

# SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY



AT CLAINES CE PRIMARY SCHOOL, WE HAVE A STRONG COMMITMENT TO ENSURING CHILDREN FLOURISH AND SUCCEED TOGETHER AS PART OF A STRONG SCHOOL COMMUNITY. DRIVEN BY SOME OF OUR KEY VALUES OF RESPECT AND COMPASSION, WE ARE INCLUSIVE AND COMMITTED TO THE INDIVIDUAL CHILD. WE AIM FOR A SCHOOL WHERE EVERYONE IS TREATED WITH DIGNITY AND VALUED FOR THEIR PLACE IN OUR COMMUNITY AND THE WIDER WORLD. AT THE HEART OF OUR LEARNING, ARE THE VALUES OF PERSEVERANCE AND COURAGE. WE STRIVE FOR EVERYONE TO HAVE GREAT ASPIRATIONS: ENSURING NEW CHALLENGES ARE MET WITH CONFIDENCE AND 'NO ONE SETTLES FOR LESS THAN THEIR BEST'.  
WE DO ALL OF THIS WHILST FOLLOWING IN THE FOOTSTEPS OF CHRIST.

**Approved by:** Full Governors

**Date:** 21.9.20

**Last reviewed on:** 21.9.20

**Next review due by:** September 2021



## **Medical Conditions and Administration of Medicines Policy Supporting Pupils with Medical Conditions**

### **Definition:**

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

1. Short-term affecting their participation in school activities while they are on a course of medication.
2. Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

### **Rationale:**

LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

Section 100 of The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. It is important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. Teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site, which could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from Worcestershire County Council regarding their policy on administration of medicines.

### **Aims:**

The Headteacher has overall responsibility to ensure this policy is implemented and ensure that sufficient staff are suitably trained. As a school, our aims are to:

- assist parents in providing medical care for their children
- educate staff and children in respect of individual special medical needs
- arrange cover in case of staff absence
- ensure supply teachers are briefed
- complete risk assessments for school visits and other school activities outside of the normal timetable
- ensure that the focus is on the needs of each individual child and how their medical

- condition impacts on their school life
- adopt and implement Worcestershire County Council's policy on administration of medicines in school
- arrange training for volunteer staff to support individual pupils
- liaise as necessary with medical services in support of the individual pupil
- ensure access to full education if possible
- monitor and keep appropriate records

### **Entitlement:**

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

In line with safeguarding duties, schools should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved
- receive appropriate training
- work to clear guidelines
- have concerns about legal liability
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs

### **Individual healthcare plans**

The SENDCo is responsible for developing individual healthcare plans with parents. These provide clarity about what needs to be done, when and by whom. Not all children will require one – the school, healthcare professional and parents should agree if a healthcare plan is appropriate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is shown in Appendix A.

The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality.

Plans should be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

When deciding what information should be recorded on individual healthcare plans, the school, healthcare professional and parent should consider 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 work, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed
- 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 for medication to be administered by a member of staff 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
- 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

### **Administration of Medicine**

Medicines should only be taken in school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Parents are encouraged to give doses outside the school day if possible e.g. 3 times a day could be taken in the morning, after school and at bedtime.

The school procedure for the administration of medicine is outlined in the 'Administration of medicine in school' form which has to be completed by parents (see attached). This procedure was set up following the advice in the Worcestershire County Council Health and Safety Guidance document and states:

- a) Only medicines prescribed by a doctor can be accepted
- b) Medicines are only administered following a written request from parents or guardians which clearly states the name and class of the pupil, together with the dose and the time(s) of day at which it should be taken and any special conditions for the storage of the medicine (e.g. to be kept in a refrigerator)
- c) Medicines need to be clearly marked with the name and class of the pupil, together with the dose and the time(s) of day at which it should be taken
- d) Medicines are only accepted by staff if they are brought by the parent or guardian, rather than sent with the pupil.
- e) Medicines will be kept in a locked drawer or cupboard in a secure central position in the school (e.g. school office or medical inspection room) rather than by class teachers

