



## Supporting Pupils with Medical Needs

Version	4
Date of latest version	March 2022
Date to be reviewed	March 2023
<b>Changes:</b>	
<b>Change School Office to School Reception Area</b> <b>Addition of Truffula Room as a medical area if required</b>	

### Policy Statement:

Ropley CE Primary School will undertake to ensure compliance with the relevant legislation and guidance in *'Supporting Pupils at School with Medical Conditions'* with regard to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines at Ropley is held by the headteacher who is the responsible manager.

It is our policy to ensure that all medical information will be treated confidentially by the responsible manager and staff. All administration of medicines is arranged and managed in accordance with the *'Supporting Pupils at School with Medical Conditions'* document. All staff have a duty of care to follow and co-operate with the requirements of the policy.

### Local Arrangements

#### Identifying children with health conditions

We will aim to identify children with medical needs on entry to the school. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

#### Individual health care plans

We recognise that Individual Healthcare Plans are recommended in particular 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. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the Head Teacher to work with parents and relevant healthcare professionals, if required, to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Head Teacher will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by Children's Services Health & Safety Team to record the plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Individual Healthcare Plans will be reviewed periodically in discussion with parents to ensure their continuous suitability.

#### **Staff training**

All new staff will be inducted on the policy when they join the school.

Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source will be sought before commitment to such administration is accepted. A 'staff training record' sheet will be completed to document the level of training undertaken. Such training will form part of the overall training plan and refresher training will be carried out at appropriate intervals.

### **The child's role**

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

### **Managing Medicines on School Premises**

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Head Teacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a '*parental agreement for setting to administer medicines*' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is *Children's Services Medication Tracking Form*.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, 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.

Asthma Inhalers will be stored in a safe but readily accessible place, and clearly marked with the child's name, in each classroom, and useage is clearly monitored and logged in the Class Asthma Log and notification sent home to parent/carers when used which includes details of the activity that caused the inhaler to be used, the number of puffs and the time taken. Details are also logged in a central log held in the school office.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis

It is our policy to give age appropriate doses of paracetamol to children as described on the packet, if written consent from the parents has been received in advance of administration. We will check that they have not previously taken any medication containing paracetamol within the preceding 4 hours and only give one dose. We will notify parents by email or phone that paracetamol has been administered and logged in the Record of Prescribed Medicines book.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

### **Storage**

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in the staff refrigerator. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

### **Disposal**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

### **Medical Accommodation**

The School Reception area will be used for all medical administration/treatment purposes. In extreme cases the Truffula Room will be made available when required.

### **Record keeping**

A record of what has been administered including how much, when and by whom, will be recorded on a '*Record of Prescribed Medicines*' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

### **Emergency Procedures**

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

### **Day trips/off site activities**

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities with in reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **Unacceptable practice**

Staff are expected to use their discretion and judge each child's individual healthcare needs on its merits, 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 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; 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.

**Liability and Indemnity**

Staff at the school are indemnified under the County Council self insurance arrangements.

The County Council is self insured and have extended this self insurance to indemnify school staff who have agreed to administer medication or under take a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

**Complaints**

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Head Teacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.