



## **Supporting Pupils with Medical Conditions: Policy and practice for the administration of medicines and the care of children with medical conditions in school**

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This policy and procedure is subject to The Equality Act 2010 which recognises the following categories of individual as Protected Characteristics: Age, Gender Reassignment, Marriage and Civil

**Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex (gender), Sexual orientation and Disability.**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. In meeting this duty, the governing body of Greenleas, has regard to guidance issued by the Secretary of State under this section. This guidance came into effect when Section 100 came into force on 1 September 2014.

The Governing Body has considered both the statutory guidance and non-statutory advice contained within the DfE document in drawing up this policy.

Greenleas Early Years settings continue to apply the Statutory Framework for the Early Years Foundation Stage.

The Governing Board at Greenleas School will ensure that:

- Pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- Arrangements are in place in school to support pupils at school with medical conditions.
- School leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case we will comply with our duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

In creating this policy, the Governing Body has taken into account that that many of the medical conditions that require support at school will affect the pupil's quality of life and may be life-threatening. The focus at Greenleas is on the needs of each individual child and how their medical condition impacts on their school life.

**Responsibilities**

The Head Teacher has overall responsibility for the implementation of this policy.

Elements of practical implementation are delegated as follows:

- The Business Manager is responsible for ensuring that sufficient staff are suitably trained.
- The Deputy Head Teachers are responsible for ensuring that relevant information is shared with supply staff.
- The Deputy Head Teachers are responsible for ensuring that appropriate cover arrangements are in place in case of staff absence or staff turnover to ensure appropriate cover.
- Class Teachers/Trip coordinators are responsible for ensuring appropriate risk assessments are made for school visits, holidays, and other school activities outside of the normal timetable.
- The Class Teacher or SENDCo, as defined during the initial process, is responsible for the monitoring of Individual Healthcare Plans.

School staff are covered by the school's Public Liability Insurance Policy, details of which are on display at the school.

### **Procedure to be followed when notification is received that a child has a medical condition**

Parents are asked to advise the school of any medical conditions as part of the school admissions process.

Should a parent advise the school of a medical condition, the Class Teacher will hold an initial meeting with the family. The purpose of this meeting will be to determine whether medical condition will be supported via SEND or managed by the Class Teacher and whether an Individual Healthcare Plan (IHP) is required, the flow chart at annexe 1 will be used to support this determination.

Where the pupil is identified as SEND the SENDCo will complete the IHP and will monitor this as part of their SEND role.

Where it is identified that the pupil does not meet the criteria for SEND the Class Teacher will draw up the initial IHP in partnership with the family, and any relevant agencies. Thereafter it will be the responsibility of the Class Teacher to review the IHP as appropriate, at least annually. A review should always take place at the end of the school year at a meeting with the existing Class Teacher, the family and the new Class Teacher. This will ensure effective transition of information throughout the school.

During the IHP discussion the training needs of staff in school will be discussed with the professionals attending the meeting.

Copies of all IHPs must be given to the school office for retention centrally. The medical marker on the pupil's SIMS record will be activated and relevant details added.

The IHP 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 wellbeing, and minimises disruption.

Where transfer to another school takes place during the school year the CTF will contain the medical marker. A copy of the IHP will transfer with the pupil's paper records. Where a pupil transfers in to the school during the school year as part of the admissions process any medical markers on new CTF records will be discussed with the previous school and the normal process for a newly identified pupil followed.

### **Policy and Practice of the Administration of Medicines in School.**

Children suffering from acute illnesses e.g. throat infections, eye infections, ear infections, diarrhoea and sickness, should be kept at home until they are fully recovered. Occasionally a child will return to school well able to cope but still taking prescribed medicine. Some dosages can be managed by the family outside normal school working hours or a parent might wish to come to school to administer any medicine to their child personally.

If a child needs a prescribed or non-prescribed medicine administered in school a school medicine record and indemnity form for each medicine must be completed or a letter sent in with the medicine giving permission to administer it and then a form completed as soon as possible after this.

The permission/record forms can be obtained from the school office.

The completed permission/record forms are located in the school office.

There is no legal or contractual duty on school staff to administer medicine or to supervise a pupil taking it. This is a voluntary role and staff of the School have the right to refuse to administer any medication. While staff in school have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines.

With the exception of the supervision of asthma inhalers, only nominated members of staff may give medicine. These are:-

Members of the Office Team: Zoe Feeney, Louise Beckwith, Sophie Smith, Sarah Jacques, Alexia Cook.

Or staff who have received specific training (e.g. insulin injections) related to specific medical conditions.

In all cases, administration of medication and/or treatment to a pupil will be at the discretion of the Head Teacher and Governors of the school. However, ultimate responsibility remains with the parents/carers.

