

Folly Hill Infant School



Medication Policy inc Supporting Pupils at School with Medical Conditions Health & Safety Suite

Signed Chair of Governors

Signed Head Teacher

Date: Spring 2020

Review Date: Spring 2021

STATEMENT

The Governing Body has a duty under Section 100 of the Children and Families Act 2014 to make arrangements to support pupils with medical conditions so that these children can access and enjoy the same opportunities at school as any other child.

INTRODUCTION

Medication is not normally administered at school. General first aid treatment will take place, but if a child is unwell and unable to continue working within the classroom, parents (or a person nominated by the parents) will be contacted. If a child is sent home, details should be recorded on individual sign out sheets. Please note any reference to parent or parents also includes carer or carers.

FIRST AID

Staff dealing with open wounds will always wear the plastic gloves provided. These are located in the First Aid cabinet in the Office.

First Aid treatment will be given where necessary, although antiseptic creams will not be used. Cuts and grazes should be cleaned with cold water or antiseptic wipes. A list of those children who are allergic to plasters is located inside the First Aid cupboard adjacent to the plasters.

A record is kept of minor cuts, scrapes, and bumped heads etc. in school accident books. When a child has bumped their head they are given a red wristband stating date and time of the incident so staff and parents are aware of any potential consequences. Details of more serious injuries will be reported on line via the OSHENS system.

If a child's injuries seem to be of a more serious nature, the parent (or the person nominated by the parent) will be informed. If they are unobtainable and circumstances require it, then a member of staff should take the child to the Accident and Emergency department of the local hospital or call an ambulance and accompany the child to hospital.

DEFINITION

Pupils' medical needs may be broadly summarized as being of two types:

- Short term – affecting their participation in school activities whilst they are on a course of medication
- Long term – potentially limiting their access to education and requiring extra care and support

MANAGING MEDICINES

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent
- No child will be given medicine containing aspirin unless prescribed by a doctor
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- We will 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 its original container
- All medicines will be stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be readily available and not locked away and all staff will be aware where they are stored
- Staff administering medicines will do so in accordance with the prescriber's instructions. The school will 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 will be noted
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- It is the parent's responsibility to provide the school with up to date medicine and check the expiry date. This is stated on the pupil medication request from that the parent signs.

After discussion with parents, children who are competent to take responsibility for managing their own medicines and procedures e.g. asthma inhalers will be encouraged to do so but only under adult supervision.

RECORD KEEPING

Up to date records of parents' home and work telephone numbers, including details of any allergies and medical needs of the child, are maintained by the office together with similar details for persons nominated by the parent to be contacted in case of an emergency if the parent is unobtainable. It is the responsibility of the parents to notify the school of any changes. Written records are kept of all medicines administered to children. Parents will be informed if their child has been unwell at school e.g. asthma attack and that medication has been administered.

Individual Pupil Medication Records and Medication Request forms will be kept in the Medication File. Any changes in medication regime should be entered in the Medication File.

SHORT TERM MEDICATION

Whenever possible parents will be encouraged to give medicine at home. Special arrangements can be made for the continuation of prescribed courses of medication, e.g. if four doses a day are needed, to be carried out at school.

PLEASE NOTE: We cannot guarantee that medicines in school will be given at the time specified. Parental advice will be sought if the specified time is missed.

Medication will normally be administered by the lead first aider or named deputy in their absence or when the pupil is on a school visit offsite.

The parent must complete a Pupil Medication Request form, giving details of the medicine, dosage and time as well as giving permission for the medicine to be administered. Completed forms are kept in the Medication File in the School Office.

The medicine should be handed into the Office by the Parent, together with a spoon or syringe if to be taken by mouth. It should be clearly labelled with:

- (i) the child's name
And (ii) the name of the medicine.

All medication, including creams, lip balms, homeopathic remedies and sun creams should be clearly labelled and handed into the Office by the parent/carer and not put in the child's bag, tray or pocket etc., otherwise children may help themselves or place other pupils at risk. This may be stored in the staffroom fridge or a high level cupboard in the school office.

Medicines will not be administered without specific written parental permission. The member of staff administering the medicine will complete the Pupil Medication Record (kept in the Medication File) to show that this has been done.

By arrangement, parents may come into the school to administer the medicine themselves and will be asked to do so for ear/eye/nose drops/intimate or invasive drugs.

LONG TERM CHRONIC CONDITIONS

Children suffering from long term chronic conditions such as asthma, diabetes etc. shall have access in the Office to inhalers etc. It should be noted if these should be taken on school outings. PLEASE NOTE: We cannot guarantee that medicines in school will be given at the specified time. Parental advice will be sought if the specified time is missed. Children with a long term condition may have an Individual Healthcare Plan.

CHILDREN WITH SEVERE ALLERGIES etc.

All members of staff will be made aware of any pupil with a potentially life-threatening condition, e.g. with severe allergies and/or an auto injector pen. All teaching staff will receive relevant training. Details of action required will be kept readily accessible.

