine
- School will have arrangements in place for whole school awareness training regarding supporting children with medical conditions (eg non-pupil day, induction arrangements) to help ensure that all medical conditions affecting pupils in the school are understood fully, this includes preventative and emergency measures so that staff can recognise and act quickly when a problems occurs
- The family of a child will be key in providing relevant information to school staff about how their child's needs can be met

### **The Child's role in managing their own medical needs**

- The governing body will ensure that arrangements are made, for children who are competent, to manage their own health needs and medicines. This should be reflected in their IHP
- Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Some children may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will be informed when the medication has not been administered for this reason

### **Points for Consideration**

- School does not assume that every child with the same condition requires the same treatment
- School will not send children with medical conditions home frequently, or prevent them from staying for normal school activities, unless this is specified in their IHP
- If a child becomes ill, they will not be sent to the school office or medical room unaccompanied
- School take into consideration hospital appointments when monitoring attendance
- School does not prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- School will not require parents, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No parent will have to give up working because the school is failing to support their child's medical needs
- School will not prevent children from participating in any aspect of school life, including school trips, by requiring parents to accompany

### **Liability and Indemnity**

School has an Insurance Policy that provides liability cover relating to the administration of medication.

Any parents of pupils dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved parents may make a formal complaint via the schools complaints procedure

The Headteacher will have overall responsibility that this Policy is implemented and that risk assessments for school visits are undertaken and will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHP's are monitored

### **Monitoring and Review**

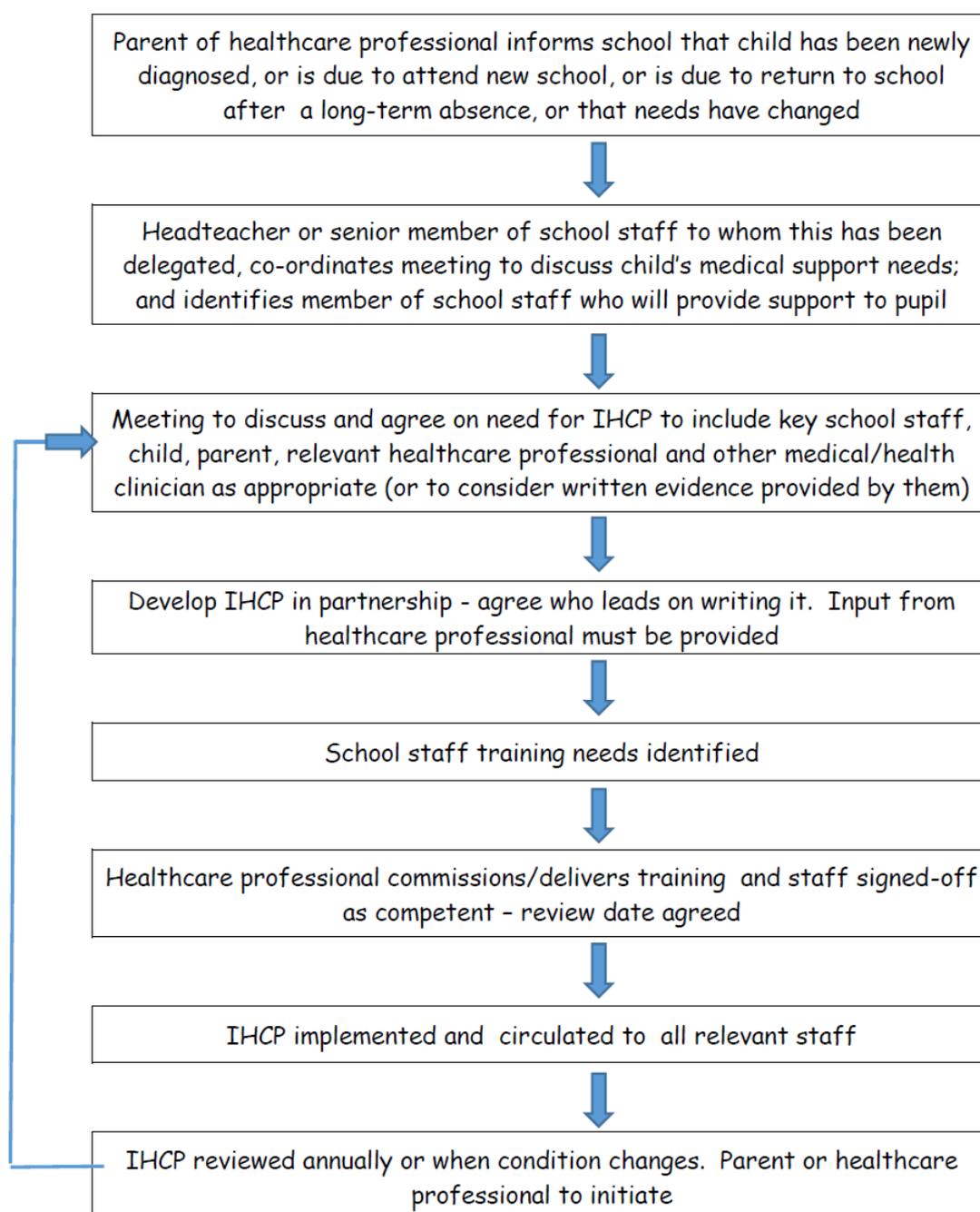
- The Governor responsible for Health and Safety will monitor the effectiveness of current procedures and that all records are up to date.

### **Relevant Policies and Documentation**

This policy should be read in conjunction with these documents:

- Supporting pupils at school with medical conditions (April 2014)
- Safeguarding Pupils Policy and associated documents
- First aid

## Model process for developing individual healthcare plans



**Appendix 1: Parental agreement for setting to administer medicine**

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of school	Dorchester, St Birinus CE Primary School
Name of child	
Date of birth	
Class	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Mrs Flinders

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Appendix 2**  
**Individual Healthcare plan**

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

**Family Contact Information**

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

**Appendix 3: record of medicine administered to an individual child**

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**Staff Training Record Sheet - Administration of Medicines**

Name	
Type of training received	
Date training completed	
Training Provided by	
Profession and Title	

I confirm that (name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (suggested review date).

Trainers signature \_\_\_\_\_

Date \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

## **Contacting emergency services**

**Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. School telephone number – 01865 340081
2. Your name
3. School location – Dorchester, St Birinus Primary School, Queen Street, Dorchester on Thames
4. State the School postcode –OX10 7HR
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control the best entrance to use and state that the crew will be met and taken to the patient