

NEW CANGLE COMMUNITY PRIMARY SCHOOL

POLICY FOR SUPPORTING CHILDREN WITH MEDICAL NEEDS INCLUDING THE ADMINISTRATION OF MEDICATION

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term; possibly affecting their participation in school activities or while they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Rationale

New Cangle CP Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 updated 11th December 2015 – "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and disabilities, also including those pupils with medical conditions.

Section 100 of The Children and Families Act 2014, places a duty on schools 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 cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

Key Roles and Responsibilities

The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice/guidance and training to schools and their staff to ensure Individual Health Plans (IHP) are effectively delivered.
- Working with schools to ensure pupils attend full time or make alternative arrangements for the education of pupils who need to be out of school for fifteen

days or more due to a health need and who otherwise would not receive a suitable education.

The Governing Body of New Cangle CP School is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the policy is developed collaboratively across services, clearly identify roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/origin, religion or belief, sex, gender reassignment, pregnancy and maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able play a full and active role in all aspects of school life, participate in school visits/trips/sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the School's Complaints Policy.

The Headteacher is responsible for:

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- The day to day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of New Cangle CP School.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHPs)
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified to cover holidays/absences and emergencies.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment / care.

Staff Members are Responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of pupils with medical conditions in lessons.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers and blood glucose testers to be held in an accessible location following DfE guidance,

School Nurses are Responsible for:

- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

Pupils are Responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHP.
- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

Responsibility for administering medicine

The administration of medicines to children is the responsibility of parents, and there is no legal or contractual duty on Headteachers or school staff to administer medicine or supervise a pupil taking it. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. However, it is recognised that in some circumstances there is a need to establish a means by which medication can be administered during the school day.

When Medication may be required

There are two main sets of circumstances when the school may receive a request to administer prescribed medication:

- a) cases of chronic illness or long-term complaints, such as asthma, diabetes or epilepsy;
- b) cases where pupils are recovering from short-term illness and are well enough to return to school but are receiving a course of prescribed medication such as antibiotics.

In addition, school staff may find it necessary in an emergency to take action which in exceptional circumstances might extend to administering medicine.

Following a period of illness, a child's doctor is the person best able to advise whether or not the child is fit to return to school, and it is for the parents to seek and obtain such advice as necessary.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

THE SCHOOL'S RESPONSIBILITY

Direct Action

The Headteacher and the staff have a duty to take appropriate action when a child in their care becomes ill. The administration staff in the school office should be notified of any child who shows signs of being unwell and a request made for parents or emergency contact be informed. Should a member of staff feel it necessary, a second opinion of a senior member of staff may also be sought. Children should wait in the inner lobby until they are collected unless they would be better placed adjacent to the cloakrooms or a sink. Regular checks should be made on the child's condition by the office staff. In the unlikely event that no one can be contacted the Headteacher needs to be informed to decide on further action.

In the event that a child needs urgent medical treatment and it has not proved possible to contact parents or emergency contacts the school will contact the child's doctor and accompany them to the surgery or in extreme emergencies accompany the child to hospital in the ambulance. Attempts to contact parents would continue until successful.

In other cases where it has not been possible to contact parents etc. the child will be kept in a quiet place and their condition monitored.

Routine Administration of Medicines

Whilst this area is not included in staff's legal duty of care towards their pupils they may volunteer to administer medicine. They are then entitled to training and should only act with the parent's written permission and in accordance with this policy.

School staff who volunteer to act in this context are covered by the County Council's insurance arrangements providing they act in accordance with the requirements of the school's policy which reflects the guidance of the LEA.

A Written Statement for Parents

All parents will be informed of the school's policy for the administration of medicine through the school website. Details of medical conditions for all pupils will be sought at the start of each new school year. Parents are also requested to inform the office of any changes during the year.

THE PARENTS' RESPONSIBILITY

Parents and Carers are responsible for:

1. Keeping the school informed about any new medical condition or changes to their child/children's health.
2. Participating in the development and regular reviews of their child's IHP.
3. Completing a parental consent form to administer medicine or treatment before bringing medication into school and ensuring that 24 hours have passed since the first dose.

4. Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
5. Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

Parental Administration

Where a course of medication is being completed following a short –term illness and this needs to be administered during the school day, parents are asked to contact the office and arrange a time to come into school and administer the medication. Only in exceptional cases can staff be asked to administer this type of medicine and this will be at the discretion of the Headteacher.

Legal Disclaimer

Where staff are involved in administering medication parents are asked to complete a disclaimer form, a copy of which appears as Appendix A.

Labelling Medicines

It is the parent’s responsibility to ensure that any medication is within its “use by” date (where relevant) and that the container (the pharmacist’s original container) is clearly labelled with the contents, the child’s name and the dosage and/or other instructions from parents or doctor. The receiving member of staff should check the intelligibility of the instructions.

Parent’s Duties with Self-Administration

Where a child is to administer the medication themselves e.g. asthma inhaler, parents should ensure that the child is familiar with the dosage and is able to self- administer the medicine under adult supervision.

In cases where children require medication over long periods of time, any change in the dosage or other arrangements should be notified by parents in writing, to the Headteacher.

Prescription Medicines in an Emergency

Where there is an obvious possibility that the administration of prescription medicine may be required in an emergency (for example, on a school visit which requires an overnight stay), parents will be asked to sign an authorisation as in Appendix B.

