

# OUR LADY OF FATIMA PRIMARY SCHOOL

## POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

### THE LEGISLATION THIS POLICY IS BASED UPON:

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. The DfE publication '**SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS**' published April 2014 includes statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

### KEY AIMS:

- Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Academy Committee ensures that arrangements are in place in schools to support pupils at school with medical conditions.
- The Academy Committee ensures that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

### THE ROLE OF THE ACADEMY COMMITTEE:

To ensure that arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school as any other child.

To take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening so the focus of action taken is on the needs of each individual child and how their medical condition impacts on their school life.

To make arrangements to give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school; showing an understanding of how medical conditions impact on a child's ability to learn, as well as increasing confidence and promoting self-care and finally ensuring staff are properly trained to provide the support that pupils need.

To monitor arrangements put in place to ensure that policies, plans, procedures and systems are properly and effectively implemented in accordance with statutory requirements - In particular procedures for administration of medicines.

To ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

To ensure that the school's policy is explicit about what practice is not acceptable when administering medicines in school.

To ensure complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

To review regularly the policy for supporting pupils with medical conditions and ensure it is readily accessible to parents and school staff.

To ensure the policy is implemented effectively by **Mrs van Vliet** the Headteacher who has overall responsibility for policy implementation and is responsible for ensuring:

- that sufficient staff are suitably trained,
- a commitment that 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,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
- monitoring of individual healthcare plans.

#### **THE ROLE OF THE HEADTEACHER:**

The Headteacher ensures that the school's policy for supporting pupils with medical conditions 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 Headteacher ensures that all staff who need to know are aware of the child's condition and that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

#### **THE ROLE OF STAFF:**

Any member of school 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. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff are to receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

## **THE ROLE OF SCHOOL NURSES:**

The school nursing services 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 at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

## **THE ROLE OF SCHOOL PUPILS:**

Pupils of an appropriate age with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible, depending on their age, to the development of, and comply with, their individual healthcare plan.

## **THE ROLE OF SCHOOL PARENTS:**

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 individual healthcare plan, and may be involved in its drafting.

## **THE ROLE OF THE NAMED PERSON & INDIVIDUAL HEALTH CARE PLANS**

The role of the named person, **Mrs van Vliet**, is to ensure that procedures are followed whenever a school is notified that a pupil has a medical condition are in place and followed (see procedures below )

The named person is responsible for individual healthcare plans and their development and use in supporting pupils at school with medical conditions.

