

Bridport St Mary's Primary School



**Policy for supporting children with medical conditions
and managing medicines**

This policy has been structured based upon the most recent government advice “Supporting pupils at school with medical conditions” (DfE-April 2015), the “Guidance and Code of Practice - First Aid at Work” provided by Dorset County Council, guidance from local Health Services, professional teaching associations, Dorset County Council Health and Safety Team.

St Mary’s adheres to the duty as stated in the Children and Families Act 2014 that pupils with medical conditions will have the same right of admission to our school as other pupils and will not be refused admission or excluded from school on medical grounds. Appropriate levels of assessments will be undertaken to establish and determine what support pupils with medical conditions require. This will be done in partnership with parents and health professionals.

The prime responsibility for a child’s health rests with parents. It is anticipated that parents / carers will ensure that appropriate information is provided for the school that enables proficient management and a good understanding of their child’s medical condition; this includes working in partnership in the management of any medicines administered at school.

St Mary’s takes advice and guidance from a range of sources, including the School Nurse, Paediatric Consultants, and other Health professionals in addition to the information provided by parents in the first instance. This enables us to manage support effectively and to minimise any disruption to learning.

Key Personnel

The designated person with overall responsibility to implement this policy is:

Natasha Wiscombe

This person will also ensure that staff are appropriately aware of the medical condition of children with whom they work and that any confidential information pertinent to the medical condition is entrusted to individual staff.

The person responsible for developing Individual Healthcare Plans is:

Natasha Wiscombe

The Governors with specific responsibility to oversee the arrangements to support pupils at schools with medical conditions is:

SEN Governor

AIMS

The school is committed to assisting children with long-term or complex medical conditions and working in partnership with their parents /carers.

1. To ensure that pupils with short or long term medical conditions, are properly supported so that they have full access to education, including off-site activities and residential visits.
2. Make arrangements for staff to ensure that they receive adequate and appropriate training for them to support children with medical needs.
3. To ensure that parents and children have confidence in the medical support arranged at school.
4. To work in partnership with Health Service colleagues.
5. To be fully compliant with the Equality Act 2010 and its duties.
6. To manage medicines within school in accordance with government and local advice.
7. To keep, maintain and monitor records as detailed in this policy.
8. To write and to monitor Individual Healthcare Plans, in partnership with health professionals.
9. To ensure that the pupils in our school are safe and are able to attend school regularly with their medical condition.
10. To support pupils with complex medical conditions and or long term medical needs in partnership with Health professionals and parents to enable their access to education.
11. To adhere to the statutory guidance contained in "Supporting pupils at school with medical conditions" (*DfE April 2015*), and "Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People" (*DSCB 2011*)¹ as set out and agreed with the school's governing body.

THE GOVERNING BODY WILL:

- ☐ ensure that arrangements are in place to support children and young people with medical conditions and that support is tailored to individual medical needs;
- ☐ make arrangements for this policy to be published on the school website;
- ☐ review this policy annually;
- ☐ ensure that staff are identified to implement the policy from day to day;
- ☐ monitor the arrangements associated with Individual Healthcare Plans so that they are managed appropriately, reviewed and maintained in partnership with Health professionals;
- ☐ ensure that staff receive appropriate training enabling them to provide bespoke and purposeful support to pupils with medical needs and that the training is refreshed regularly;
- ☐ ensure that specific arrangements are made for the self-management of medicine where applicable and how this will be both monitored and managed by staff;

¹ This document will be refreshed in 2015 to align guidance with more recent Statutory Guidance issued by DfE and DoH.

- ☐ oversee the school's management of medicines to ensure that Health & Safety standards are met and that parents have confidence in the schools ability to support their child's medical needs;
- ☐ ensure that insurance arrangements cover staff in carrying responsibility for medical procedures;
- ☐ have 'due regard' to the rights of pupils who are disabled as set out in the Equality Act 2010;
- ☐ ensure that appropriate arrangements are made to include pupils with medical conditions on off-site activities;
- ☐ ensure that parents / carers are aware of the school's complaints policy.

INDIVIDUAL HEALTHCARE PLANS

Individual Healthcare Plans will be developed for pupils with medical conditions. These will set out the support that is needed so that the impact on school attendance, health, social well-being and learning is minimised. Not all conditions will require an Individual Healthcare Plan. In some cases the agreement request to administer medicines will be sufficient to cover short term conditions and treatment. The plan will include the name of the member of staff who is appropriately trained and providing the agreed support.