INDIVIDUAL HEALTHCARE PLANS

If a child requires an Individual Healthcare Plan (IHCP) this will be developed by the lead first aider consultation with healthcare professionals and parents. An IHCP will provide clarity about what needs to be done, when and by whom. It will often be essential, such as in cases 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. Not all children will require one and it is up to the school, healthcare professional and parent to agree, based on evidence, when an IHCP is inappropriate or disproportionate. If consensus cannot be reached, the head teacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an IHCP is provided at annex A. IHCP's will be easily accessible to all who need to refer to them, while preserving confidentiality. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their IHCP.

IHCP's, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents and a relevant healthcare professional, e.g. specialist, who can best advise on the particular needs of the child. Staff who provide support to the pupil should also be present at the meeting. Pupils should be involved whenever appropriate. Plans should be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed 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 well-being and minimises disruption. If a child has a special educational need identified in a statement or EHC plan, the IHCP will be linked to or become part of that statement or EHC plan.

When deciding what information should be recorded on an IHCP the following information will be taken into account:

- 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 and environmental issues e.g. crowded areas
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

- 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 and the head teacher 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 parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of the IHCP.
- That is the parent's responsibility to ensure medicine provided to the school is up to date and within the expiry date.

ROLES AND RESPONSIBILITIES

Some of the most important roles and responsibilities of those involved in the arrangements made to support pupils at school with medical conditions are as follows:

The Governing Body (GB) is responsible for ensuring the development and implementation of this policy. All pupils with medical conditions will be supported to enable fullest participation possible in all aspects of school life. The GB should ensure that there are sufficient staff who have received suitable training and are competent before they take on responsibility to support children with medical conditions. The GB should also ensure that any members of staff who provide support to pupils with a medical condition are able to access information and other teaching support material as needed.

The Head Teacher (HT) should ensure that this policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The head teacher should ensure that all staff who need to know are aware of the child's condition. The HT should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all IHCPs, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The HT will have overall responsibility for the development of IHCPs and make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The HT should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The school has access to **school nursing services**. They are 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. They are available to support staff on implementing a child's IHCP and provide advice and liaison, e.g. training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other healthcare professionals, including GPs and paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing IHCPs. Specialist local health teams may be able to provide support in schools for children with particular conditions e.g. diabetes.

Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and compliance with, their IHCP.

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's IHCP, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local Authorities (LAs) are commissioners of school nurses for maintained schools. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. LAs should provide support, advice and guidance, including suitable training for staff, to ensure that the support specified within an IHCP can be delivered effectively. LAs should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the LA has a duty to make other arrangements. Statutory guidance for LAs sets out that they should be ready to make arrangements under this duty when it is clear that a child will be Away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health service can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical Commissioning Groups (CCGs) commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with a medical condition. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for LAs). CCGs should be responsive to LAs and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for LAs and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Ofsted's inspection framework places a clear emphasis on meeting the need of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their medical needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

STAFF TRAINING AND SUPPORT

Any training required in order to provide support to pupils with medical needs should be identified during the development of the IHCP and/or when the IHCP is reviewed. Guidance will be sought from the relevant healthcare professional who should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any IHCPs). Healthcare professionals, including school nurses, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will be made aware of this policy and it will also form part of the induction procedures for new staff. All staff receive regular basic first aid training and those working with children in EYFS receive the full 12-hour paediatric training. Additional whole school training is arranged if a child has a medical condition requiring the use of an adrenaline pen. Parent's views will also be taken into account when considering appropriate training.

EMERGENCY PROCEDURES

Where a child has an IHCP, 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. A red spot is located in all areas of the school and staff and pupils are aware of how this is to be used to summon help in the case of an emergency.

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.

DAY TRIPS AND SPORTING ACTIVITIES

The school should actively support pupils with medical conditions to participate in school trips and visits or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but should be flexible to allow all children to participate according to their own abilities and with any reasonable adjustments. The school should 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. A risk assessment should be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. The school should also refer to the Health and Safety Executive guidance on school trips.

UNACCEPTABLE PRACTICE

Staff will use their discretion and judge each case on its merits with reference to the child's IHCP; however, 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 IHCPs;
- If a child becomes ill, send them to the school office 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.

LIABILITY AND INDEMNITY

Surrey County Council fully indemnifies all its staff against claims for alleged negligence providing they are acting within the remit of their employment. As the administration of medicines is considered to be an act of "taking reasonable care" of the child/young person, staff agreeing to administer medicine can be reassured about the protection their employer would provide. In practice this means that the County Council, not the employee, would meet the cost of damages should a claim for alleged negligence be successful.

Staff should take the same care that a reasonable, responsible and careful parent would take in similar circumstances, while they are responsible for the care and control of children/young people. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

POLICY IMPLEMENTATION

The Headteacher has overall responsibility for the implementation of this policy and will ensure that:

- Sufficient staff are suitably trained

- All relevant staff will be made aware of the child’s condition
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- Brief supply teachers
- Risk assess school visits and other school activities outside of the normal timetable
- Monitor Individual Healthcare Plans

COMPLAINTS

Should a parent or pupil be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue they may make a formal complaint via the school’s complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

This policy has been drawn up using the DfE statutory guidance document ‘Supporting Pupils at School with Medical Conditions’ dated April 2014.

See also Young People’s Health and the Administration of Medicines guidance – a copy of which is held in the School Office.

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ANNEX A: Model process for developing individual healthcare plans

