

Elworth C of E Primary School



Medical Conditions and Administration of Medicines

Date:	September 2020
Review Cycle:	3 Yearly
Reviewed By:	Mr N Garratt
Approved By:	Mr N Garratt - Head Teacher
Next review date:	July 2023
Nominated Governor:	Mr B Pitt

Roles and Responsibilities

The Governing Board

The governing board is legally responsible and accountable for fulfilling its statutory duty to support pupils at school with medical conditions, to ensure that all children are properly supported in school, in terms of both physical and mental health, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The governing board must ensure that the arrangements it puts in place are sufficient to meet its statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with its wider safeguarding duties.

More specifically, the governing board's responsibilities are:

1. To ensure that the school develops a policy for supporting pupils with medical conditions, that is reviewed regularly and is readily accessible to parents and school staff, and, in doing so, it may wish to seek advice from any relevant healthcare professionals.
2. To take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening, and therefore to ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
3. To ensure that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school and show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
4. To ensure that the arrangements include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation, and including:
 - who is responsible for ensuring that sufficient staff are suitably trained;
 - a commitment that all relevant staff will be made aware of the child's condition;
 - arrangements for cover in case of staff absence or staff turnover to ensure someone is always available;
 - briefing procedure for supply teachers;
 - risk assessments for school visits, holidays, and other school activities outside of the normal timetable; and
 - monitoring of individual healthcare plans (IHP's).
5. To ensure that the school's policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition, to cover any transitional arrangements between schools, to reintegrate or adapt when a pupil's needs change, and the arrangements for any staff training or support.
6. For new children starting at the school, to ensure that arrangements are in place in time for the start of the relevant school term, or in other cases, such as a new diagnosis or children moving to the school mid-term, to ensure that arrangements are put in place within two weeks of the start date.
7. To ensure that the school's policy covers the role of individual healthcare plans (IHP's), identifying who is responsible for their development and for ensuring that the plans are reviewed at least annually or earlier if evidence is presented that the child's needs have

changed, so as to maintain them in line with the child's best interests, managing any risks to the child's education, health and social well-being and minimising disruption.

8. To ensure that sufficient staff receive suitable training and are competent before they take on responsibility to support children with medical conditions and to ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
9. To ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.
10. To ensure that the school's policy is clear about the procedures to be followed for managing medicines.
11. To ensure that written records are kept of all medicines administered to children.
12. To ensure that the school's policy sets out what should happen in an emergency situation.
13. To ensure that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
14. To ensure that the school's policy is explicit about what practice is not acceptable.
15. To ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.
16. To ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Headteacher

It is the headteacher's responsibility to ensure that:

- the school's policy is developed and effectively implemented with partners;
- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations;
- all staff who need to know are aware of each child's condition;
- staff are appropriately insured and are aware that they are insured to support pupils in this way;
- the school nursing service is contacted in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

The headteacher also has overall responsibility for the development of individual healthcare plans.

School Staff

Any member of school staff may be **asked** and may volunteer to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be **required** to do so. Although administering medicines is not part of teachers' professional

duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents

Parents may in some cases be the first to notify the school that their child has a medical condition. They are key partners and should:

- provide the school with sufficient and up-to-date information about their child's medical needs;
- be involved in the drafting, development and review of their child's individual healthcare plan; and
- carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Pupils

Pupils with medical conditions (and IHP) will often be best placed to provide information about how their condition affects them. They should:

- be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan;
- after discussion with parents, be encouraged to take responsibility for managing their own medicines and procedures, this being reflected within individual healthcare plans; and
- be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily, where necessary.

Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

School Nursing Service

The school nursing service is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, the service should do this before the child starts at the school. The nursing service would not usually have an extensive role in ensuring that the school is taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison; for example, on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other Healthcare Professionals

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health

teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

Local Authority

The local authority is the commissioner of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, it has a duty to:

- promote cooperation between relevant partners such as the governing board, clinical commissioning groups and NHS England, with a view to improving the well-being of children, so far as relating to their physical and mental health, and their education, training and recreation;
- 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;
- work with the school to support pupils with medical conditions to attend full time; and
- make other arrangements when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of Health Services

Other providers that are supporting children with a medical condition should co-operate with the school, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to the school and staff, to support children with medical conditions at school.

Clinical Commissioning Group (CCG)

The CCG commissions other healthcare professionals such as specialist nurses. It should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with the school in supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities).

