

# **BROAD CHALKE CE VA PRIMARY SCHOOL**

## **MEDICAL CONDITIONS POLICY**

Mission Statement: 'With the love of God we learn, care, grow and share'

### **Introduction to Medical Conditions Policy**

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Broad Chalke CE VA Primary School endeavours to ensure that all its pupils achieve success in their academic work, social relationships and day-to-day experiences at school. It is an inclusive community that aims to support and welcome pupils with medical conditions.

All children will experience illness in the course of their school careers, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions. Staff working with pupils who have specific medical needs should understand the nature of children's medical problems and will endeavour to work with the family and other professionals to best support the individuals concerned.

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 governing bodies **must** comply with their duties under that Act. Some children 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 policy should be read in conjunction with our SEND Policy and the Special Educational Needs and Disability (SEND) Code of Practice.

### **Managing medicines**

On occasion, children may need to take medicines whilst in school. Some children are on long term regular medication for chronic conditions or may need to take emergency/as needed medication to treat a change in their underlying condition (e.g. anti-histamine or an EpiPen for allergic reactions).

There are cases where the responsibility for administering medicine can and should rest with the child (e.g. older children self-administering an asthma inhaler). Where parents request the school to exercise a degree of supervision or to administer the medicine, the situation is more complicated. In such cases, staff should consult the head-teacher and any practical and organisational implications need to be addressed prior to assuming responsibility for this. Any administration of medicine by staff must be authorised by the parent filling out a form and recorded by the member of staff.

### **General Principles**

The administration of medicine is the responsibility of parents and carers. There is no absolute requirement on teachers or support staff to administer medicines. However, where they volunteer to do so, guidelines are helpful.

### **Short-term illness**

- Children who are suffering from short-term ailments and who are clearly unwell should not be in school and head-teachers are within their rights to ask parents/carers to keep them at home.
- Some parents may send children to school with non-prescribed medicines (e.g. cough mixture – the Medicine and Healthcare Products Regulatory Authority warned against their use in the under 6s in 2009, see <http://www.npc.nhs.uk/rapidreview/?p=311>). Many of these are not effective treatments, but can cause potential harm and as a general rule, we discourage this practice.
- There are recommended times away from school to limited the spread of infectious disease. Please see HPA guidelines for this ([http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1274087715902](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1274087715902))
- Children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.
- If a child has been given liquid Paracetamol to reduce temperature or relieve pain, the school is entitled to question whether that child should be in school on that day.

## **Chronic illness/disability**

It may be necessary for children with long term conditions to take prescribed medicines during school hours. Many health advisers encourage children to take control of their medical condition, including taking responsibility for managing their medical care (with help) from very young. This can include self-administration of medicines (e.g. using an inhaler or giving own insulin injections). We support this practice wherever appropriate.

Where young children or those with special needs require medication, adult support will be needed. Whilst responsibility for the medical care of children rests with parents and their health professionals, it may not be feasible for these individuals to come to school to administer medicines, and such repeated attendances could slow the personal development of a child.

## **Acute illness**

The teaching profession has a general duty of care towards children in schools. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations.

## **Good practice**

### **Documentation**

Where medicines are to be administered at school, it is important that a written instruction should have been received from the parent or doctor, specifying:

- Name and class of the child
- Medication involved
- Circumstances medication should be administered
- Frequency and level of dosage

For more serious or chronic conditions, including allergies that require the potential use of an Epipen, we require a care plan stating exactly what needs to be given and when. This is usually requested via the school nurse service.

## **Training**

Teachers and support staff should receive appropriate training and guidance via the School Health Service for non-routine administrations.

## **Giving regular medicines**

We encourage parents whose child is taking medication three times a day (or 'tds'), to give it before school, after school and at bedtime. If a doctor has specified that the medicine has to be taken four times a day (or 'qds') and a lunchtime dose is necessary, the standard practice (see below) is followed. Please note: the same sequence of actions apply for asthma inhalers, but teachers keep a log in the classroom

### **Standard Practice**

1. Check that the Parent/Carer to complete a Medicine Administration request form available from the office.
2. Check the child's name on the form and the medicine.
3. Check the prescribed dose.
4. Check the expiry date.
5. Check the prescribed frequency of the medicine.
6. Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.
7. Administer the medicine.
9. Complete and sign the Administration of Medicine record sheet when the child has taken the medicine.
10. If uncertain, DO NOT give – check first with parents or doctor.
11. If a child refuses medication, record and inform parents as soon as possible.