An exception to this rule is made, however, for medicines provided for emergency treatment such as reliever inhalers for asthmatic pupils or glucose tablets for diabetics, which will be kept close to the pupil(s) concerned for immediate use.

f) School cannot accept medicine that has been taken out of the container as originally dispensed or make changes to dosages on parental instructions

g) When no longer required, medicines should be returned to the parent to arrange for safe disposal

**Unprescribed painkillers (e.g. aspirin or paracetamol, including “junior” forms such as Calpol)** will never be administered to pupils, even at the request of parents.

They can mask symptoms in the event of injury and it is possible to inadvertently administer too large a dose if a pupil had already taken some without the knowledge of the school (e.g. before leaving home).

The staff at Claines CE Primary School are prepared to administer medicines if parents: -

1. follow the guidance contained in the County Health and Safety policy
2. complete an ‘Administration of Medicines in School’ form attached (Appendix B) and return it to the office before medicine is required to be administered

### **Procedures for Managing Prescription Medicines on Trips and Outings**

Children with medical needs, particularly of a long-term nature are encouraged to take part on trips and where necessary risk assessments are carried out for these children. The administration of medicines follows the same procedures as for administration in school. A copy of health care plans will be taken on visits in the event of the information being needed in an emergency.

### **Roles and Responsibilities of Staff Administering Medicine**

Staff will not give a non-prescribed medicine to a child nor give aspirin or medicines containing ibuprofen unless prescribed by a doctor. Parents must send in written consent before any medicine can be given.

Any member of staff giving medicines to a child will check:

- The child’s name
- The prescribed dose
- The expiry date
- Written instruction by the prescriber on the label or container

If there is any doubt about any procedure, staff will not administer the medicines but will check with parents first.

Each time medicines are given, a written record will be kept. This is done by signing the bottom of the medicine form. Good records demonstrate that staff have exercised a duty of care.

We support and encourage children, who are able, to take responsibility to manage their own medicines, but they are always supervised and medicines are always kept in a safe place locked in a cupboard or the old staffroom’s refrigerator.

If a child refuses medicine, staff do not force them to do so, but will record this and ensure that the parents are aware of it.

## **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, 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
- 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

## **Parental Responsibilities in Respect of their Child's Needs**

Parents should provide the school with sufficient information about their child's medical needs if treatment or special care is needed. Parents and the school will then reach an agreement on the school's role in supporting the child's medical needs. Parents should be aware that sharing information with other staff will ensure the best care for the child.

## **Staff Training in Dealing with Medical Needs**

Each year lists are compiled for each class informing staff of known medical conditions. These lists are distributed to teachers, first aiders and midday supervisors so that they are aware of any incidents that may occur. When the condition is of a more serious nature an individual health care plan is created which contains the child's photograph and is distributed to relevant staff and displayed in the office so that all staff are aware of the likelihood of an emergency arising and what action to take if one occurs.

## **Insurance**

The public liability insurance is arranged with Worcestershire County Council and covers the school in respect of emergency and/or first aid medical services and the administering of drugs or medicines or procedures pre-prescribed by a medical practitioner and subject to any written guidelines by an employee of the public authority.

## **Emergency Procedures**

In the event of an emergency, an ambulance will be called and a child will be accompanied to hospital by a member of staff and the parents will be notified straight away.

## **Complaints**

Should parents or pupils 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. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so. Individual employees are indemnified by their employer for civil claims brought against them, provided they are acting on behalf of their employer, within the scope of their role and there is no criminal activity.

## Appendix A: Model process for developing individual healthcare plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend a new school, or is due to return to school after a long-term absence, or that needs have changed



Headteacher, or member of SLT to whom the child has been delegated, co-ordinates meeting to discuss child's medical support needs, and identifies member of school staff who will provide support to pupil



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided.



School staff training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent - review date agreed



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.





