



Eastburn
Junior and Infant School

Supporting Children with Medical Needs Policy

June 2017

Context

This policy has been formulated to ensure safe and clear administration of medicines in school.

Staff are expected to do what is reasonable and practical to support the inclusion of all pupils. However, there is no legal requirement for school staff to administer medicines or supervise pupils to administer medicines.

This policy has been written taking into consideration the following guidance and legislation:

- DFE: Supporting Pupils at School with Medical Conditions 2015
- SEN Code of Practice 2015
- Statutory Framework for Early Years Foundation Stage 2014
- Equality Act 2010

Aims of the policy

- To ensure the safe administration of medicines to children where this is necessary to help support attendance.
- To ensure the ongoing care and support of children with long term or complex medical needs via an Individual Healthcare Plan (IHP).
- To explain the roles and responsibilities of school staff in relation to medicines.
- To clarify the roles and responsibilities of parents in relation to children's attendance during and following illness.
- To outline to parents and school staff the safe procedure for bringing medicines into school when necessary, and their storage.
- To outline the safe procedure for managing medicines on school trips.

Roles and Responsibilities

Headteacher/ Head of School

- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice.
- To ensure that there are sufficient First Aiders and trained persons for the school to be able to adhere to this policy.
- To ensure that staff receive appropriate support and training, and where possible that suitably trained cover staff are available in case of staff absence.
- To ensure that parents are aware of this policy.
- To ensure that this policy is reviewed annually.

Inclusion Leader

- To complete an Individual Healthcare Plan (IHP) for children with complex or long term medical needs, working with parents and taking into account advice from relevant healthcare professionals.
- To ensure that medical needs are carefully planned for, both in school and on school trips.
- To ensure that the relevant staff are aware of individual children's medical needs, including internal cover staff and external supply staff.

Staff

- To follow the procedures outlined in this policy and to complete the appropriate forms.
- To share medical information as necessary to ensure the safety of a child.

- To maintain confidentiality where possible.
- To take all reasonable precautions to ensure the safe administration of medicines.
- To contact parents without delay if any concerns arise.
- To contact emergency services if necessary without delay.
- To ensure that personal medication is stored safely in the correct place, quickly available when needed, and refrigerated if necessary.
- To undertake individual risk assessments with advice from parents, the Inclusion Leader and if appropriate the relevant healthcare professionals where children with medical needs are to engage in activities outside the usual school timetable (e.g. trips, after-school clubs).

Parents/ Carers

- To give the school adequate information about their child's medical needs prior to their starting school, or as soon as any new medical condition is identified.
- To help staff to write risk assessments when their child is to engage in activities outside the usual school timetable (e.g. trips, after-school clubs).
- To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma.
- To follow the school's procedure for bringing medicines into school.
- To request the prescriber to make facilitate all doses being taken outside school hours if at all possible: medicines should be administered in school **only** when not to do so would be detrimental to the child's health or attendance
- To ensure that medicines are in date and that there is sufficient in school at all times.

Pupils

- To be involved in discussions about their medical needs and in the development of any IHP.
- To co-operate with administration of medicines and comply with their IHP.

Health Care Professionals

- To provide advice to school about medical needs and safe procedures.
- To provide staff training as appropriate to ensure best practice and safest care of pupils.

Our approach to best practice

Safe administration of medicines

- Only prescribed medicines will be accepted in school: no over-the-counter or general sale items are allowed.
- All medicines must be brought to the school office by an adult. Medicines must **never** be brought to school in a child's possession. (If this does happen, staff should contact the parents immediately.)
- All medicines must be supplied in the original container, labelled with the child's name and dosage. (The exception to this is insulin, which must still be in date, but will be accepted inside an insulin pen or a pump, rather than in its original container)
- The Executive Headteacher/ Head of School must be informed of any controlled drugs required by children, e.g. equasym, and the storage of such drugs in school will be risk-assessed.
- Medicines should only be brought to school when essential, i.e. where it would be detrimental to the child's health or attendance if the medicine were not administered during the school day. (In the case of antibiotics, for example, only those which require four or more doses evenly spread throughout the day will be administered in school.)
- Medicines that require medical expertise or intimate contact will **not** be accepted in school.

- Parents/carers must complete a Short-term Medication – Parent Consent form (Appendix 1) at the school office, or agree an Individual Healthcare Plan (Appendix 2) before any medicine can be administered by school staff.
- Tablets should be counted and the number recorded when brought to the office and when collected again.
- Where it is decided that a medicine will not be accepted in school, parents may in exceptional cases come to the school office to administer medicine where this has been agreed in writing by the Headteacher/ Head of School.
- Aspirin will **never** be administered to children.
- Children in Key Stage 2 may self-administer medication, e.g. insulin, if consent has been given for this by parents/carers on the paperwork. However, this will only be allowed with a member of staff present.
- If a child refuses to take medicine, staff must not force him/her to do so. The refusal should be recorded and parents informed immediately.
- Dosage cannot be altered on parental instruction alone: school staff will only alter the dose following instructions from the pharmacist or prescriber, and will query any discrepancies.

