



## **Managing Medicines & Supporting Children in School with Medical Conditions Policy**



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\*Please see also relevant guidance relating to covid-19 and CPR from BwD

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Approved on behalf of the Governing Body: *Mrs Celia Rushton*

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## Introduction

The Children and Families Act 2014, from September 2014, places a duty on the school governing body 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 should have full access to education, including school trips and physical education.'**

At Turncroft Nursery School, we believe that parents, guardians and carers have prime responsibility for their child's health and as such they should provide us with information about their child's medical condition. We acknowledge that many children at some time will have a medical condition that may affect their participation in school activities and that some children will have long-term medical conditions that, if not managed properly, could limit their access to education. We will endeavour to support these children with the management of such medical conditions during school hours.

Some children with medical conditions may be disabled and where this is the case the governing body must comply with the Equality Act 2010. Some pupils may have SEND and have an Education, Health and Care Plan (EHCP)

Regular attendance is very important but from time to time children will become ill and require medication or treatment. It is advisable that if a child requires medication or treatment in general they should be kept at home. There are however a few exceptions;

- When a child has almost fully recovered and needs to complete a course of medication (e.g. antibiotics) for a day or so
- Where a child suffers from asthma (or any other occasional illness) and may need to use an inhaler

## Aims

Our school will:

- support parents in providing medical care for their children whilst in school;
- arrange training for staff to support individual children;
- liaise as needed with medical services in support of individual children;
- ensure full access to the EYFS curriculum, considering each child's needs individually
- effectively support children after absences due to frequent appointments or long-term health conditions
- monitor and keep appropriate records
- liaise during transition points with other schools and settings

## Expectations

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable, dependent on the age/developmental stage of the child and that members of staff will only be asked to be involved if there is no alternative;
- parents will have confidence in the support provided by school
- there is a commitment that all relevant staff will be made aware of the child's condition

- procedures will be followed to support a child's medical condition should be clearly set out in the child's health care plan.
- cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available to support the child
- school seeks advice from healthcare professionals as well as listening to parents and the child
- individual health care plans will be reviewed annually or earlier if the child's needs change
- no child should be put at risk
- children with medical needs and allergies will be identified in the children's kitchen using our photographic and written record system.

### **Responsibilities**

- The Governing Body is responsible for ensuring this policy is implemented
- The Headteacher has overall responsibility for the management of medication in school, Mrs Fort administers medicines on behalf of Mrs Shears
- The Headteacher is responsible for ensuring that staff are suitably trained
- The Headteacher should ensure all staff are insured to support children with medical conditions
- The SENCo in partnership with Keyperson is responsible for developing individual health care plans
- The SENCo is responsible for ensuring adequate transition arrangements are in place and relevant information is exchanged
- At weekly staff meetings we brief all staff regarding any medical issues
- The SENCo, supported by Keyperson and Mrs Fort will monitor individual healthcare plans
- Where staff administer medicines this is done so voluntarily (e.g. insulin) There is no legal requirement that staff should administer or supervise the administration of medicines. However, where they have agreed to do so, they must ensure this responsibility is upheld or notify the Headteacher/Mrs Fort
- The Health Visitor Team and parents are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes)
- Parents will often be best placed to provide information about how the condition affects their child. Children should be fully involved in discussions about their medical support needs appropriate to their age/stage of development
- Parents - should provide the school with sufficient and up-to-date information about their child's medical needs
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively
- Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

### Medication to be administered

Nursery will only administer **medication prescribed by a medical practitioner** and no other drugs will be considered. Paracetamol or aspirin products including throat sweets **will not** be administered.

