

# Rainow Primary School

*Caring, Learning, Achieving.*

## Supporting Pupils with Medical Conditions

**Members of staff responsible:**

**Date approved by the full Governing body:**

**Date to be reviewed:**

**Headteacher**

**Autumn term 2016**

**Autumn term 2018**

### **Rationale**

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same processes of admission as other children and cannot be refused admission on medical grounds alone. Teachers and other school staff have a duty to act in 'loco parentis' and may need to take swift action in an emergency. This duty also extends to staff leading activities off site and staff responsible for before and after school provision.

The prime responsibility for a child's healthcare lies with the parent who is responsible for the child's medical care and medication and should supply the school with information. The school has regard for the DFE statutory guidance '*Supporting Pupils at School with Medical Conditions*', December 2015. This policy outlines Rainow Primary School's approach to meeting the requirements of this guidance.

### **Key Principles**

- Children with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Arrangements must be in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development, implementation and review of healthcare plans with the support of the school nursing service.
- School, parents, the child and healthcare professionals will work closely together to ensure that the needs of students with medical conditions are met.
- Our focus is on the child as an individual and how their medical needs are met to ensure full inclusion, access and enjoyment of school life.

### **Training and Staff Awareness**

- The school has a number of trained first aiders, a list of which is displayed in the office, staffroom and on the first aid cupboard in the shared area. There is a first aider available during the school day, including our before and after school provision.
- Relevant staff will be made aware of each child's medical condition and needs.
- Key staff will be regularly trained in supporting individual pupils with specific medical conditions such as diabetes, epilepsy and severe allergies.
- We will ensure that cover arrangements are made in the case of staff absence or turnover to ensure needs are met.
- We will undertake risk assessments for activities off site taking into account individual needs.

### **Individual Healthcare Plans**

Where the child has a long term and complex medical condition(s), they should have an individual healthcare plan (IHC) providing clear guidance on what needs to be done, when and by whom. The school nurse, parent or carer, school and healthcare professionals collaborate to develop the plan. It is vital that the IHC reflects up to date medical knowledge

about the child (input from healthcare professionals) and agreement should be reached as to who is responsible for leading on writing it. These should be reviewed annually. Not all pupils with medical conditions need an IHC.

### **Children with Education Health Care (EHC) plans and Medical Needs**

For pupils with EHC plans, the IHC should be linked to or become part of the EHC plan.

### **Roles and Responsibilities**

#### *Governing Body*

- Overall responsibility to ensure pupils with medical conditions are supported to participate fully in school life.
- Responsibility to ensure staff are appropriately trained and competent.
- To ensure that written records are kept of all medicines administered to children.

#### *The Headteacher*

- Ensure implementation of the policy.
- Ensure relevant staff are informed about medical conditions and trained.
- Overall responsibility for developing Individual Health Care (IHC) plans.
- Ensure appropriate levels of insurance.
- Ensure that medicines are stored safely.
- Overall responsibility for liaison with the school nursing service.

#### *School Staff*

- Take into account the medical needs of children they teach.
- Support pupils following guidelines from the IHC plan.
- Attend training as required in supporting pupils with medical conditions.

#### *School Nurse*

- Responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts school.
- Support staff in implementing an IHC providing advice and liaison, particularly training.
- Contribute medical advice to the writing of an IHC.
- Liaise with other NHS staff and clinics.
- Provide advice and support for schools about medical conditions.

#### *Pupils*

- May be best placed to describe how a condition affects them.
- Should be sensitive to the needs of others.
- Should be involved as much as possible in decisions and plans affecting them.
- Should be encouraged to self-administer medication (with support) where appropriate to develop independence.

#### *Medical Administrative Support*

Medical responsibilities to be undertaken by a member of the office staff to maintain the following:

- The safe storage of medicine in school.
- Update Medical File with up-to-date copies of Medical Care Plans.
- Ensure that Teaching Staff are informed of allergies, medical needs of pupils in their class.
- Ensure that photographs of children with severe allergies, plus brief description of allergy is displayed in suitable areas around the school e.g. staffroom, School Office, kitchen.
- Ensure administration of medicine is recorded appropriately.
- Inform lunchtime staff of children with food allergies.

### *Parents*

- Should provide the school with up-to-date information.
- \*Should ensure that medicines are in date
- Should attend clinic appointments as appropriate.
- Should be involved in the development and review of IHCs
- Should carry out action they have agreed to implement as part of the IHC.
- Should keep school informed immediately of any change of emergency contact details.

\*While the school endeavours to keep all medical records up to date, it is ultimately the parents' responsibility to check that their child's medicine is in date.

### **Procedures for Managing Medicines**

- Parents must fully complete a 'Request for the School to give Medication' form.
- Medicines should only be bought to school when absolutely essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.
- The school should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist. However as part of our 'in loco parentis' role we may also administer various creams, anti-histamines and mild analgesics such as Calpol provided by parents. However, a child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- 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, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Governing bodies should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

### **Educational Visits**

It is good practice to encourage children with medical needs to participate in safely managed visits. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children. Pupils should not be prevented from taking part in educational visits due to medical reasons.

Occasionally additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken

into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Travel sickness medication is administered in the same way as other medication at Rainow School – parents should fill in a form and medication should be in the original packaging.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.

### **Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

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. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### **Long - Term Medical Needs**

The school will support pupils who have long term medical needs such as asthma, allergies which require epipen use or diabetes where it would be inappropriate to expect a parent to come into school to administer medicine for an extended period or on an emergency basis.

It is important to have sufficient information about the medical condition of any child with long-term medical needs. The school needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is advisable to develop a written health care plan for such children, involving the parents and relevant health professionals.

### **Children who manage their own Medical Needs**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Some children can be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily (an example would be those in Key Stage 2 with type one diabetes). Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

### **Refusing Medicines**

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but should note this in their records. Parents should be informed of the refusal on the same day so that alternative options can be considered. If a refusal to take medicines results in an emergency, then the school's emergency procedures should be followed.

## **Storing Medicines**

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions 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. This should be straightforward if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines from their original containers.

The Headteacher is ultimately responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Other non-emergency medicines should generally be kept in a secure place not accessible to children. Some medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

## **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff have access to protective disposable gloves and should take extreme care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **Emergency Procedures**

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. These should be reflected in school visit plan forms. Where a child has an individual healthcare 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 needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems. For children with severe medical needs, where the Medical Care Plan states emergency procedures, up to date information must be kept readily available for emergency services.

## **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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 or in need of their medication, 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, e.g. 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.