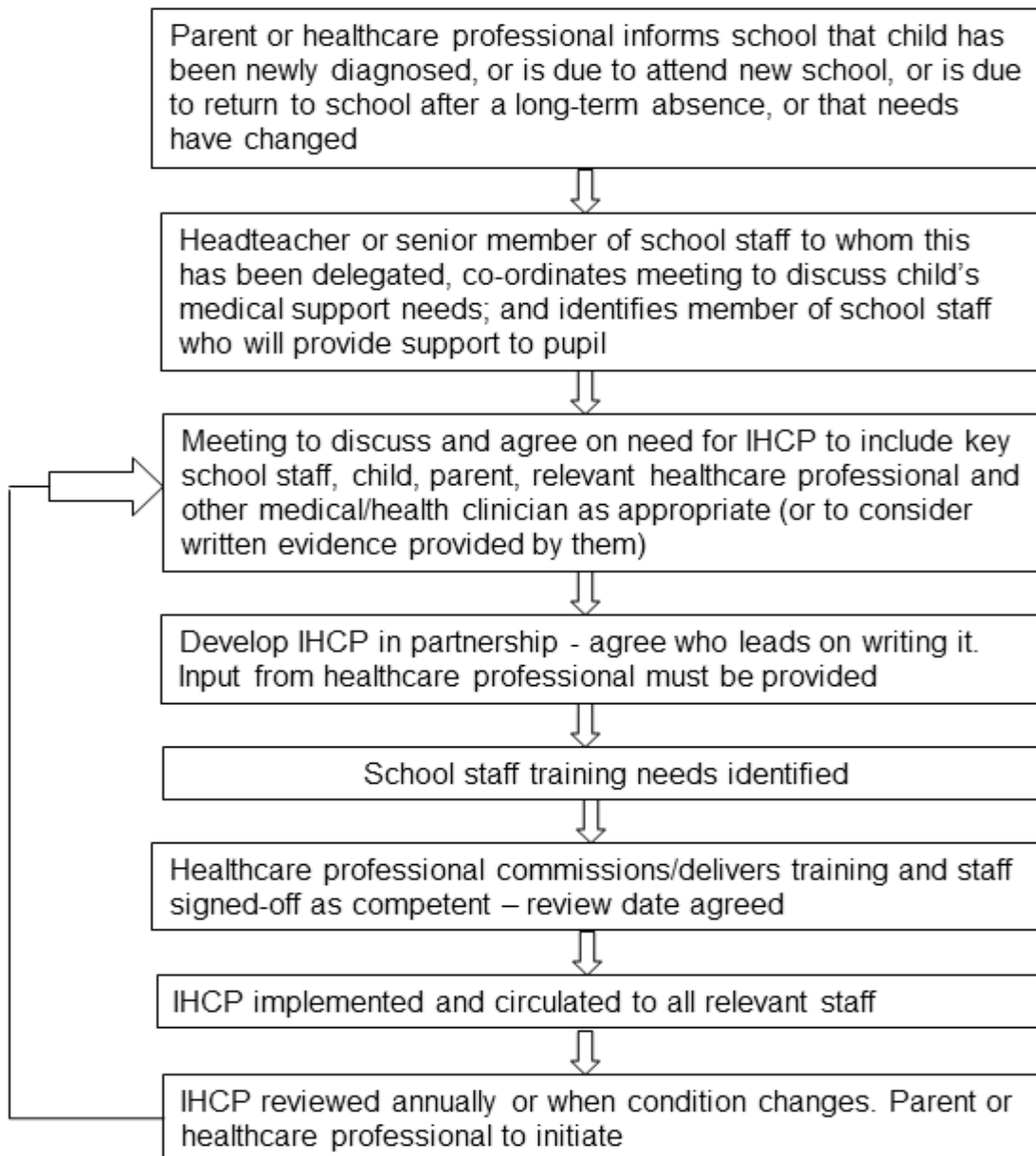
Individual Health Care plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind and assess and manage risks to the child's education, health and social well-being and minimises disruption.

When deciding what information should be recorded on individual healthcare plans, the named person considers the following:

- 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 eg. crowded corridors, travel time between lessons;

- 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 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, eg 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 their individual healthcare plan.

## PROCEDURES FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS



## PROCEDURES FOR HANDLING AND ADMINISTERING MEDICINES IN SCHOOL

### **Rationale**

As a school we would like all our pupils to be happy, safe, fit and well. In order to achieve this, we believe a clear policy on the handling and administration of medicines in school is necessary to safeguard all of the pupils in our care.

### a) **Medical Equipment:**

It is the responsibility of the First Aid staff in school to ensure that the first aid stocks are checked and replenished regularly and that all first aid equipment is maintained. Where deficiencies are identified

ensure new stock is ordered by placing an order with the Senior Office Manager.

b) **Storage, administration and handling of Medicines:**

For safety reasons, all prescribed medicines are stored centrally in the staff room fridge or in the Head teacher's office, depending on instructions and are handled by adults only. Parents are asked to deliver any prescribed medication to school via the front office and to collect medication at the end of the day in the same way. ***At no time should children be given medicines to bring in or take home from school.*** Only prescribed medicines that have parental authorisation and are appropriately named are allowed in school.

c) **Timing of Administration of Medicines:**

Medicines are administered at the times prescribed. A member of staff must witness when medicine is given and then both the administrator and the witness must sign the medicines form (kept on the notice board in the staff room/ Headteacher's office).

d) **Parental Authorisation Forms:**

Before prescribed medication can be given in school, parents must complete the appropriate authorisation form for administering medicines in school, clearly indicating the child's name, name of medication and relevant dosage and time to be taken. These forms can be obtained from the school office or the school website.