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 11 should be given prescription or non-prescription medicines without their parent's written consent
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed of our position on this matter
- Parents should give antibiotics at home, and ideally where a child is taking a course of antibiotics they should be resting at home at this very young age. At the end of a course of antibiotics and if it necessary (e.g. if medicine is required four times a day and a child accesses our childcare) for a child to complete a course of antibiotics at school, then arrangements should be made by for an appropriate adult to come into school and administer the medicine themselves by agreement with the Headteacher. ***Only in extraordinary circumstances might the Headteacher decide that school would administer such medicine. In this case, school's 'Administration of Medication' form must be completed, kept in the office until an appropriate time.\****
- We will only accept prescribed medicines that are in-date, labelled with the child's name, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- We will keep all controlled drugs that have been prescribed for a child securely stored in a non-portable container in a secure room (First Aid Room), designated staff deployed to administer specific medicines (at their own agreement) will have access at all times. Controlled drugs will be easily accessible to staff in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school until they leave us. Any remaining medication will be returned to parents or disposed of at the local pharmacy. Sharps boxes (in the First Aid room) should always be used for the disposal of needles and other sharps
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the

prescriber's instructions. We will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted and parents contacted. Where a child refuses to take medication, it will be recorded and reported to parents immediately.

### **Allergies**

Before a child attends our school, parents are required to declare any known allergies that their child may have. It is the responsibility of each key person to ensure that all children with allergies are listed on the fridge door located in the children's kitchen. This list should be updated as necessary. This vital information should be shared with all staff verbally at staff meetings.

### **Storage of Medicines.**

- All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately via a member of staff, appropriate to their age and stage of development. This is particularly important to consider when outside of school premises e.g. on school trips.
- Dates of medication should be checked. Parents are responsible for replacing out of date medication (reminders may be required)
- All asthma preparations, equipment and a copy of the Administration Form are to be kept in the First Aid Room readily available to the asthma sufferer and staff concerned at all times
- Medicines which need to be kept in a refrigerator are kept in the First Aid Room fridge. They should be in a sealed container and clearly labelled.
- Medication for the emergency treatment of e.g. anaphylactic shock is kept in the First Aid Room. They should be in a sealed container clearly labelled.
- For regular medication, there is to be a dated sheet, split into days to be signed each time / day medication has been administered, to avoid duplication. This will be counter-signed by a witness from the school staff
- For specific conditions, basic emergency details and a photograph of the child to be available in the children's kitchen.

### **Records**

- Records will be kept of all children receiving medication. Parents will complete school's 'Administration of Medication' form which gives written instructions on administration and also gives school permission to administer the medication. Long term medication will be administered as instructed by either the parents or school nurse/G.P/ Consultant. This will be

kept with the Health Care Plan in the School Office. (A copy is kept in the office and by the Key Person)

- Records will also be kept of any child being given medication which is additional to their usual medication (this must be prescribed medication by a doctor) along with the consent form.

The following information must be completed by parents/carer.

- Name and date of birth
- Name of parent/carer, contact address and telephone number
- Name, address and telephone number of GP
- Letter of instruction from GP e.g. time, dosage and method of application
- Name of medicine
- What the medication is prescribed for e.g. and inhaler for asthma etc...
- Details of prescribed dosage
- Date and time of last dose given
- Any other relevant illness or medications being taken
- Consent given by parent/carer for staff to administer these medicines
- Prescribed and expiry date of medicine
- Storage details

The parent /carers consent form, providing all the information above will be retained by nursery and filed on record for future reference. Each time medicines are administered by staff parents should sign the medication consent form and two members of staff should countersign this. Parents are responsible for informing school regarding changes in their child's condition and any differing medical requirements.

Blank consent forms will be stored in the blue pouches in the Mathematics area. Completed forms will be filed in the main office.

### **Individual Health Care Plans**

Individual healthcare plans can help to ensure that we effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix 1

The format of individual healthcare plans may vary to enable school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, whilst preserving confidentiality (first aid room, office filing cabinet and kitchen). Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual health care plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. See Appendix 2 regards the contents of healthcare plan.

### **Staff training and support**

Any member of school staff providing support to a pupil with medical needs should have received suitable training prior to their attending our school where possible.

