



## **St John's Stonefold C of E Primary**

# **Medicine in School / Supporting Pupils with Medical Conditions Policy**

**Oct 2019**

**Agreed by Governors: 15/10/19**

**Next Review Date: Sep 2021**

### **Introduction**

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school 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 the place of the parent 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. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

This policy will be reviewed regularly and will be readily accessible to parents/carers and staff through our website.

### **Policy implementation**

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this policy is given to the Headteacher who will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

The Headteacher will be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans. This will be carried out in partnership with the class teacher.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this policy.

### **Definitions of medical conditions**

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

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

### **The role of staff at St John's Stonefold CE School**

Some children with medical conditions may be disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs 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 SEND, this guidance should be read in conjunction with the SEND Code of Practice.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At the school, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, who we have regular access to, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

### **Procedures to be followed when notification is received that a pupil has a medical condition**

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools. For children starting at St John's Stonefold, arrangements will 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 our school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the school 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. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We will ensure that arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for

medical conditions in school. The arrangements will 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. We will ensure that staff are properly trained to provide support for particular pupils' needs. The school will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgments will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the SENCo.

Following the discussions, an Individual Health Care Plan will be put in place. Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

### **Individual Health Care Plans**

Individual Health Care Plans will be written and reviewed by the school and/or School Nurse or relevant medical professional, but it will be the responsibility of all members of staff supporting the individual child to ensure that the plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Healthcare Plans will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, health care professional and parents/carers should agree, based on evidence, when an Individual Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher, is best placed to take a final view.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed; this is important because different children with the same health condition may require very different support. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their Individual Health Care Plan.

Individual Health Care Plans, (and their Review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional (usually the SENCo) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school.

The school will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed 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 the child has SEND identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

The Individual Health Care Plan should include:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;

- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.

### **The Child's Role in managing their own Medical Needs**

If it is deemed, after discussion with parents/carers, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the cupboards either close to or in the classroom, accessible to the children but also ensuring that the safeguarding of other children is not compromised. The school does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/carers should be informed, outside of the review, so that alternative options can be considered.

### **Managing Medicines on School Premises**

#### Non Prescription medicines

LCC as an organisation has a policy not to accept non-prescribed medication. This policy is adhered to at our school. This includes medicines such as:

- paracetamol and similar analgesics
- throat Lozenges including Strepsils and 'cough sweets' such as Tunes or Locketts
- Bonjela

#### Prescription medicines

*N.B Medicines will not be accepted for short illnesses when it would be in the child's best interest to remain at home to recover from the illness.*

**Medicines will only be accepted when essential:** that is where it would be detrimental to a child or young person's health if the medicine were not administered during the school day. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Each item of medication must be delivered to the School Office in a secure and labelled container as originally dispensed. It may be appropriate for the GP to prescribe a separate amount of medication for the school's use. Where this is appropriate, this will be negotiated with the parent.

Items of medication in unlabelled containers should be returned to the parent. The school will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. Medicines must always be

provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside the school's hours. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after attending school and at bedtime. School may, at their discretion, administer medicine prescribed 3 times per day if a child is attending before or after school care at the school. As a general rule, school will only administer prescribed medication if the dose frequency is 4 times per day.

Medication will **never** be accepted if it has been repackaged or relabelled by parents.

### **Controlled drugs**

Some controlled drugs may be prescribed as medication for use by children and young people. Once appropriate information and training has been received, any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine must do so in accordance with the prescriber's instructions.

A child or young person who has been prescribed a controlled drug may legally have it in their possession. However, at our school, prescribed controlled drugs will be stored in the school office and will only be accessible by senior staff members and the school office. Where self-medication is agreed to be appropriate, arrangements will be made for the young person to report to staff with access rights at agreed, appropriate times. A record will be kept for audit and safety purposes.

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it will be returned to the dispensing pharmacist (details should be on the label). Misuse of a controlled drug, such as passing it to another child or young person for use, is an offence.

### **Long Term Medical Needs**

It is important to have sufficient information about the medical condition of any child or young person with long-term medical needs. If a child or young person's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2014 and the Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions individual health care plans will normally specify the type and level of support required to meet the medical needs of such pupils. Where children

and young people also have SEND their provision should be planned and delivered in a coordinated way with the health care plan schools are required to have regard to statutory guidance. "Supporting pupils at school with medical conditions."

School will work with parents and relevant health professionals to develop a written health care plan for such children and young people.

### **Storing Medication**

- Large volumes of medicines will not be stored;
- Staff will only store, supervise and administer medicine that has been prescribed for an individual child or young person;
- Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed;
- Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration; as dispensed by a pharmacist in accordance with the prescriber's instructions;
- Where a child or young person needs two or more prescribed medicines; each should be kept in a separate container;
- Staff should never transfer medicines from their original containers;
- Children and young people should know where their own medicines are stored. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to the child or young person and should not be locked away;
- Other non-emergency medicines should will be kept in Narnia;
- Where medicines need to be refrigerated. They can be kept in the staffroom refrigerator. Access to these areas is restricted to adults.

### **Access to medicines**

Children and young people who need to have immediate access to their medicines when required. The school will take advice from health care professionals through the development of the care plan and ensure that medication is accessible but out of reach of other children.

### **Disposal of medicines**

Staff should not dispose of medicines. Parents 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 term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal or returned to the parent/carer.

### **Procedure for Administration of Medicine**

#### Self-administration

It is good practice to support and encourage children and young people, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their medicines.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. 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 or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person of any age to self-manage. Health professionals need to assess, with parents/carers and young people, the appropriate time to make this transition.