St Mary's will use the recommended Templates (DfE) to capture relevant information that will enable an appropriate plan to be structured. The Templates cover a range of issues for which governors have responsibility. Health professionals will be involved in the development of Individual Healthcare Plans in addition to parents and pupils.

The Individual Healthcare Plans will be tailored to meet the needs of short term, long term and/or complex medical conditions. The plans will be kept under review by the designated person and revised as required, or at least annually, to ensure that they reflect current medical needs (e.g., changes in medication). Individual Healthcare Plans will include details on emergency arrangements and these will be shared with all relevant staff, First Aiders and school office staff as applicable.

Where pupils have been issued with an Education and Health Care Plan (EHC) by the local authority, any Individual Healthcare Plan will be linked to, or become part of that EHC.

ROLES AND RESPONSIBILITIES

Parents

Parents are asked to provide the school with sufficient and up-to-date information about their child's medical needs using a standard form (Template B) so that arrangements to manage their short or long term medical conditions can be implemented in partnership.

Parents are asked to deliver medicine to school if it is not possible for this to be administered outside the school day. Medicine should be provided in the original container(s) ensuring 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.
- ☐ This to include the application of creams where the child is not capable of doing so themselves including sunscreen for very young children.

Parents are expected to notify the school immediately (in writing) of any changes or alteration to a prescription or recommended treatment so that adjustment can be made to Individual Healthcare Plans or previous agreement. It is important that the school is aware and informed by parents about other issues or symptoms their child may have experienced over night or before school; this is particularly important for asthma conditions

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

Headteacher will ensure the following:

- ☐ that governors are informed about the implementation and effectiveness of this policy,
- ☐ that arrangements are made with staff supporting pupils with medical conditions, and for any medicines required in delivering that support to be stored safely and in line with guidance provided by the local authority;
- ☐ suitable arrangements are agreed in partnership and liaison with parents / carers to support the medical needs of pupils;
- ☐ that appropriate training has been provided for staff that enables them to carry out agreed procedures;
- ☐ that staff will not be directed to administer medicines - 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);
- ☐ liaison with governors in the review of this policy at appropriate intervals, in line with local and national advice;
- ☐ that all staff and parents/carers are aware of this policy and the procedures for dealing with medical needs at St Mary's;
- ☐ make arrangements through the designated teacher to manage the following:
 - prescription medicines in school;
 - prescription medicines on trips and outings, including school transport;
 - accurate record keeping when administering medicines;
 - the safe storage of medicines;
 - procedures for access to medicines during emergency situations;
 - adhering to risk management procedures involving medicines;
- ☐ that risk assessments and arrangements for off-site visits are checked and that governors are aware of the details.

The Designated Teacher will ensure the following:

- ☐ staff work in partnership with parents/carers to ensure the well-being of child and young people;
- ☐ that interruption to school attendance for medical reasons will be kept to a minimum;
- ☐ staff who have agreed to administer medicines will receive the appropriate training;

- adherence to Individual Healthcare Plans;
- all cultural and religious views, made known to the school in writing, will be respected;
- Staff will undertake a risk assessment for school trips

STAFF TRAINING AND SUPPORT

Most medicines to be administered will not require professional training; however the school will ensure that staff supervising the administering of medicines will understand that accurate records are to be kept and are completed at the time of being administered. Staff who maintain these records should be clear about what action to take, (such as referring to the Designated Senior Lead for Child Protection) if they become concerned about the welfare of an individual pupil. If an Individual Healthcare Plan is applied to particular children / young people, additional training must be given by a nominated Health professional, e.g., use of a nebuliser, using Epipens. Training received or cascaded from parents will not be accepted unless otherwise instructed by a health professional. Record of Training Forms must be completed and maintained. (See Template E: staff training record).

(Also see “Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People” (*DSCB 2011*); section 3.3 and 3.4 including Chart E.)

REASONABLE ADJUSTMENTS

The school understands it’s duties under the Equality Act 2010 to make reasonable adjustments and enable children and young people to have equitable access to education. Children and young people with complex or significant medical needs will be included in activities for as much as their health permits.

MANAGING MEDICINES ON SCHOOL PREMISES AND ON OFF-SITE ACTIVITIES

We will ensure that:

- DCC guidance on First Aid is followed;
- Records are maintained detailing an accurate history of the administering of medicines as far as possible – this will not include self administering of over the counter medicines for older pupils for whom parents have requested permission using the appropriate Template;
- Templates C and/or D will be used to log administering of medicines;
- Suitable back-up systems are in place to cover administering of medicines in the event of staff absence;
- If there are any doubts or confusion about arrangements for administering medicines, staff must consult with the parents and the designated member of staff;
- No child or young person under 16 will be given medicines or be permitted to self-medicate without their parents’ written request.