## **Medicine storage**

It is the responsibility of the head-teacher to ensure safe storage of medicines. All medicines should be kept in the container supplied which should be clearly labelled with the child's name, another identifier (such as date of birth) and instruction for usage. All children with medical conditions should have easy access to their

emergency medication. Some medicines (eg liquid antibiotics, insulin) require refrigeration – but must not be frozen. Most medicines will be stored in the fridge.

### **Medicine disposal**

Parents are asked to collect out-of-date medication.

### **General medical issues**

#### **Record keeping:**

- Enrolment forms – should highlight any health condition which then goes on our medical needs register
- Healthcare plans – for children with medical conditions giving details of individual children's medical needs at school. These needed to be updated after a medical emergency or if there is a change in treatment etc. and should be reviewed at least annually. They should be kept in a secure location but specified members of staff (agreed by parents) should have access to copies. All staff must protect a pupil's confidentiality.
- Centralised register of children with medical needs is kept securely
- Request to administer medicines at school. These forms are available from the school office and must be completed by the parent prior to any medicine being given.
- Log of training relevant to medical conditions

#### **Medi-alerts** (bracelets/necklaces alerting others to medical conditions)

As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

#### **Impaired mobility**

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety. A risk assessment will need to be completed by the school and this may involve a personal evacuation plan.

#### **Off-Site visits**

Staff must take a First Aid kit whenever children are taken off-site. Buckets and towels, in case of sickness on a journey, are also sensible precautions. All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary and take account of this as part of their risk assessment.

#### **Employee's medicines**

Staff and other employees may need to bring their own medicine into school. They have personal responsibility to ensure that their medication is not accessible to children.

#### **Staff and pupil protection**

"Universal precautions" and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Wear gloves and an apron if necessary
- Wash your hands before and after administering first aid and medicines
- Use the hand gel provided
- Ensure that the area is cleaned to minimise the risk of infection to others

#### **Staff indemnity**

Wiltshire County Council fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. The administration of medicines falls within this definition so staff can be reassured about the protection their employer provides. The indemnity would cover consequences that might arise where an incorrect dose is inadvertently given or where administration is overlooked. It also covers the administration of emergency medication when given according to an individual child's protocol. In practice, indemnity means that the County Council and not the individual employee will meet any costs of damages arising should a claim for alleged negligence be successful. In practice, it is very rare for school staff to be sued for negligence and any action is usually between the parent and employer.

**Duties on the governing body (taken from ‘Supporting pupils at school with medical conditions’ statutory guidance for governing bodies, DfE September 2014.)**

1. The governing body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
2. In making their arrangements, the governing body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
3. The governing body will ensure that their arrangements give parents and pupils confidence in the school’s ability to provide effective support for medical conditions in school. The arrangements should 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. The governing body will ensure that staff are properly trained to provide the support that pupils need. They will also need to ensure staff are competent before they take on responsibility to support children with medical conditions. They should also 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.
5. Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Every case will be different, but the governing body will ensure that there is an effective partnership when working with different agencies.
6. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
7. The governing body will ensure that the policy for supporting pupils with medical conditions is reviewed regularly and is readily accessible to parents and school staff.
8. The governing body will ensure that the arrangements they set up include details on how the school’s policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (The headteacher).
9. The governing body will ensure that the school’s policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition (see flowchart for an Individual Health Care Plan (IHCP)). Arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to the school mid-term, every effort will be made to ensure that arrangements are put in place, ideally within 2 weeks.
10. The governing body will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child’s needs have changed. They should 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.
11. Should parents be dissatisfied with the support provided, they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school’s complaints procedure.

Ratified by FGB: January 2015

Reviewed: January 2018

Review due: January 2021

Policies to be read in conjunction with this policy: First Aid Policy, Health and Safety Policy, Child Protection Policy.

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed



Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided



School staff training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