### **Staff Training and Support**

Any specific training for staff will be identified and arranged through the 0-19 team or the Paediatric First Aid Trainer for example autoinjector, diabetes training.

### **NO MEDICINE WILL BE GIVEN WITHOUT PARENTAL PERMISSION.**

Medication is only administered at school if it is essential during the day. Those prescribed for administration three times a day should be given at home. The smallest possible dose should be brought to the school, preferably by the parent, labelled with the name of the pupil in addition to clear written instructions for administration - including any possible side effects. Department of Health guidelines state that it is not safe practice for staff managing medicines to follow relabelled/re-written instructions or to receive and use repackaged medicines other than as originally dispensed. So any medicine must for the child in question and be in the original packaging. Following changes to prescribing guidelines, and only in exceptional circumstances, generic medicines can be given to children providing the written consent of the parent is given. This can be for such illnesses such as severe hay fever. Calpol or any other pain relief medication will only be given when a GP would have previously prescribed this in the event of an injury or non-infectious condition. We cannot give Calpol in order to mask symptoms to keep an unwell child in school.

The parent must complete the appropriate school medicines records and give written permission for medicine to be administered.

**N.B. Children under 16 should never be given aspirin.**

### **Storage of Medicine**

Medication will be kept in a secure place, not in the First Aid Box. If needed,

- antibiotics are kept in the medical fridge in the staffroom at Derwent Road, and the medical fridge in the office at Kestrel Way;
- inhalers are kept in classrooms in the identified medical cabinets
- one autoinjector is kept with the child in their class, the spare is kept in the school office
- all other medicines are kept in the medicine cabinet in the school office.

After medicine has been administered the member of staff should fill in the medicine administration record.

**NB:** Inhalers and autoinjectors should always be readily available for immediate use by the pupil, but care should be taken that other children do not use them.

### **Administration**

The label on the medicine container should be checked against the school medicine record. Any discrepancy should be queried with the parent before administering a medicine.

The named person should:

- Confirm the identity of the child
- Check the school medicine record
- Check the name of the medicine against the name of the school record
- Check the dosage
- Measure the dosage without handling the medicine, if it is a liquid shake the bottle and pour away from the label so that the medicine does not render the instructions illegible.
- Give the medicine to the pupil and watch him/her take it, always give a glass of water to wash the medicine into the stomach.
- Wash the spoon or dispenser spoon
- Return the medicine and spoon etc to the storage area.

**Refusal – If a child refuses to take the medicine, staff should not force them to do so, but should note this in the records and notify the parents.**

### **Controlled drugs**

Increasing numbers of children are taking medication for Attention Deficit/Hyperactivity Disorder AD(H)D. Only a month's supply can be kept which is kept secure in a locked cupboard the school office.

### **Recording**

A record should be kept of dosage given in the school medicine record.

### **Disposal**

Medicines should not be allowed to accumulate. They should be returned to the parent for disposal or taken to the local pharmacy. No medicine should be used after its expiry date. Some medicines e.g. insulin, eye drops and eye ointments have to be discarded 4 weeks after opening. The date of opening must always be recorded on the container for these preparations.

### **Possession and self administration of regular medicine**

After discussion with parents, children who have medical needs who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be detailed in the child's IHP.

Given the age of pupils at Greenleas for other pupils, self-administration should be discouraged except for inhalers for the relief of asthma or for medical needs as above.

Where this has been agreed by parents and the school, they should carry no more than the specified number of doses required during one school day, in a suitable labelled container.

Parents are encouraged to inform the Head Teacher of any medical condition or medication which is likely to have an adverse impact on a pupil's education. Details of any conditions are requested on a child's admittance into school.

### **Visits and Trips**

The teacher in charge of any trip away from school must liaise with the Office, to ensure adequate first aid provision and that any medication needed is provided.

It is Greenleas School's practice to encourage children with medical needs to participate in safely managed visits. Staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It will also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child.

Arrangements for taking any necessary medicines will also be taken into consideration. Staff supervising excursions are always made aware of any medical needs, and relevant emergency procedures. Copies of any health care plans are taken on visits in the event of the information being needed in an emergency.

### **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

### **Emergency Procedures**

In the case of emergency, the school will call an ambulance and contact the parents. Office staff should copy the child's school SIMS contact record which details any known medical conditions and provides information about the child – to be handed to the paramedics on arrival.

When conditions require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation.

Under normal circumstances staff should not take children to hospital in their own cars - it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives.

If a situation occurs which has not been covered within these guidelines then sensible, pragmatic and proportionate action should be taken to safeguard the well-being of the pupils, staff and visitors to the school.

### **Policy and Practice for the care of Children with Medical Conditions in School**

We believe that people who have or are known to have chronic illness should, as far as is, be accommodated within the normal working structure of the school. For example children with epilepsy, eczema, asthma, diabetes, anaphylaxis, hepatitis B, aids and toxic shock syndrome, unless otherwise directed by a statement of SEND will be welcome at Greenleas School.