As stated below, there may be occasions where emergency medication needs to be administered without immediate prior parental consent. In such instances, staff will follow the protocols detailed on the IHCP and notify parents using the 'yellow' form following administration. Parents will also be informed verbally by a staff member either by phone call or at the end of the day when the child is collected.

All forms are checked by authorised First Aid staff on a regular basis to ensure accuracy of information and expiry dates of medicines.

e) **Medicine Administration:**

First Aid staff dispense all oral medicine to children and supervise diabetic children administering their own insulin. Children with asthma, administer their own medication under supervision of a member of staff who has been fully trained in Asthma care. There may be instances where medicine needs to be administered in an emergency, i.e. in the event of an allergic reaction, in which case, the IHCP will be adhered to and parents will be notified afterwards both verbally and using the 'yellow form'.

f) **Non-prescribed Medicines:**

Due to the increasing number of children receiving medication in school, medicines that are not prescribed such as cough lozenges etc. will not be administered by First Aid staff and are **not** to be brought to school. Lip balm during winter months should be applied by the parents at home.

g) **Administration of Antibiotics:**

Following an absence due to illness, should a child be declared fit to return to school but is still on a

course of antibiotics or other medication, parents are welcome to make arrangements to come into school to administer this medication or to nominate another responsible adult, should this be necessary. Where possible, parents are encouraged to administer the medicines at home. School will administer prescribed medicines if an adult cannot come in to school to do so providing:

- Parents complete the required authorisation form at the school office and deliver / collect the medicine to an adult in the school office
- Parents understand and accept that the school cannot be held responsible if the medicine is not administered at the stated time.

h) **Monitoring of Administration of Medicines:**

When a child receives medication in school, details are to be recorded on the appropriate *Daily Medical Register* which is located in the Headteacher's office/Staff room.

i) **Qualified First Aid Staff:**

All teaching staff accessed First Aid Training in October 2016 except Mrs Macklin. First Aid staff must hold the appropriate up-to-date First Aid at Work Certificate and should attend renewal courses as appropriate. Our current qualified Lead First Aiders are: *Mrs Homer and Mrs Smith*. Other staff who are paediatric first-aid trained are *Miss Deen, Mr Hinton, Mrs Khatun, Mrs Rickerby, Mrs Wakeman, and Miss Walker*. (see First Aid Policy). The school ensures that there are an appropriate number of qualified first aiders available during school and club hours.

j) **Educational Visits:**

A portable First-Aid kit and individual pupils' medicines must be taken on all Educational Visits. This is the only time medication will be allowed outside the designated storage area for medicines in school. On such visits medicines are to be transported and administered by a designated member of staff (see Educational Visits Policy and relevant authorised Risk Assessments for each visit).

k) **Unacceptable Practice when handling medicines in school:**

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, 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 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, eg by requiring parents to accompany the child.

This policy must be read in conjunction with the school document entitled: Policy of First Aid, The Management of Medicines, Asthma and Allergic Reactions.

This policy was approved by the Academy Committee in December 2014 and will be reviewed annually.  
Last review: October 2016.



## **PARENTS' SUMMARY OF PROCEDURES FOR HANDLING AND ADMINISTERING MEDICINES IN SCHOOL.**

Due to the increasing number of children receiving medication in school, medicines that are not prescribed such as calpol, cough lozenges, lip balm etc. **will not** be administered by First Aid staff and are **not** to be brought to school.

The administration of antibiotics or other prescribed medication will only be permitted in school if the required authorisation form is completed by parents or carers. This can be obtained from the school office or from the school website. The name of the child, the medication and relevant dosage and time to be taken should be clearly stated.

Parents are asked to deliver any prescribed medication to school via the office and to collect them at the end of the day in the same way. ***At no time should children be given medicines to bring in or take home from school.***

Children with asthma can administer their own medication under the supervision of a member of staff if they are able to do so.

Our current qualified Lead First Aiders are Mrs Homer and Mrs Smith. All other teaching staff are first-aid trained, except Mrs Macklin. (see First Aid Policy).

A portable First-Aid kit and individual pupils' medicines are taken on Education Visits and administered by a designated member of staff.