### **Safety check list.**

- Is any specific training required to administer medicines?
- Is any necessary protective clothing or equipment available or needed?
- Has the parent fully completed the medical consent form? Has it been filed in the main office?
- Is the member of staff clear on what they are expected to do?
- Is there emergency contact information, particularly the G.P and parent/ carer clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?
- Medication to be stored in a suitable safe place. Locked away or at a suitable temperature
- Staff must be aware of the schools policy on infectious diseases
- Details of this policy to be available from school and on the school website
- Ensure medication and procedures for administration are taken on any trips out of school

Even administering common medication can sometimes be dangerous if the child suffers from a non-related condition. If in doubt staff should please consult the child's parent or carer and parents should discuss procedures with relevant members of staff.

This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. We may choose to arrange training ourselves and should ensure this remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support children with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

**Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).** If a member of staff feels unable to administer any medication this will be undertaken by another member of staff or two members of staff may feel more confident to undertake the treatment together. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Whole school staff training should be arranged for some conditions such as anaphylaxis, diabetes, asthma and should be included in induction for new staff.

**We currently have 5 fully trained Paediatric First Aiders who are deployed to work across the school.**

**During the hours of 7:30-5:30pm there is always a minimum of 2 paediatric first aiders.**

### **Children administering their own medication**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. This will be monitored and witnessed at all times by a member of staff.



## **School Visits**

School will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. There will be a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

- Adequate supplies of medication (and instructions) for children with long term conditions should be taken. This includes inhalers. All staff on the visit should be aware of children requiring medication.
- A list of emergency contact numbers should be taken, or contact details are available in the office.
- If there is a particular concern, an additional adult should accompany the visit in order to look after the child (this could be the parent).

## **Emergency Procedures**

Health Care Plans should give guidance for an emergency. Where an ambulance is needed, 999 should be called and parents informed immediately. Emergency procedures are displayed in the kitchen and first aid room. Staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action in the form of early CPR will be administered by one of our three First Aid trained staff.

St Peter's Primary School on St John St has a portable defibrillator and first response staff which could be used in an emergency situation.

## **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. An exception to this may be where a parent insists on sending their child to school when they are taking antibiotics - please see page 4\*. No parent should have to give up working because our school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### **Staff with Medical Needs**

- Employees are not obliged to disclose medical conditions or disabilities to their employer; however, it may be in the employee's best interest to disclose a medical condition where support may be required, for example if the employee has seizures.
- If the condition is unlikely to have any impact on other staff or children, the employee may decide against declaring it
- Common sense would suggest that any condition that may put others in danger, such as HIV, should be declared, but that the Equality Act 2010 does not explicitly dictate this.
- Once a condition has been voluntarily disclosed, the Equality Act and Disability Act comes into effect and schools must make reasonable adjustments accordingly
- Staff with medical needs should ensure the school is aware of their needs and what to do in an emergency and that any necessary medication is kept in school as needed.
- Medication (prescribed and over the counter) for personal use by members of staff must be kept in a locked cupboard. Handbags containing such items must be locked away and not be left in the classroom or any place where pupils could gain access to them.

### **Insurance**

The Governing Body must ensure adequate insurance is taken to cover all staff supporting pupils with medical conditions. Our insurance is secured through the borough with Zurich Municipal and covers addresses this need.