Storage of medicines

- Non-emergency medicines are stored in the labelled cupboard in the staff room.
- Medicines such as antibiotics which are temperature sensitive are clearly labelled and stored in the staffroom fridge.
- Emergency medicines will be kept in an (unlocked) cupboard the child's classroom for quick access. This includes Piriton, Epipens and Epilepsy medication. A second Epipen for each child will be kept in the staffroom medicine cupboard.
- For children with asthma, quick access to reliever inhalers is important at all times of day, including playtime, PE or lunchtime. They will be stored in the classroom, taken with the child during trips and be easily accessible during all physical activities.
- All relevant adults are made aware of the child's asthma and will be ready to enable the child to access the inhaler whenever needed.
- Asthma inhalers will be stored in the child's classroom and labelled with their name. In Year R-4 inhalers will be stored in the nearest cupboard to the classroom door for quick access at all times. In Year 5 and 6 inhalers will be kept in the individual children's trays so that they can access them independently as required.
- No medicines other than asthma inhalers and the emergency medication listed above may be kept in the classroom.
- Parents are responsible for monitoring the expiry of any long-term medicines and their safe return to a pharmacy for disposal.
- Staff are responsible for ensuring the safe storage of any medication they may require for themselves.

Record Keeping

- Any staff member administering medicines in school must record the dose and time in the Individual Dosage Log (Appendix 3A) stored with the medicine and on the Central Dosage Log (Appendix 3B) in the yellow medicines folder in the staffroom.
- Medical records will be kept on file for a minimum of 2 years after the child has left school.

Individual Healthcare Plans

An Individual Healthcare Plan (IHP) (Appendix 2) will be drawn up for any child with long term or more complex medical needs. This will provide clarity about the child's needs and details about how school will effectively support them. Pupils and parents/carers will be fully involved in drawing up the IHP.

Where appropriate, health professionals will work in partnership with school to provide strategies and advice on meeting individual needs.

Medicines on school trips

Children with medical needs are given the same opportunities as others. Staff may need to consider what is necessary for all children to participate fully and safely on day trips and residential trips. Staff should discuss any concerns about a child's safety with parents/carers.

- The trip coordinator is responsible for designating a school First Aider for the trip.
- The trip coordinator is responsible for ensuring that arrangements are in place for any child with medical needs prior to a trip taking place, including ensuring that asthma inhalers are carried as required.
- A copy of any relevant IHP should be taken on the trip.
- The designated school First Aider on the trip will be responsible for carrying emergency medication and administering any medicines required. They will record the details and transfer this information to the Central Dosage Log (Appendix 3B) on return.
- The First Aider will return the medicines to the child's parents/carers or to their normal storage place in school, as appropriate.
- On residential trips, non-prescribed medicines may be administered with prior agreement between parents and school. This may include travel sickness and allergy tablets. Any such requirement would be mentioned on the health form provided by the residential provider, and details of doses and timings must then be completed on a Trip Medication – Parental Consent Form (Appendix 1A).

School attendance during/after illness

- Children should not be at school when unwell, other than with a mild cough/cold.
- Symptoms of vomiting or diarrhoea require a child to be absent from school and not to return until clear of symptoms for 48 hours.
- Children should not be sent to school with earache, toothache or other significant discomfort.
- Children should not be sent to school with an undiagnosed rash or a rash caused by any contagious illness.
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school.

Staff training

The Inclusion Leader (Jenny Hughes) takes responsibility for children with health care needs. She is the point of contact for staff with queries around medical needs and medicines.

- All staff have annual training informing them of the range of medical needs in school and the support required to manage these.
- All staff attend annual EpiPen competence training.
- Staff supporting individual children with specific medical needs (e.g. tube-feeding or epilepsy management) will have training appropriate to the children in their care.
- Qualified first aiders attend refresher training to ensure their qualification remains up to date.

Emergencies

For children with IHPs, the emergency procedure on the IHP will be followed.

For children without IHPs, an ambulance will be called and the child's parents/carers will be informed immediately.

This Policy should be read alongside other related policies including:

- SEND Policy
- Health and Safety policy
- Educational Visits Policy

Appendices

Appendix 1: Short-term Medication: parental consent form

Appendix 1A: Trip Medication: parental consent form

Appendix 2: Individual Healthcare Plan

Appendix 3A: Individual Dosage Log

Appendix 3B: Central Dosage Log

Appendix 4: Detailed procedure for staff administration of medicine

Appendix 5: Staff training log

Appendix 6: Medicines administration flowchart

Appendix 7:

Procedures for admission, notification and transition of children with medical needs

i) Admission of child with medical needs,

ii) New notification of medical need,

iii) Transition of child with medical needs to another school