

REDLANDS PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS



1. Introduction

- 1.1 The staff and governors of Redlands Primary School are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs.
- 1.2 This policy is drawn up under consultation with a wide range of local key stake holders within the school and health care setting and complies with the DfE guidance "Supporting Pupils at School with Medical Conditions" February 2014 and the Children's and Families Act 2014.

2. Rationale and aims

- 2.1 To provide a clear policy that is understood and accepted by all staff, parents and pupils, providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.
- 2.2 This policy includes:
 - A clear statement of parental responsibilities in respect of medicines
 - Roles and responsibilities of staff administering medicines
 - Procedures for managing prescription medicines which need to be taken during the school day
 - Procedures for managing prescription medicines on outings and trips
 - Written permissions from parents for medicines
 - Circumstances in which children may take non-prescription medicines
 - Assisting children with long term medical needs
 - Staff training
 - Record keeping
 - Safe storage of medicines
 - The school's emergency procedures
 - Risk assessment and management procedures
 - Management of medical conditions

3. Responsibilities

- 3.1 Parents or guardians have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed. This should be done on admission to the school or when their child first develops the medical need.
- 3.2 If the child has a more complex medical condition, parents/guardians should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- 3.3 It is the child's parent/guardian's responsibility to make sure that the child is well enough to attend school.
- 3.4 **There is no legal duty which requires school staff to administer medication; this is a voluntary role.** While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in 'loco parentis', that is,

to act as any reasonable parent would, this does not imply a duty or obligation to administer medication.

- 3.5 Staff will have access to information on pupils' medical conditions and actions to take in an emergency.
- 3.6 Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.
- 3.7 The policy of the school is not to administer medication or medical care unless the pupil has a medical condition which, if not managed, could prove detrimental to their health or limit access to education. The Headteacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only where it is absolutely necessary.

4. Prescribed medicines

- 4.1 Prescribed medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day.
- 4.2 Medicines prescribed 'three times a day' should be administered by the parent/guardian before school, after school and at night. However, the school recognises that there may be circumstances where school staff are required to administer medication as stipulated by a doctor. Parents/guardians are required to provide a letter from a doctor and to complete (and sign) a consent form if this is the case. Alternatively, parents/guardians may come to school to administer the medication themselves if they so desire.
- 4.3 Exceptions to this are pupils on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.
- 4.4 This school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and which are presented in the original container dispensed by a pharmacist and include the pupil's name, prescriber's instructions for administration and dosage.
- 4.5 Medicines will be stored in a cabinet or fridge during the day where necessary.
- 4.6 The parent/guardian should make arrangements to collect the medicine from the school at the end of the day unless alternative arrangements are made with the school staff.
- 4.7 Medicines will not be handed to a child to bring home unless agreed (see self-management below)
- 4.8 Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in the class teacher's cupboard. Pupils should know where their medicine is stored - they should not be locked away.
- 4.9 Parents/guardians are responsible for checking expiry dates on their children's medicines and replacing as necessary.

5. Non-prescribed medicines

- 5.1 Non-prescribed medicines will only be administered where parents/guardians have completed and signed a consent form.
- 5.2 **Staff will never administer medicines containing aspirin unless prescribed by a doctor.**
- 5.3 **Staff will never administer medicines containing ibuprofen to children who are asthmatic.**

6. Refusal of medicine

- 6.1 If a child refuses to take medicine, we will not force them to do so, but will contact the named contact on the medicine consent form.
- 6.2 If a refusal to take medicines results in an emergency, then our emergency procedures will be followed.

7. Self-management

- 7.1 Older children with a long-term illness should, whenever possible, assume complete responsibility for administering their own medicines under the supervision of their parent/guardian. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child. There is no set age when this transition should be made.
- 7.2 There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with the parents/guardians and children, the appropriate time to make this transition.