The school will work with health professionals, parents and young people to support self-administration where this is agreed to be appropriate. In these circumstances, parents/carers will be required to complete the appropriate form.

#### Adults Administering Medication

No child or young person under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child or young person should check:

- The child or young person's name on the medicine container
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container and within the medication packaging

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child or young person, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional. Staff must complete and sign a record each time they give medicine to a child or young person. Good records help demonstrate that staff have exercised a duty of care.

- **Only medication prescribed by a doctor, or authorised health care worker, will be administered in school.**
- Only members of staff that have been trained and authorised by the Headteacher may supervise and administer medication. In emergency, the Headteacher will make appropriate alternative arrangements. In some circumstances, as determined by the Headteacher, a child's parents or qualified, specialist, nursing staff may be asked to visit school to administer the medication.
- The medicine should be brought to school, preferably by the parent, with clear written instructions for administration, giving the name of the pupil. Glass containers are unsuitable to be carried by pupils. Note: It is not practicable to bring one measured dose of a liquid medicine; adhesion of the liquid to the container results in the dose being less than sufficient.
- GPs are able to prescribe antibiotics that do not need to be administered in doses that happen during the school day.
- If parents have explored other options but still request school staff to administer medicines they should complete a **Parental agreement to administer prescribed medicine form. This form must be in school with the medicine before medicines are administered.**

- **Medicines must be delivered to a member of the School Office** and stored safely as per procedure.
- **The medicine should be self-administered if possible, under the supervision of an adult.** This may be any adult acting with the Head's authority.
- **Medication must be sent into school in its original container.**
- Medication will be kept safely according to the instructions on its container. Where medication needs to be kept in a refrigerator the Headteacher will decide how it is to be stored.
- If medicines are administered a note should be made on the pupil record sheet held in the Administration of Medicines file.
- **It is the right of any professional to refuse to administer medicines.** Please tell the Head if you decide to do so.

Under no circumstances will any medication be administered without the agreement of the Head Teacher, and the written, signed instructions from the parent or carer. The only exception to this are asthma inhalers. Each class (**except for Foundation Stage children**) has a blue asthma inhaler which have been sourced from the pharmacist. Staff may decide to administer an inhaler to a child (**in Year1-6 ONLY**) struggling to breathe, either in the absence of his/her own inhaler, or where the child has not already had an inhaler prescribed. Parents will be informed at the earliest opportunity if a school inhaler has been administered.

### **Educational Visits**

It is essential that when planning an educational visit, that all reasonable steps have been taken and reasonable adjustments made to try and ensure the visit is accessible to children and young people with disabilities and/or medical needs.

Schools must also ensure that when included in an outdoor visit a child or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs.

All school visits are planned in accordance with Lancashire County Council policy and procedures.

In respect of individual cases where there are concerns, the school will seek advice from the appropriate technical adviser on 01772 532805. The school will also ensure that:

- The proposed visit is discussed and with the parents and (wherever possible) the child or young person as early as possible;
- The risk assessment covers the specific issues of the child or young person, including the management of prescription medicines during the visit. Where appropriate, reasonable adjustments will be made and alternative activities considered.
- The staff and volunteers on the visit are fully briefed and particularly if there are any adjustments to the programme for the child(ren) that have any SEN or medical needs.

## **Emergency Procedures**

As part of general risk management processes the school has arrangements in place for dealing with emergency situations.

- Children and young people tell a member of staff;
- Staff must always inform a senior staff member of an emergency situation;
- Staff must know how to call the emergency services (see appendix for guidance on calling an ambulance)

A member of staff will always accompany a child or young person taken to hospital by ambulance, and will stay until the parent arrives. At hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

- Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- Individual Health Care Plans must include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

## **Unacceptable Practice**

As a school we are very supportive of children with medical needs and the staff that work with them. Whilst we treat each child as an individual and plan accordingly there are some practices that should not be allowed within this policy. This is an example of some of those practices:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming that every child with the same condition requires the same treatment
- ignoring the views of the child or their parents.
- ignoring medical evidence or opinion (although open to challenge)
- sending children with medical conditions home frequently or preventing them from staying for normal school activities unless specified in their IHCP
- sending the child to the school office when unwell unaccompanied or accompanied by someone unsuitable
- penalize children for their attendance if the absences are related to their medical condition
- preventing children from drinking, eating or taking breaks (including bathroom) whenever they need to in order to manage their condition effectively
- requiring parents to attend school to administer prescribed medication or provide medical support for their child. No parent should have to give up working because the school is failing to meet their child's medical needs
- preventing children from participating in any aspect of school life (creating barriers). This includes school trips and an example would be requiring parents to accompany the child

## **Further information**

This policy should be read in conjunction with the guidance document 'Medicine Safety'. This guidance document provides further information with regard to legal responsibilities and specific medical conditions. In this school, the document is held electronically by the Headteacher and a hard copy is held by the SENDCO.

### **Complaints Procedure**

If anyone should have any type of complaint regarding the support of a pupil with medical needs they should inform the Headteacher in the first instance who will attempt to resolve the issue. If not resolved at this stage the complaint should be put in writing and addressed to the Chair of Governors via the school. The Chair of Governors will then progress the matter in accordance with the school's complaints policy.

### **Insurance & Liability**

St John's Stonefold CE Primary buy in to the services of Lancashire County Council who provide insurance cover on our behalf. We are covered by a Public Liability scheme of £50 million. This insurance is effective as long as the following protocols are followed:

- all procedures stated in the IHCP and relevant policies must be adhered to
- all medication administration must be logged and medication must only be given by a suitably trained member of staff
- all required risk assessments should be in place

### Model Process for Developing Individual Health Care Plans

