



# **Supporting Children with Medical Needs Policy**

Approved by: LGB meeting on 15<sup>th</sup> Date: February 2022

February

Last reviewed on: February 2022

Next review due by: February 2023

This policy complies with the following guidance:

- Children and Families Act 2014
- Equality Act 2010
- Special Education Needs and Disability Code of Practice
- Special educational needs and disability code of practice 0 to 25
- The early years foundation stage sets out specific requirements on early years settings in managing medicines for children under 5 years of age
- Working together to safeguard children statutory guidance on inter-agency working
- Safeguarding children: keeping children safe in education statutory guidance for schools and colleges
- Ensuring a good education for children who cannot attend school because of health needs statutory guidance for local authorities
- Drug advice for schools published by DfE/Association of Chief Police Officers, this document provides advice on controlled drugs

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   (With thanks to the Local Governing body Dr South's CE)

#### PART 1

### 1. Policy Statement & Purpose:

The Children and Families Act 2014 places a duty on schools to make arrangements for supporting pupils who have medical conditions. The key points for these arrangements are that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions and disabilities are properly understood and effectively supported.

This Policy has been written to ensure that children and young people in at Burford Primary School are properly supported and safeguarded. Many medical conditions require support at the school and this can affect quality of life and maybe life-threatening. Therefore the school aims to ensure that the needs of each individual child and how their condition will impact on school life are covered by this policy. We will aim to minimise any disruption to learning as far as possible. Some children's medical conditions may also be considered disabilities, or children may also have Special Educational Needs (SEN), therefore this policy should be read alongside our SEND policy.

The overall aim of this policy is to ensure that children and young people with physical, medical and mental health conditions are properly supported in our schools so they can play a full and active role in school life and remain healthy and achieve their academic potential.

### 2. Responsibilities

Governing Body

The governing body delegates the responsibility for implementing this policy to the Headteacher

### The Headteacher

The Headteacher is responsible for ensuring that this policy is developed as appropriate for the school, the staff and the pupils.

### Staff

Staff are encouraged to undertake the required training to support the implementation of this policy. Staff are responsible for ensuring that pupils comply with this policy.



# **Pupils**

Pupils are expected to follow all medical protocols within the school. Any concerns from a staff member about a pupils ability to follow medical protocols should be shared with the Headteacher immediately.

### Parents and carers

Parents and carers are requested to abide by the protocols contained within this policy. The prime responsibility for a child's medication lies with the parent or carer. They must provide the school with all the relevant information in order for the school to provide their child with the necessary care.

### 3. Communication

This policy is shared with all staff who may administer medication or who may be supporting a child with a medical need. It is also available in the class file if required. The policy is available for all other stakeholders, including parents and carers, on the schools website.

- Parent/carers are informed about the medical conditions policy by signposting access to the policy in the school newsletter.
- School staff are informed and regularly reminded about the school's medical conditions policy through:
  - Staff meetings
  - Key principles of the policy being displayed in the staff room at this school
  - O Staff awareness of any child who has an Individual Health Plan.

# 4. Managing medicines in school

- This school understands the importance of medication being taken as prescribed.
- Medicines will only be administered when it would be detrimental to a child's health or learning not to do so.
- No child will be given prescription or non-prescription medicines without their parent or carers written consent.
- All use of medication is done under the appropriate supervision of a member of staff at this school unless there is an agreed plan for self-medication.
- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their regular duty of care arrangements.



- Some members of staff are happy to take on the voluntary role of administering medication.
   For medication where no specific training is necessary, any member of staff may administer medication.
- This school will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary.
- All school staff in this school have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as assisting in administering medication or calling an ambulance.
- Parents/carers at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately. Parents/carers should provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.
- If a pupil at this school refuses their medication, staff will record this and Parents/carers will be informed of this non-compliance as soon as possible.
- All staff attending off-site visits are aware of any pupils on the visit who have medical conditions. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.
- If a trained member of staff, who is usually responsible for administering medication is not available, this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

### 4.1 Non-prescriptive medicines

Un-prescribed medicines, such as for pain relief, must only be administered with the written consent of the parent or carer who should have completed the parental consent for administering medicine form (appendix A).

Medication will not be administered without first checking the maximum dosage, when the previous dose was taken and a written record of the administration. The school will always inform parents or carers that medication has been given.

# 4.2 Prescribed medicines

Prescription medicines or controlled drugs that have not been prescribed by a medical practitioner will not be administered in school.

Where possible parents/carers should be encouraged to administer medication outside school hours.

The school will only accept prescribed medicines which are in the child's name and that are:

- o in date:
- labelled and intact;



- o provided in their original container as dispensed by a pharmacist;
- o and include instructions for administration, dosage and storage;

The exception to this is insulin. Dosages of this must be in date and made available to the school inside an insulin pen or pump rather than in its original container.

Medicines must only be administered according to the instructions on the pharmacy label and with written parental consent.

Qualified school staff may administer a controlled drug to the child for whom it has been prescribed. Any pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but only in limited amounts or prescribed doses. The school will closely monitor this.

# 5.0 Storage of medicines

Parents and carers are responsible for ensuring that the correct, in date, medication is supplied to the school in a timely fashion. The school should ensure that medication is kept securely in a locked cupboard and is only accessed by authorised staff. Where medicines require special storage considerations, the school will ensure these are adhered to; e.g. refrigeration.

