



Supporting Pupils with Medical Needs Policy November 2019

This policy has been reviewed and updated in line with the DfE Statutory Guidance, Sept 2014 on Supporting Pupils in School with Medical Conditions.

Purpose

'To ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life (including school trips and physical education), remain healthy and achieve their academic potential.'

DfE Statutory Guidance, Sept 2014

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. When a child has a medical condition which requires medication during school hours, parents should provide the school with sufficient information about their child's medical condition and treatment or special care needed at school. They should, jointly with the SENCo, reach agreement on the school's role in helping with their child's medical needs. This will be documented in a Health Care Plan written for the individual pupil.

Not all pupils who have medical needs will require a Health Care Plan. The purpose of such plans is to ensure that school staff have sufficient information to understand and support a pupil with long term medical needs e.g. epilepsy, anaphylaxis, Another reason could be to ensure all staff have relevant information on a child's medical condition or for those children who require intimate care

All relevant staff will be made aware of a child's condition. The information contained within the plans must be treated in confidence and should be used for no other purpose than for the school to set up a good support system.

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.

Each child's Health Care Plan should be reviewed by parents annually.

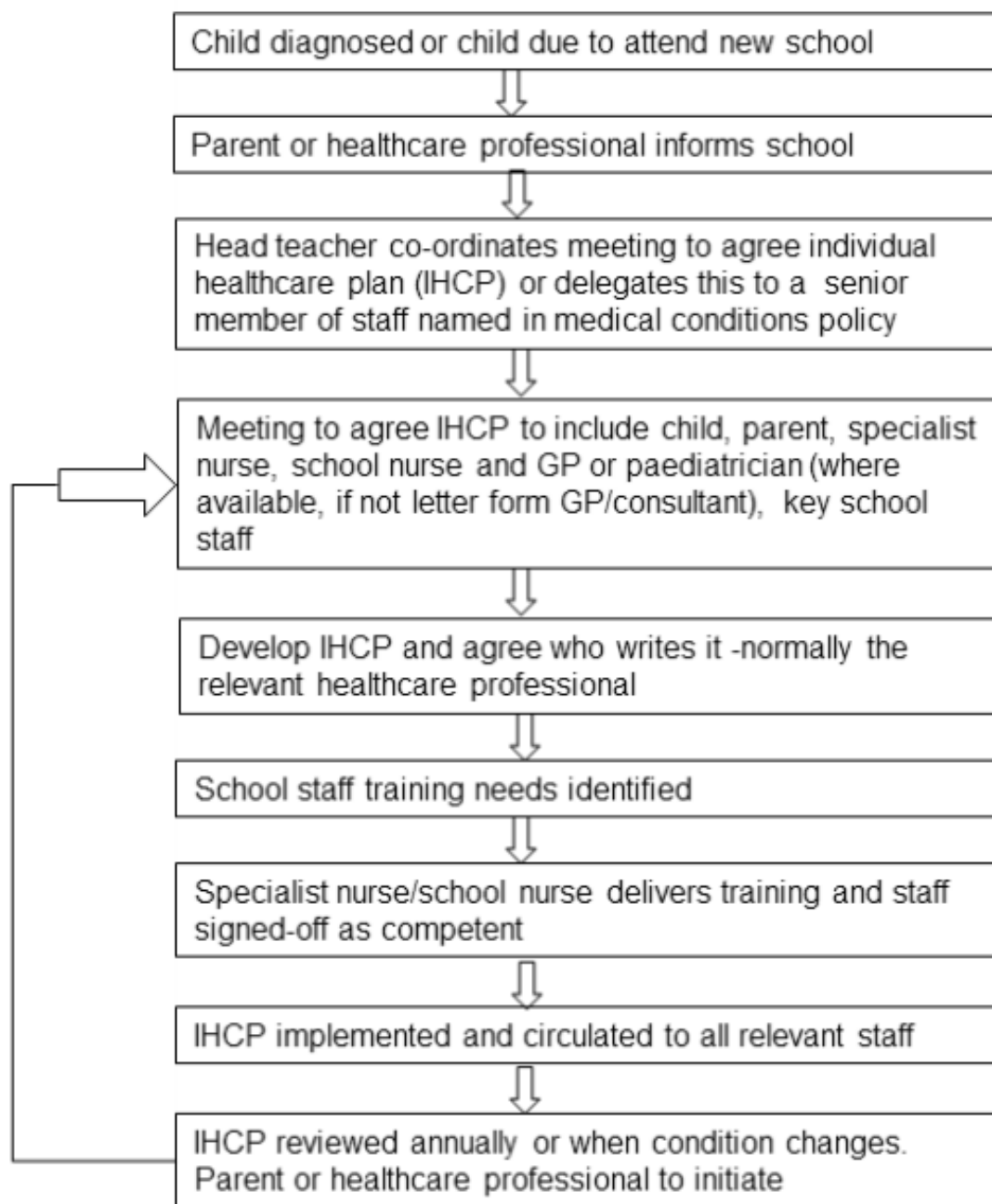
There is no legal duty which requires school staff to administer medicine; this is a voluntary role. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil should have proper training and guidance. The type of training necessary will depend on the individual case. The school nurse or other health professionals may help the school in the training of staff. Staff should

not, as a general rule, administer medication without first receiving appropriate information and/or training. Training for staff should include guidance in safety procedures. The safety of staff and pupils must be considered at all times. Particular attention must be paid to the safe storage, handling and disposal of medicines. Staff who administer medication will be covered by the LA's indemnity policy within the stated conditions.