The school has a duty to ensure that, as far as is reasonably possible, a pupil's medical condition is managed safely and sensitively.

Parents are asked to inform the school about any medical condition that affects their child via the admission form and may also speak to the class teacher in the liaison process before entry. Any relevant information will be passed on to the school office.

The Class Teacher will draw up a Health Care Plan in conjunction with the parent.

### **Childhood Communicable Diseases**

Parents should let the school know if their child has a communicable disease. Some conditions have a minimum exclusion time from school and may need to be notified to the Public Health Authority.

### **Sickness and Diarrhoea**

In line with guidance from the Health Protection Agency on controlling infection, we advise pupils and staff do not attend school until 48 hours have elapsed from last episode of diarrhoea or vomiting.

Vomit should be cleared immediately. A 'sickness' box is held in the school office which contains absorbent granules, gloves, disposal bags and cleaning spray. If the vomit is on the carpet the area should be cordoned off and clearly marked so that the cleaning team can clean the area with the appropriate machinery.

### **Medical Conditions**

If the likelihood of an 'attack' in any of the following conditions is apparent, if it is safe to do so staff should escort the pupil to the office, send a TA or, if necessary, a runner to fetch help. If staff know a particular pupil well it may be appropriate to send them with a responsible friend who also knows of their condition.

If it is not possible to get the pupil to the office then help should be sent for and the following guidelines used for each condition.

### **Asthma**

Asthma is an over active condition of the airways causing shortness of breath and wheezing. Preventative inhalers should be kept at home unless needed more than twice a day for games.

Relievers must be readily available, not locked away. It is virtually impossible to overdose even if friends decide to try.

1. Ensure reliever medicine is taken correctly
2. Reassure the child but do not put an arm about the shoulder as this restricts breathing
3. Sit the child leaning forward over the back of a chair and loosen collars and ties
4. If a second dose does not help in 5-10 mins and especially if the child is deteriorating, then call an ambulance. Do not wait for the parents to be contacted, though obviously they must be informed.

**It is the responsibility of the parent to ensure that the inhalers are renewed and that the medication has not exceeded its expiry date. All inhalers should be collected at the end of the school year.**

The school will retain an inhaler for emergency use in line with the Amendments to the Human Medicines Regulations 2012 to allow the supply of salbutamol inhalers to schools and Guidance on the use of emergency salbutamol inhalers in schools, Aug 2014.

### **Diabetes**

Please see Individual Health Plans in the office and on the child's SIMS record about particular children.

Diabetes occurs when the body's production of insulin is inadequate to deal with sugar in the blood. If the balance between insulin, food and activity is not maintained the blood sugar will rise and fall.

### **High blood sugar-hyperglycaemia**

A child can usually tell when this is happening and will feel very thirsty. Allow the child to drink plenty of water and also go to the toilet whenever necessary.

### **Low blood sugar-hypoglycaemia**

This is potentially life threatening and a child may not always be aware it is happening.

**Look out for paleness, sweating, anxiety, drowsiness, confusion, behaviour changes. Sufferers may complain of blurred vision, headaches and nausea.**

Fast acting sugar should be given immediately e.g. sugary drinks - lucozade, Coke, Tango, Fanta (**NB** not diet drinks); fresh fruit, glucose tablets, honey or jam.

Recovery should be obvious in 10-15 minutes.

If there is no improvement within a few minutes repeat the treatment. If there is still no improvement or the child becomes unconscious or has a fit, call an ambulance and inform the parents.

### **Anaphylaxia**

Please see Individual Health Plans in office and SIMS about particular children.

This is a severe allergic reaction. The administration of medication is safe and should not be withheld and if there is any doubt about the stages and symptoms.

All Greenleas first aiders undertake autoinjector training and any member of staff is authorised to administer this medicine. If necessary, make a very quick decision and call 999.

### **Epilepsy**

Epilepsy results from abnormal electrical activity in the brain causing physical effects (fits, seizures). Each individual differs in the length of time of a fit and recovery time. Parents need to inform the school about their child.

A major seizure is alarming to witness and other children may need a lot of reassurance afterwards.

When a fit occurs try to prevent injury by moving objects rather than the child.

**Do not force anything into the mouth** and as soon as possible put the child into the recovery position.

If the fit persists for more than 5-10mins then an ambulance should be called.

### **Contact with parents**

Parents will always be contacted if their child has suffered an 'attack' due to any of the medical conditions described. This will normally be done by a member of the office team.

### **Other Information**

If there is any doubt about the health and safety of any child, staff member, visitor or voluntary helper on the school site at any time, expert help will be sought.