Parents and the School’s Legal Duty of Care

If parents refuse to sign the indemnity, the Headteacher will make it clear to the parents (in writing) that the school has a legal duty of care to its pupils, and that staff are therefore entitled and obliged, in an emergency, to take whatever action they think best in the light of the facts then known to them.

GENERAL GUIDELINES

Long Term Illness

Information about long term illnesses, such as epilepsy or asthma, will be recorded on the child’s school blue record card, together with the appropriate instructions and dated. The record card will be updated periodically, and particular care taken to delete entries which are no longer relevant.

Intermittently Prescribed Medicines (e.g. Antibiotics)

These will be kept in a locked cupboard in the office. No medication will be kept in First Aid boxes. N.B. Some medication requires storage in a refrigerator.

Supervision of Self-Administered Medicines

Wherever possible medicine will be self administered, under the supervision of a named adult. A written record will be kept of all medicines administered (see Appendix C).

Inhalers

These will be kept in the child's classroom and any child requiring use of their inhaler will be allowed immediate access. During off site swimming inhalers are taken in the medical bag to the pool.

Storing Emergency Supplies of Drugs e.g. adrenaline

Although rare, where pupils could have a need for single treatment emergency drugs such as an Epipen, these will be kept in the office in a container labelled with the child's name which also contains an emergency programme specifically written for that child in conjunction with medical advice.

Surplus Medicines

Medicines held in school need to be checked termly and any un-needed medication returned to parents. At the end of each term medication should be returned to parents to check and replace as necessary.

CIRCUMSTANCES REQUIRING SPECIAL CAUTION

The Position for School Staff

Some children may require treatment which school staff feel reluctant to provide, e.g. rectal Valium. The number of these cases will be very small and advice and support will be sought from the medical profession. Only those who are suitably trained should administer such treatment. For the protection of both staff and pupil, a second member of staff must be present, while the more intimate procedures are being followed, and appropriate personal protection (e.g. disposable gloves) must be worn.

Injections

Injections may only be administered by a qualified nurse or doctor, or a person who has been trained to undertake this task. Under no circumstances should an untrained person attempt an injection.

Allergic Reactions

Pupils who may experience an extreme allergic reaction (anaphylaxis), triggered by food stuffs or wasp stings for example, will have an individual care plan. This will include immediate contact with the Emergency Services and/or local medical practice and the administration of drugs as previously agreed. Further information on anaphylaxis appears in Annexe D. Details of these pupils will be displayed on the staff notice board to ensure quick recognition.

Complex Conditions

Where pupils have complex and/or long term medical conditions, an Individual Health Care plan will be drawn up with medical advice and in consultation with the parents. The purpose of this is two fold:

- to support the pupil's regular attendance and optimum participation in normal school activities;
- to help staff ensure the pupil's safety and the safety of others.
- Any appropriate training for staff to support the child in order to enable them to play as full a part as possible in school activities will be sought

Individual Care Plans (IHPs)

- a) Where necessary (Head teachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parent/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
- b) IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioners' Office (ICO) advice for displaying IHP as visitors/parents helpers etc may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. However, in the case of conditions with potential life threatening implications the information should be available clearly and accessible to everyone.
- c) IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- d) Where a pupil has an Education Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- e) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA/AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

The DfES folder "Supporting Pupils with Medical Needs" is a useful reference.

PARENTAL CONSENT FOR MEDICAL TREATMENT

Rejecting Medical Treatment

Obtaining parental consent does not usually constitute a problem but there are circumstances under which parental consent needs to be dealt with sensitively. Sometimes, a pupil may belong to a group which rejects aspects of medical treatment on cultural or religious grounds.

Whilst it is usually the case that the parents will make the decision concerning medical treatment there could be circumstances where the parent is out of contact. Parents who reject medical treatment should make their views and wishes known to the school in writing so that the implications of their beliefs can be discussed and, wherever possible accommodated.

School Journeys

When a child is being taken on a school journey where medical treatment may be needed, and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment the school reserves the right not to take the child.

Parental Wishes

The channels of healing desired by a parent may not always be available and the Headteacher may have recourse to ordinary medical treatment if the circumstances make it absolutely necessary. However, the Headteacher will not seek to override parental wishes

and if agreement cannot be reached on this issue the pupil would not be taken on a school journey. Should an emergency occur during the normal course of school life, the school will contact the emergency services in the usual way, informing them of the parents' wishes.

Avoiding Unacceptable Practice

Each case will be judged individually but in general the following is not considered acceptable

The following behaviour is unacceptable at New Cangle Primary School:

- a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b) Assuming that pupils with the same condition require the same treatment.
- c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- d) Sending pupils home frequently or preventing them from taking part in activities at school.
- e) Sending the pupil to the school office alone or with an unsuitable escort if they become ill.
- f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- g) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet tissues.
- h) Creating barriers to children participating in school life, including school trips.
- i) Refusing to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

Complaints

- a) All complaints should be raised with the school in the first instance.
- b) The details of how to make a formal complaint can be found in the School Complaints Policy.

FURTHER ADVICE

- Area Education Manager
- Senior Education Officer (pupil Services) at the Area Office
- School Doctor
- Consultant Community Paediatrician
- GPs & Practice nurses in certain cases

REVIEW AND MODIFICATION OF POLICY STATEMENT

This policy statement will be kept under review and may be modified from time to time, after appropriate consultation.

Medication Policy

SR/01/17

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Reviewed 5/13

Reviewed 09/07

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