Ofsted

The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. The schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Individual Healthcare Plans

Individual healthcare plans (IHPs) are intended to help ensure that the school effectively supports 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. The following principles will apply to the implementation of IHPs:

- Not all children will require an IHP. The school, healthcare professional and parent will agree, based on evidence, when an IHP would be appropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view.
- The format of IHPs may vary to suit the specific needs of each pupil. Plans will 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.
- IHPs (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 will 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.
- Partners will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.
- The aim of an IHP is 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.
- IHPs will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the IHP should be linked to or become part of that statement or EHC plan.
- When recording information on the IHP, the following will be considered:
 - 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, etc.;
 - any specific support for the pupil's educational, social and emotional needs; for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
 - who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
 - who in the school needs to be aware of the child's condition and the support required;
 - arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
 - separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, 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.
- An IHP will be easily accessible to all who need to refer to them, while preserving confidentiality.
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.
- Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

Managing medicines on school premises

Medicines should normally be administered at home and only brought into school when absolutely necessary (where it would be detrimental to the child's health if the medicine were not taken during the school day). The school will only accept medicines:

- prescribed by a medical practitioner;
- that need to be administered in excess of 3 times per day;
- in their original container and still in date; and
- in containers with labelling identifying the child by name and with original instructions for administration.

The exception to the last two points 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.

The school will not accept or administer **any** medicine unless there is a specific prior written agreement from parents. (See Appendix 1) **Prescription medicines must be prescribed by a medical practitioner for that child.**

On accepting medication, the parent must sign a form (App 1) disclosing all details and giving permission for the medication to be administered by a named person (usually a senior member of staff or someone deputising or a staff volunteer in the case of educational visits).

The medicine will be kept in a secure fridge in the staffroom and only accessed by staff members. Medicines and devices such as asthma inhalers, blood glucose-testing meters and adrenaline pens should be always readily available to children and not locked away. These are kept in a medical box secured in the child's form classroom store-cupboard.

When administering, the named adult must complete a record (Appendix 2) showing the date and time and details/dosage of the medication. In the case of the child being allowed to administer their own medication in the presence of an adult, this must again be added to the record.

Under no circumstances should a parent send a child to school with any medicines, e.g. throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed.

Parents are welcome to come into school to administer medicines themselves that the school refuse to administer or where it is deemed more appropriate.

Process for the Administration of Medicines during Residential Visits

For the purpose of residential visits, there will be a named person with responsibility for the administration of medicines and care of children as above. Parents will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements.

Staff will be made aware of how a child's medical condition will impact on their participation, but enough flexibility will be ensured for all children to participate according to their own abilities and with any reasonable adjustments. The school will consider what reasonable adjustments it might make to enable children with medical needs to participate fully and safely on visits. A risk assessment will take account of any steps needed to ensure that pupils with medical conditions are included.

In the case of higher levels of care e.g. intimate care, the school nurse, or other recognised medical advisor to ensure that the child and the staff are trained in dealing with the level of care required.

Record Keeping

When administering, the named adult must complete a record (Appendix 2) showing the date and time and details/dosage of the medication. In the case of the child being allowed to administer their own medication, this must again be added to the record. Written records are kept of all medicines which are administered on site.

Defibrillator

The school owns a 'defib' which is housed outside in the Headteacher's office. This is well proven to save lives. Staff members are all trained in the use of this equipment.

Unacceptable Practice

The governing board is clear as to what practice is not acceptable. The Headteacher will monitor and assess the systems and practices which are used through-out the school. Some of the examples below illustrate the level of detail the school has placed on making sure systems protect the well-being of children. It is not generally acceptable practice to:

- prevent children from accessing their inhaler or **similar** medication when and where necessary.
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified as part of their IHP
- If a child becomes ill send them to someone unaccompanied.
- 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 breaks in order to manage their condition.
- Require parents or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child **including toileting issues.**
- Prevent children from participating or creating unnecessary barriers to children participating in any aspect of school life, including school trips.

Initials:



Appendix 1

ELWORTH CE PRIMARY SCHOOL

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

I request that (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth Group/class/form

Medical condition or illness

Name/type of Medicine
(as described on container)

Expiry date..... Duration of course.....

Dosage and method Time(s) to be given.....

Other instructions

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP

I understand that I must deliver the medicine personally to (the main office) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

SignedPrint Name Date.....
(Parent/Guardian)

Daytime telephone number

The Process of Administering Medicines

- Office staff receive medicine from parent
- Parent fills out medicine form (App 1)
- Form is p/copied three times (1. Office folder 2. Staffroom folder 3. Attach to medicine box)
- Office places medicine in a collection box and attach form.
- Box is taken to the staffroom where medicines are placed in a secure medicine fridge.
- 1 Copy of form placed in red medicine folder on staffroom shelf
- Medicines white board filled in with names of children and medicine including time and condition
- Medicine to be given by a named senior member of staff.
- Paperwork filled in and signed off.
- Office staff collect medicines in a collection box and return to the office ready for parent pick up at 3 p.m.