The headteacher and deputy headteacher are responsible for ensuring sufficient staff are suitably trained. The SENCo will inform the headteacher or deputy head teacher of any training needs. The SENCo will ensure school visits and trips are carefully planned for.

Individual Health Care Plans (IHCP) are co-ordinated, written and monitored by the SENCo (Miss Kerrie Boardman) with the assistance of the School Nurse.

Process for Developing Individual Health Care Plans



Managing Medicines in School

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child should be given prescription or non-prescription medicines without their parent's written consent.
- a child should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed when pain relief has been administered.
- 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.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- 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.
- 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.

Mild Pain Relief Medicine

Parents should keep children at home when they are acutely unwell. Occasionally, school attendance may be assisted by the use of non-prescription pain relief medicine with a top up during the day. This medicine will need to be administered by the child's parent/carer. Unfortunately, unless medicine is prescribed, we are unable to administer it.

Unacceptable Practice

Although school staff use their discretion 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, 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;
- 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.

Unwanted or out of date Medicines.

Parents are asked to take home medication at the end of each term to check the medicines. Unwanted, unused or outdated medication left at school at the end of the school year is disposed of carefully by the school nurse or the head.

Record Keeping

In most instances, the forms in the Appendix will be used for record keeping. In some circumstances, it may be necessary to adapt the forms to meet the individual needs of children.

Complaints

Should parents be dissatisfied with the medical support provided to their child they should discuss their concerns directly with the SENCO, deputy headteacher or headteacher.

If the concern cannot be resolved a more formal meeting with the headteacher, SENCO, class teacher and parent or carer should be arranged to discuss a plan of action to resolve the issue

If there is still no acceptable outcome, the parent or carer may wish to involve The Chair of Governors. Making a complaint to the Department for Education should only happen after other routes have been followed. The department may consider a complaint about a school from anyone who is unhappy with the way in which a school is acting if other avenues of resolution with the school have been exhausted.

Castle View Primary School and its Governors agree to follow the DfE guidance outlined in Supporting Pupils at School with Medical Conditions, Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, September 2014

Policy review - This policy will be reviewed in November 2020

Appendix 1

Medication in School – Consent Form

The school cannot give your child medicine unless you read the school's Medication In School Policy, and complete and sign this form.

Child		Checked by school staff – name and date:
Name of school/setting	Ridge Community Primary School	
Name of child		
Date of birth		
Year Group		
Medical condition or illness		

Medicine		Checked by school staff – name and date:
Name/type of medicine <i>(as described on the container)</i>		
Prescribed/ dispensed date		
Expiry date		
Quantity given to school		
Dosage and method		
Time(s) to be taken		
First date to be taken		
Last date to be taken		
Special precautions/other instructions		
Are there any side effects that the school/setting needs to know about?		
Self-administration – yes/ no		
Procedures to take in an emergency		
NB: Medicines must be in the original container as dispensed by the pharmacy		

Consent from		Checked by school staff – name and date:
Name		

Relationship to child		
Telephone number		
I understand that I, or another adult, must deliver the medicine to	Ridge Community Primary School, School Office	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Additional Supply Received	Checked by school staff – initial and date:
Quantity given to school	
Date received	

Disposal	Disposing staff member's name, and date	Checked by (name and date)
Medication quantity		
Disposal method (e.g. collected by family/ ran out/ returned to pharmacy)		
Disposal date		

Recorded	By (staff name)	Date
Note sent to class		
Added to 'Record of medication stored in school' sheet		
On CPOMS		

Appendix 2

Record of medicine administered to an individual child

Record of medicine administered to an individual child – continuation

Date	
Time given	
Dose given	
Name of administering member of staff	
Signed	
Name of observer	
Signed	

Date	
Time given	
Dose given	
Name of administering member of staff	
Signed	
Name of observer	
Signed	

Date	
Time given	
Dose given	
Name of administering member of staff	
Signed	
Name of observer	
Signed	

Date	
Time given	
Dose given	
Name of administering member of staff	
Signed	
Name of observer	
Signed	

Appendix 6

Record of Manager's Spot Checks

Name of manager undertaking checks	
Role	
Date of spot checks	
What checked	
Findings	
Remedial actions required	
Deadline for actions	
Re-check date	
Findings	