From time to time specific information is given to all staff on specific medical conditions. The school nurse is available for advice and assistance.

Finally, this list is not exhaustive. If a situation occurs which has not been covered within these guidelines then sensible, pragmatic and proportionate action should be taken to safeguard the well-being of the pupils, staff and visitors to the school.

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:

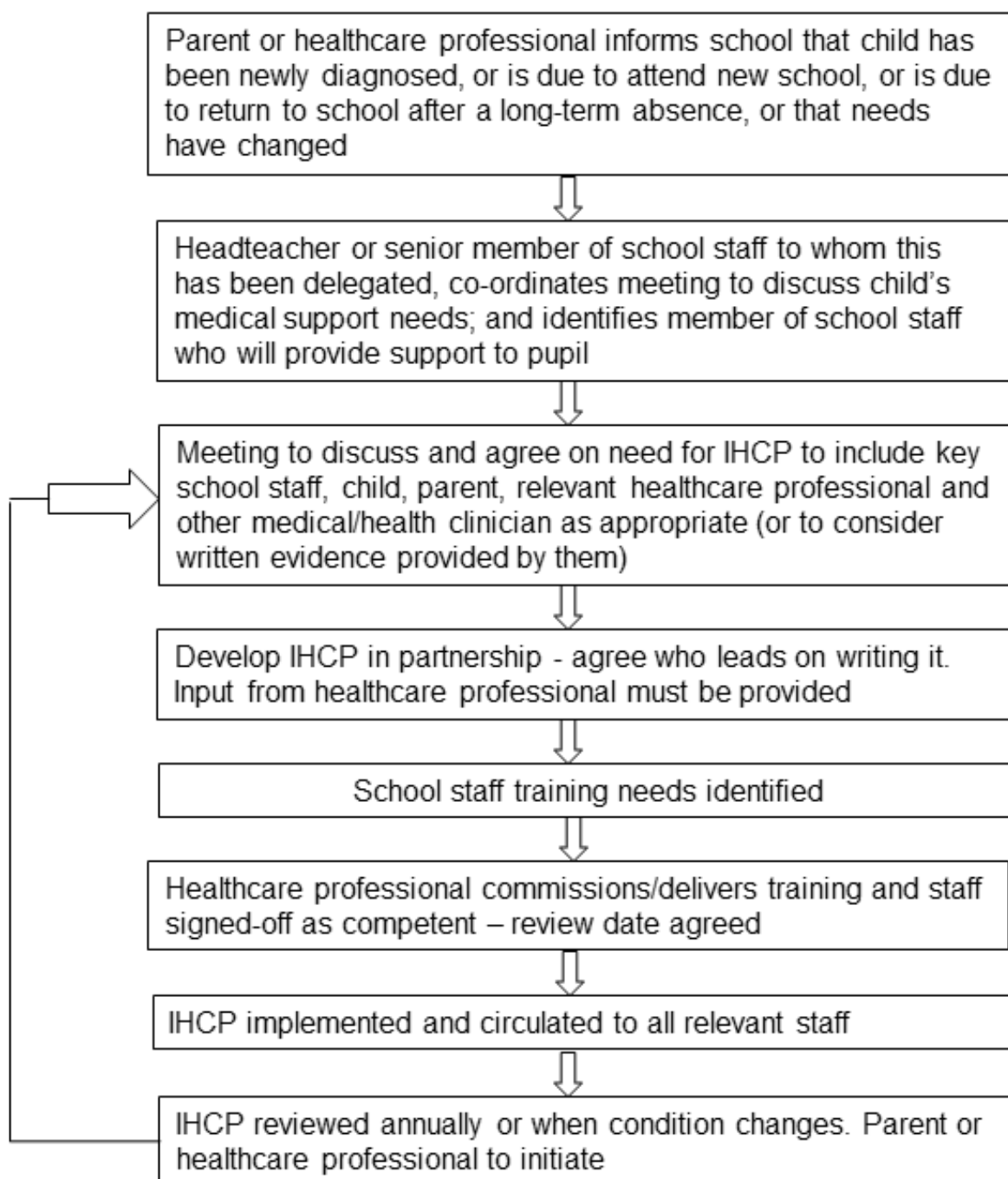
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although 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;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- prevent pupils 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. No parent should have to give up working because the 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, eg by requiring parents to accompany the child.

### **Complaints**

Should parents wish to make a complaint the school's complaints policy should be followed.

Annexe 1



Annexe 2 Template IHP

Name of school/setting

Greenleas School

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

Greenleas School




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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

--

Signature of parents/carers

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Annexe 3 Forms

**Record of medicine administered to an individual child**

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

Date for review to be initiated by

--

Name of school/setting

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

**Medicine**

Name/type of medicine  
*(as described on the container)*

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

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

**Contact Details**

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

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