8. Long-term medical needs

- 8.1 Where a pupil has a chronic illness, medical or potentially life-threatening condition, the school will initiate a health care plan to meet individual needs and to support the pupil. This will be drawn up by health care professionals in consultation with the child's parents/guardians and will contain the following information:
 - Definition and details of the condition
 - Special requirements, e.g. dietary needs, pre-activity precautions
 - Treatment and medication
 - What action to take/not to take in an emergency
 - Staff training where required
 - The role the staff can play
 - Consent and agreement

9. Known medical conditions

- 9.1 A photograph of all children within a class with any known medical condition will be kept in each classroom.
- 9.2 A photograph of all children and details of needs will be placed in the staffroom to ensure that all staff have access to the information.
- 9.3 When supply staff are asked to cover a classroom, it will be the responsibility of the member of staff showing the supply teacher to the room to indicate where the list is held.

10. Disposal of medicines

- 10.1 Staff should not dispose of medicines. Parents/guardians are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each year. Any medicines that have not been collected should be taken to a local pharmacy for safe disposal.

- 10.2 Sharps boxes should always be used for the safe disposal of needles. Parents/guardians should obtain these from their child's GP and return to a pharmacy for safe disposal.

11. Emergency procedures

- 11.1 All staff are aware of procedures when dealing with a medical emergency. These should be supervised by a trained First Aider.
- 11.2 All staff are aware of pupils on a health care plan and understand the need to follow agreed emergency support.
- 11.3 All staff know how to call the emergency services; guidance is displayed in the school office.
- 11.4 In the event of an emergency, every effort will be made to contact a parent/guardian so that they can accompany their child to hospital. If this is not possible, a member of staff will accompany the child and stay until the parent/guardian arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.

12. Educational visits

- 12.1 This school actively encourages children with medical conditions to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable pupils with medical conditions to participate fully and safely in visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose.
- 12.2 Prior to an overnight school trip, parents/guardians must complete an up-to-date medical questionnaire about pupils' current general health and medication. Prescribed medication will be administered, provided the relevant paperwork has been completed.
- 12.3 Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of health care plans will be taken on all visits as well as emergency medication that may be required.

13. Sporting activities

- 13.1 Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their health care plan. The school is aware of issues of privacy and dignity for children with particular needs.
- 13.2 Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

14. Staff training

- 14.1 Redlands Primary School holds training on common medical conditions annually. This is delivered by the school nurse or relevant health care professional. A log of staff training is kept and reviewed every 12 months to ensure new staff receive training.

- 14.2 Staff training is provided to support the administration of emergency medications such as Epi-pens or Insulin. The school keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.
- 14.3 The school has several appointed First Aiders (at least one in each class) and Paediatric First Aiders. Training is reviewed regularly and updated every three years.

15. Medical conditions

15.1 Asthma

This school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve their potential in all aspects of school life.

- Parents/guardians have a duty to inform staff if their child is asthmatic. Preventative inhalers should be provided and labelled with the pupil and class name. These should be kept in an assigned container within the teacher's cupboard and accompany the child if they are educated outside the school premises.
- Children with asthma must have immediate access to inhalers where they need them and know where they are kept. A spacer device may be required and the pupil may need support to use this.
- A record sheet to record the frequency of inhaler use can be found in each class medical folder. This should be completed for all KS1 and KS2 pupils where usage exceeds normal daily administration.
- Parents should be notified when a child has used an inhaler excessively or more regularly than usual.

15.2 Head injuries

Pupils who sustain a head injury **MUST** be reviewed by a First Aider in school. If a pupil has a visible wound, swelling or adverse reaction, parents/guardians will be informed and are welcome to assess their child personally. Where there are no residual effects, the pupil can remain in school whilst being observed. A head injury advice sheet must be completed and sent home with a routine accident record slip. A text will also be sent to notify the parent/guardian.

15.3 Epilepsy, Anaphylaxis and Diabetes

Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/guardians and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual health care plan will usually be compiled, detailing the course of action to be taken.

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