## **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with our school.

If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

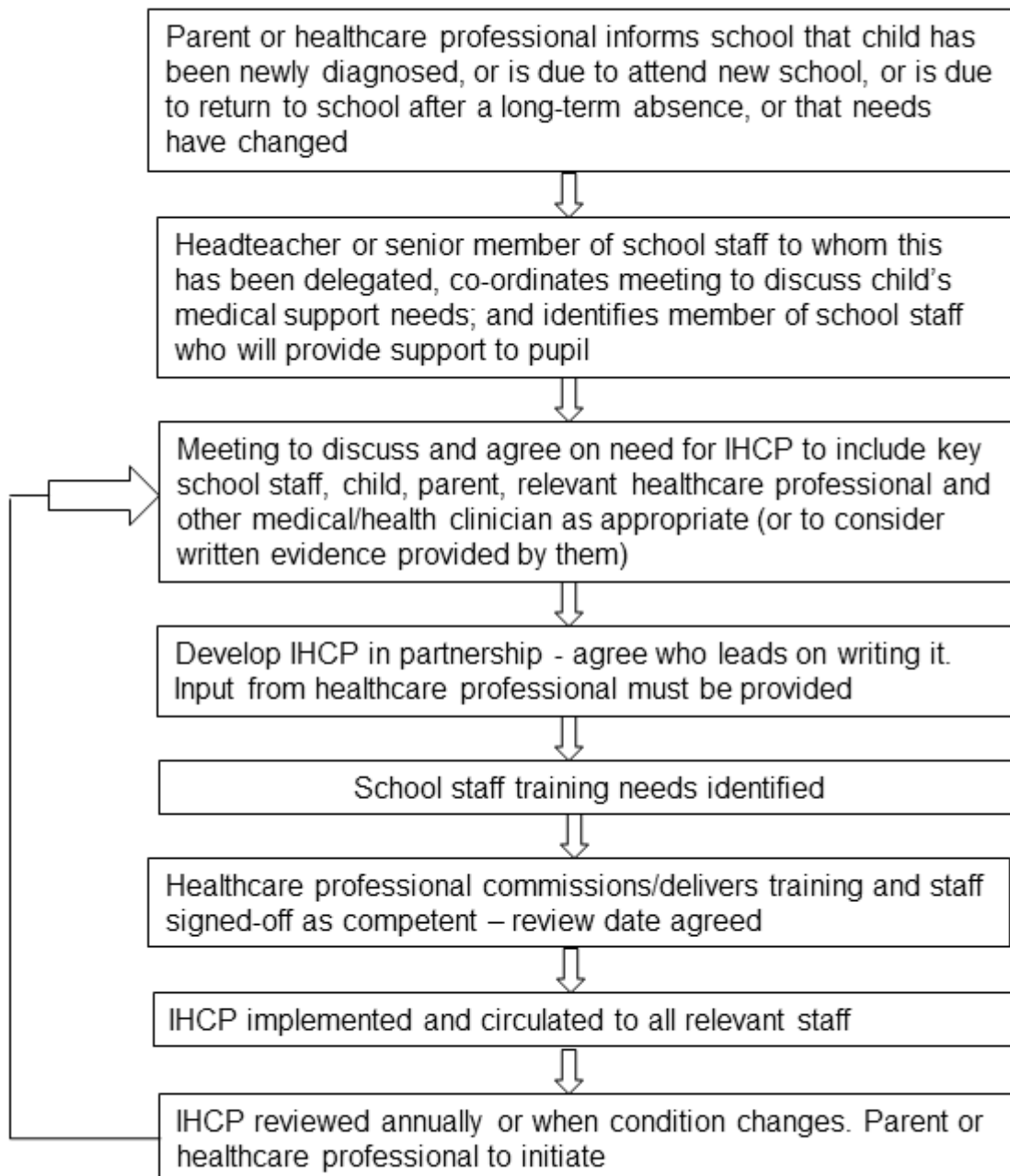
This policy should be read alongside 'Supporting Pupils at school with Medical Conditions' ( DFE April 2014) and school policies such as for First Aid, Asthma and Health and Safety which can be found in the Health and Safety Policy file in the main office.

Appendix 1 Model process for developing an individual healthcare plan

Appendix 2 Individual Healthcare Plan

Appendix 1

**Model process for developing individual healthcare plans**



## Appendix 2

### Individual Healthcare Plans

When deciding what information should be recorded on individual healthcare plans, the governing body should consider 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 e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed;
- 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, e.g. 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.