STORAGE OF MEDICINES

The school will adhere to the advice contained in “Guidance and Code of Practice - First Aid at Work” and local guidance provided by Dorset County Council’s Health & Safety Team and the local authority’s Physical and Medical Needs Service.

REFUSAL OR TOO UNWELL TO TAKE MEDICINES

If a child refuses to take medicine as prescribed and as requested by parents the records (Template C or D) must state ‘REFUSED’ clearly and the parents/carer informed immediately. Children / young people will not be forced to receive medicine if they do not wish to do so.

If a child or young person 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.

A young person’s individual health care plan will be used to inform the school of the appropriate action ie a hypoglycaemia attack for a diabetic

SELF MANAGEMENT OF MEDICINES

In some cases it might be appropriate that pupils 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.**

OFF-SITE ACTIVITIES / SCHOOL TRIPS

All arrangements for medicines, including the storage of medicines, Individual Healthcare Plans, and Risk Management programmes will apply for all off-site activities or school trips. A member of staff will be designated to ensure there are suitable off-site arrangements for storage, and recording of the medicines when assessing any risks associated for the trip, particularly for those children and young people with long term or complex health conditions. All plans and risk assessments will be discussed with parents/carers in preparation for the activity in advance of the departure day and agreed with the Headteacher (and Governors).

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.

EMERGENCY PROCEDURES

Care is taken to ensure that all pupils are safe. The school has ‘First Aid at Work’ qualified first aiders, ‘Paediatric First Aid’ qualified first aiders and Emergency First-Aid trained staff

Children with life threatening medical conditions or that require close monitoring / supervision may have Individual Healthcare Plans developed by school staff and Health professionals that provide contact details for emergency situations, e.g., anaphylaxis, diabetes, or epilepsy.

All cases deemed 'complex' or 'serious' medical conditions have emergency contact details held in the school office and in the medical file in the staffroom.

Asthma can also be life threatening; St Mary's will follow the "Guidance on the use of emergency salbutamol inhalers in schools" issued by the Department of Health (March 2015).

pupils who are 'at risk' due to their medical condition hold a *Grab Pack* (collated information to pass to a doctor or ambulance crew in an emergency) that will accompany them at all times. The purpose of the pack is to provide emergency services with up to date information such as: diagnosis of principle conditions, key personnel and medical contacts, medication taken, up to date records of medicines that have been administered together with other relevant medical information and an agreement with parents/carers about what to do in an emergency.

BEST PRACTICE

St Mary's will endeavour to eliminate unacceptable situations by promoting best practice in supporting pupils with medical conditions. In doing so we will:

- ☐ ensure that pupils have access to the medicine they need as arranged with parents;
- ☐ manage each medical condition through an Individual Healthcare Plan;
- ☐ listen to the views of pupils and their parents and take advice from medical professionals in planning the support needed;
- ☐ ensure that pupils with medical conditions are supervised appropriately and not left alone when ill;
- ☐ support access to the full curriculum or as much as medical consultants recommend;
- ☐ work in partnership with health services to ensure swift recovery or access to treatment;
- ☐ facilitate opportunities to manage medical conditions with dignity;
- ☐ manage medical needs such that parents are not required to support their child in school;
- ☐ include all children in school on and off-site activities, meeting their medical needs in the best way possible.

LIABILITY AND INDEMNITY

St Mary's is covered by a medical malpractice insurance policy and has made arrangements through Zurich Municipal to cover staff in the arrangements made to support children with medical conditions for whom particular training has been given. This covers all staff in the arrangements made to support pupils with medical conditions for whom particular training has been given. Staff must follow the guidance, procedures and administering of medicines accurately.

COMPLAINTS

St Mary's holds a Complaints Policy details of which can be found on the website. Should any complaint be received in respect of the support provided for individual medical conditions, it will be dealt with in accordance with the Complaints Policy.

EQUALITY STATEMENT

St Mary's is 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 pupils medical needs are determined accurately.

With regard to off-site visits and residential opportunities, St Mary's will ensure that reasonable adjustments enabling pupils to be included are appropriate and made in consultation with parents/carers.

Children with Medical Needs

Some children have medical needs which necessitate regular or emergency administration of medication. These children have a Medical Action Plan which is kept in the medical file and shared with class teachers and staff.

All staff are made aware of these children and their needs annually when plans are updated each Autumn.