- When prescription medicines are no longer required or out of date, they will be returned to parents or carers. It is the parents or carers responsibility to collect and dispose of such medication.
- The school will notify parents or carers if medication supplies are low. The school will
  endeavour to give notice when 10 days' supply remains to allow repeat prescriptions to be
  obtained.
- The school will use 'sharps' boxes for the disposal of needles and other sharps located in the photocopier room.
- 5.1 Epipens, Asthma equipment and other Emergency Medication:
  - Sufficient staff are given appropriate training in the administration of emergency & other
    medication where necessary (at least two members of staff per 'team' Lower or Upper
    School). Their names are displayed in the staff room.
  - Emergency medication (e.g. Epipens, Asthma equipment, Adrenaline pens, Blood Glucose Testing Meters, Buccal Midazolam, Ritalin;) are located in each child's classroom.
  - Wherever there are specific requirements needed with a controlled medicine, we will work within the medical and DfE guidance regarding this.
  - Emergency medication will always be taken a pupil goes out on a trip and identified; trained staff will be designated to administer any medication if required.

### 6.0 Supporting pupils with medical needs

Individual Health Care Plans

Whenever the school is notified of a child with a potential medical condition, the Head Teacher will, in consultation with the parent or carer, assess what further action needs to be taken and this may often result in the necessity to develop an Individual Health Care Plan (IHCP) for the child.

Developing an IHCP:



Where a child has a need to take medication for a prolonged period or has a chronic ongoing condition, the school will ensure that an Individual Health Care Plan (IHCP) is developed -see Appendix B. Advice on the development of an IHCP can be found in Appendix C. The school and the parents or carers will jointly develop and agree the IHCP after taking into account the advice of health care professionals. The plans put in place will have given due regard to the Equality Act 2010 and the SEN Code of Practice. This will ensure that children with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so. Parents or carers should provide the school with all the necessary information about their child's condition and must sign the appropriate forms for the administration of any medication. IHCPs will be compiled and recorded in line with the current DfE guidance that was published in 2014. (See Appendix B)

In cases where a child is returning to school following a period of hospital education or alternative provision, the school should work with the LA and/or education provider to ensure that the IHCP identifies the support the child needs to reintegrate quickly and effectively.

All school staff must be made aware of children with IHCPs and their conditions by highlighting the issues at staff meetings and through individual briefings for teachers and other staff with specific responsibility for the pupil. Administration of medication will be by a qualified member of staff and will only take place if written permission has been obtained from the parents or carers and the Headteacher. If the child refuses their medication, the school will not force them to take it but contact the parents or carers as a matter of urgency.

The IHCP must detail what symptoms constitute an emergency and what actions to take. The school will ensure that procedures are in place for such an emergency situation and that, in addition, contingency arrangements are also in place. The IHCP will be reviewed if there is any change in circumstances, or at least annually, whichever occurs first.

# 6.1 Staff Training:

Staff may require additional training to support a child with medical needs. The Head Teacher is responsible for ensuring that the necessary training is undertaken and completed. Such training must be by a recognised body.

### 7.0 Children falling ill during the school day

If a child becomes ill during a school day, their class teacher should assess and monitor the child. If there is no noticeable improvement over a reasonable period, the school office should be informed.

The office will then try to contact the child's parents or other contacts. If successful, the child may be collected. If it is not possible to contact anyone from the contact information, the child should remain in school and continue to be monitored regularly.

In a case of a child becoming seriously unwell or suffering serious injuries, attempts must be made immediately to contact the parents or carers and any other relevant services. Staff should not delay waiting for parental contact but call 999 for an ambulance.

Unwell or injured pupils should not be transported to hospital or a surgery by staff cars if at all possible. In the unlikely event that a child will need to be transported, two member of staff should take the child in one car.



When administering first aid, whenever possible, adults should ensure that another adult is present and aware of the action being taken.

Parents and carers should always be informed when first aid has been administered.

# 8.0 Trips

In all instances, the Trip Leader will collect any necessary medication and follow normal guidelines or requirements set out in any IHCP and take any plans appropriate to the individual child.

For part-day visits, children should, wherever possible, take their medication prior to and after the visit.

For full-day visits, the Trip Leader should ensure that parents or carers have completed the relevant Parental Consent Form giving all relevant information.

For Residential visits, the Trip Leader is responsible for checking medical needs of all children. The Trip Leader must check any IHCP requirements with parents and ensure that appropriate procedures and contingency plans are in place.

# 9.0 Emergency situations

Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school in the following ways:

- Are aware of the most common serious medical conditions at this school.
- Understand their duty of care to pupils both during, and at either side of the school day in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.
- Receive updates for specific identified medical needs and know how to act in an emergency. Additional training is provided for staff members working with children who have specific medical conditions supported by an Individual Health Plan.
- Individual Health Plans inform the appropriate staff, including supply teachers, of pupils with complex health needs in their care who may need emergency help.
- A copy of the pupil's Individual Health Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible thereafter.
- If a pupil needs to be taken to hospital and a parent is not present when the ambulance is due to depart, a member of staff will accompany and stay with them until a parent arrives. School will try to ensure that the staff member will be one the pupil knows.



Appendix A: 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, facilitie 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



### Developing an IHCP

Parent or Health Care professional informs the school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed. Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil. Meeting to discuss and agree on need for IHCP to include key school staff, child, parent(s), relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them). Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be included. School staff training needs identified. Healthcare professional commissions/delivers training and staff signed-off as competent review date agreed. IHCP implemented and circulated to all relevant staff. IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.



# **Parental Agreement for Administering Medicine**

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

Name of child		
Date of Birth	Class	
Medical condition or illness		

# Medicine

Name of med	licine			
Expiry date		Dosage	Timing	
Special precautions or instructions				
Are there any side effects that the school				
needs to know				
Self-administration				
Procedure 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	

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

Signature	D - 1 -
Signatiire	Date
JISTIALATE	Date



# **Record of Administration**

Date	Time	Dosage	Signature