



**Berrywood Primary School  
Supporting Pupils with Medical Needs  
and Administration of Medicines Policy**

<b>Name of Unit/Premises/Centre/ School:</b>	<b>Berrywood Primary School</b>
<b>Name of Responsible Manager/Headteacher:</b>	<b>Chris Reilly</b>
<b>Date Policy approved and adopted:</b>	<b>May 2020</b>
<b>Date Due for review:</b>	<b>May 2021</b>

**Introduction**

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their 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.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply. We recognise that medical conditions may impact social and emotional development as well as having educational implications.

## Key Roles & Responsibilities

The Governing Body is responsible for:

- Ensuring that arrangements to support pupils with medical conditions in school, including making sure a policy for supporting pupils with medical conditions in school is developed and implemented
- Ensuring that a pupil with medical conditions is supported to enable fullest participation possible in all aspects of school life
- Ensuring sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions

The Headteacher is responsible for:

- Ensuring that the school's policy is developed and effectively implemented
- Ensuring all staff are aware of the policy for supporting pupils with medical conditions and understands their role in its implementation
- Ensuring all staff who need to know are aware of a child's condition
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all healthcare plans, including in contingency and emergency situations
- Overall responsibility for the development of Individual healthcare Plans (IHPs)
- Ensuring staff are appropriately insured and are aware that they are insured to support pupils in this way

Teachers and Support Staff:

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient suitable training and achieve the necessary level of competence before they take on responsibility to support children with medical conditions.

The School Link Nurse is responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require school support
- Supporting staff on implementing a child's individual healthcare plan if appropriate/necessary

## Local Arrangements

Identifying children with health conditions

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Transitional arrangements between schools will be completed in such a way that will ensure full disclosure of relevant medical information, Healthcare Plans and support needed in good time for the child's receiving school to adequately prepare.

#### **Individual health care plans**

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the Headteacher or School Business Manager to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Headteacher or School Business Manager will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by the healthcare

professionals supporting the school with the development of that particular plan. In the absence of a template being provided, the template provided by the DfE will be used.

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and education providers to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The governing body will ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupils resulting needs, including medication and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition and dietary requirements
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Who will provide the 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
- Who in school needs to be aware of the child's condition and support required
- Arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by a pupil in school hours
- Separate arrangements or procedures required for school trips
- What to do in an emergency, including whom to contact and contingency arrangements

### **Staff training**

School staff providing support to a pupil with medical needs will receive suitable training. Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confidence in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

A 'staff training record' sheet will be completed to document the level of training undertaken. Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

### First Aid at Work Trained Staff

Julie Woolley

Jo-anne Bates

### Paediatric First Aid Trained staff

Caroline Price

Phyl Reeves

Bethany Woolley

Kim Steward

Kim Gover

Amy Spencer

Alison Morant

Amanda Anthony

Trudi Terrell

### One Day trained First Aiders

A list of staff who hold current certificates will be displayed in each medical room

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training.

All new staff will be inducted on the policy when they join the as a part of their Health and Safety Induction. The policy will be available for all staff to access on the school section of the VLE, under Health and safety

The awareness training will be provided to staff by at staff meetings and/or via the VLE

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff training record' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

### **The child's role**

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

### **Managing medicines on School Premises**

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent. A 'parental agreement to administer medicines' form will be used to record this.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is the Children's Services Medication Tracking Form.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Children who are able to use their own inhalers themselves are encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly

marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

It is not our general policy to take responsibility for the administration of non-prescribed medicines, e.g. Calpol or cough medicines, as the responsibility rests with the parents. On occasion, when children require paracetamol, it is our policy to support self-administration if the medicine is in clearly identifiable packaging and only on a short term basis.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication will be stored in accordance with the normal prescribed medicines procedures (see storage section).

## Storage

All medication other than emergency medication will be stored safely in a locked cabinet.

Where medicines need to be refrigerated, they will be stored in a the refrigerator in the phase 1 medical room in a clearly labelled airtight container.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be brought to the attention of staff to ensure appropriate procedures are followed. A copy of the healthcare plan may also be taken offsite if necessary.

#### **Disposal**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will always be used for the disposal of needles.

#### **Medical Accommodation**

The medical room in phase 1 will be used for all medical administration/treatment purposes. This will be made available when required.

#### **Record keeping**

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.



## Emergency Procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

## Day trips/off site activities

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and take advice from the relevant healthcare professional to ensure that pupils can participate safely.

## Unacceptable practice

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- penalise children for their attendance record if their absences are related to their medical condition, eg. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child.

### **Liability and Indemnity**

Staff at the school are indemnified under the County Council self insurance arrangements.

The County Council's is self insured and have extended this self insurance to indemnify school staff who have agreed to administer medication or under take a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

### **Complaints**

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.