A list of *all* children with medical needs (including asthma, allergies, anaphylaxis, diabetes, epilepsy, ADHD) is available on Bromcom MIS.

When a supply teacher comes to the school they are responsible for checking about children with urgent medical needs. They will be supported by the Teaching and learning assistants.

It is essential that the year group teams are updated as part of transition, about children with medical needs (responsibility of all teachers.)

Storage of Medicines

Antibiotics will be stored in the staffroom fridge if appropriate.

Other medicines, including Class A or B drugs (e.g. Methylphenidate) will be locked in the safe in the School Office with all records, with the exception of Epipens/diabetic medication and inhalers, which should always be named and kept in the medical box in the classroom cupboard.

Administration of Medicines

The school will *only* administer *prescribed, oral* medicines including antibiotics.

One exception would be on a residential visit where a parent gives written permission for the First Aider to give medicine e.g. paracetamol or travel sickness tablet to their child (a specific dose for given specific criteria.) **Individual trip consent forms will request consent for these to be administered for a limited number of doses and period.** Children under 16 should never be given un-prescribed Aspirin or Ibuprofen.

Another exception would be prescribed creams (e.g. for eczema) which can only be put on the child's finger (by a member of staff, applying the right dosage) for the child to apply (where the child is old enough to be able to do this). If the child is not old enough to do this, or able to reach, the parents would be asked for written consent for the school to do this.

The school staff will only put drops in the ear or eye – with written consent of the parent/s and evidence of medical advice.

Medicines in school must be in the original packaging with the instruction leaflet and the child's name and dosage (as written by the Doctor or chemist) must be on the packet or bottle. Tablets should not be broken in half by anyone unless this instruction is written by the doctor or pharmacist.

If the child refuses to take the medicine they should not be forced to do so. The parents should be contacted as soon as possible. If the refusal results in an emergency then the school's, or individual child's, emergency procedures should be followed.

A member of staff will administer the medicine.

Where a child takes a regular medicine the school would let the parent know if they were running low of stock.

Permission from Parents and Recording the Administration of Medicines

Short Term

Parents must give written permission before any medicine is given. They should complete the **Medicine Parental Consent Form 1** (Appendix 1) This should be kept in the locked office Cabinet and a copy will be sent to the class teacher to alert the teacher to the need for that child to have medicine.

Admin Team will staple this to **Administration of Medicines Record Form 2** (Appendix 2) and both forms will be kept with the medicine until the course has finished.

Once the course of medicine is complete both forms should be kept in the locked office Cabinet and will be archived at the end of the school year.

Long Term

Parents should annually (or when reviewed if this is more frequently) sign their child's *Medical Action Plan* (responsibility of Dawn Sanson Harris) which includes details of the dose if their child has to take medicine over a long term period. The same Medical Action Plan is needed if the medicine their child is to take is as a result of a condition such as epilepsy, anaphylaxis etc.

Admin Team will staple the **Medical Action Plan** or the **Medicine Parental Consent Form 1 to Administration of Medicines Record Form 2** and both forms will be kept in the locked office Cabinet until the medicine is no longer needed.

Parental Responsibility

A person who has Parental Responsibility has the right to act in every way as the parent of the child. This means that they can, for example

- Give permission for medical treatment
- Sign consent notes for school
- Speak directly with the school.

The school asks for this information on its admission form.

The school presumes parents and carers are honest and would only question if the situation warranted it.

The mother always has Parental Responsibility, unless it has been removed by a court order.

Asthma

There are a number of children with asthma in our school. The aim is for them to be safe and to be involved in all areas of school life.

Parents of children with asthma need to complete a **Medicine Parental Consent Form 1** at the beginning of each school year (or as needed) a copy of which is passed to the class teacher by the office to keep in the class Medical Box.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. See also See Guidance on the use of emergency salbutamol inhalers in school.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Asthma inhalers should always be named and would be kept in the class Medical Box.

Top copies of the **the administering medications form** will be kept in the class Medical Box in the classroom. They will be completed by the child and countersigned by a member of school staff. If there seems to be an unusual pattern or significant increase in intake of inhaler the class teacher should speak to the child's parents.

KS1 - The class Medical Box/or contents should always be taken swimming, on school trips, walks around the local area or to PE lessons on the playground, field or in the hall.

KS2 – who are severely asthmatic, or whose parents have alerted us of a particular need, may if needed take their inhaler out at playtime and lunchtime, including to the field and on a trip, with permission of the class teacher. The class Medical Box /or contents will be taken to the swimming pool. The Inhaler form must still be counter signed for by a member of staff.

The teacher will, at the end of the summer term, send the contents of the class Medical Box home with each child so that the parents can replenish or refresh inhalers. It is essential that the new year group staff team are updated at the summer term Transition Meetings about asthma sufferers.

Hay Fever

Children who suffer from hay fever, and need to take medicine, may do so. Parents should complete a Medicine Form and give the medication to the School Office.

Epipens

Epipens will be kept in the class Medical Box in each classroom and clearly labelled. The same guidelines apply as to those regarding inhalers (re expiry, transition etc.)

Children who need an Epipen will have a Medical Action Plan and all staff will be aware of this (September meeting all staff, transition meetings, and photographs with summary Medical Action Plans in staff room.)

It is the parents' responsibility to keep the Epipens updated.

First Aid staff and the child's class teacher and teaching assistants will be trained annually in the use of the Epipen (always call ambulance, administer pen, and then phone parents.)

Diabetes

Diabetic equipment, including blood sugar monitor / insulin pen etc. will be kept in an agreed place for the child/school to access (dependent on age and stage – please refer to the child's Individual Health Care plan. The same guidelines apply as to those regarding inhalers (re expiry, transition etc.)

Children who have diabetes will have an Individual Health Care plan and all staff will be aware of this (September meeting all staff, transition meetings June/July, and photographs with summary Medical Action Plans in staff room.)

It is the parents' responsibility to keep both the Individual Health Care plan and medication up to date.

First Aid staff and the child's class teacher and teaching assistants will be trained annually (Diabetic Specialist Nurse) in the use of the diabetic equipment. Emergency procedures will be outlined at this time. **Always refer to the child's Individual Health Care plan.**

Disposal of Waste

Used Epipens will be passed to ambulance crew and/or parents.

Gloves, cloths, cotton wool etc. that has got blood or faeces on it should be thrown away in one of the three sanitary bins (ladies' toilets and disabled toilet). Staff clearing up blood or faeces should always wear protective gloves.

Sick and urine should be cleaned up with plenty of hot soapy water and staff should wash their hands afterwards. Gloves are available and advisable as a precaution.

'Non-Medicines'

The school is happy for children to bring in Vaseline, lip-salve, sun-cream etc. for their own use. However they must be told clearly not to share and the non-medicine is the child's responsibility.

The school does not allow 'cough sweets' as sweets of any sort carry further choking dangers. If a child has a tickly throat they can have sips of water through the day.

Parents' Responsibilities

- To clearly name all inhalers and parts of inhalers and write expiry date on them.
- To clearly name all Epipens and parts of Epipen and write expiry date on them.
- To administer medicines at home where possible (if the dose is three times a day parents would be expected to do before school, after school and before bed-time)

Parents to complete **Medicine Parental Consent Form 1** whenever their child needs medicine (short-term, long term, inhalers, Epipens, Ritalin etc.) at school.

- To take home inhalers/long term medicines at the end of the summer term and replenish or refresh as necessary.
- To resign permission slips for long term medicine, including inhalers, each September or more frequently if the medicine changes
- To come into school every half term and check the contents of the child's inhaler
- To advise the school of any changes in their child's health or medication.
- Where a child has an Individual Health Care plan, to inform the school immediately where changes have occurred to either the child's condition, care of medication.

APPENDICES

- **Medicine Parental Consent- Form 1**
- **Administration of Medicines Record Form 2**

LINKS TO OTHER POLICIES:

[Allergy Policy](#)



Medication Consent Form

Staff at St Mary's School will not administer any medication to your child unless you have completed and signed this form.

Pupil Details

Full Name: Gender:
Date of Birth: Class:
Address:
.....

Medication Details

Reason for medication:
Name of medication:
Duration of medication:
Date dispensed/ first day of medication:

PLEASE NOTE THAT WE WILL ONLY ADMINISTER medicine with a printed pharmacy label with name/dose/date and time of administration

Directions for use/ dosage instructions

Dosage: Method (eg spoon/syringe)

Please note that we will not exceed the dose stated on the packaging/ patient information leaflet unless advised by a doctor's note.

Timing: Self-administration: YES / NO

Special precautions if any:
.....

Contact details

Name: Relationship to child:

Address:
.....

Contact telephone numbers:

I understand that medications must be delivered by a responsible person to an adult within the school.

I understand that all medications will be stored safely and securely in school.

I accept that this is a service which the school is not obliged to undertake.

Signed: Date:

SLT Signature.....Date:.....

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			