

## MANAGING MEDICAL NEEDS POLICY

### MISSION STATEMENT

We are growing together on our journey of achievement with Jesus in our hearts, heads and hands.

### POLICY STATEMENT

Regular school attendance is vital for every child and St Joseph's Catholic Primary School does all it can to ensure high attendance figures for all children in our care. Nevertheless, we recognise that from time to time children become ill and require time out of school to recover. In general, where a child requires medication (or treatment) they should be kept at home until the course of treatment has been completed. However, in certain circumstances there are exceptions to this:

- When a child has almost fully recovered but needs to finish a course of medication (i.e. antibiotics) for a day or so.
- Where a child suffers from a medical condition requiring medication but is not 'ill', by definition i.e. asthma, diabetes, specific and medically diagnosed behavioural issues, severe allergies.

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### 1. Legal Aspects

There is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. *This is purely a voluntary role.* Staff should be particularly cautious when agreeing to administer medication where:

- The timing is crucial to the health of the child;
- Where there are potentially serious consequences if medication or treatment is missed;
- Where a degree of technical or medical knowledge is required to ensure the safety of both staff and/or child;

Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and/or training specific to the child's medical needs. Under no circumstances must any medication, even non-prescription drugs such as paracetamol, be

administered without parental approval. This approval must be given in writing – by the completion of the Medication Consent Form (appendix D) - verbal consent is not sufficient.

Please note:

Medication will not be accepted by the School unless accompanied by a completed Medication Consent Form.

## **2. Key Roles and Responsibilities**

a) The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Body and Executive Headteacher of St. Joseph's Catholic Primary School are responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the policy is developed collaboratively across services clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

c) The Head of School is responsible for:

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of St. Joseph's Catholic Primary School.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/ care
- Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

d) Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of pupils with medical conditions in lessons i.e. Physical Education. Some pupils may need to take precautionary measures before or during exercise, and / or need to be allowed immediate access to their medication if necessary.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.
- All medication kept within school for regular administration, will be taken with the child during any off-site activity and any emergency evacuation.
  
- Complying with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.
- Medication is only kept in school while the child is in attendance. Any unused or outdated medication will be returned to the parent for safe disposal. Any medication remaining will be sent home at the end of the summer term.
- Should a member of staff fail to administer any medication as required they will inform the parent / carer as soon as possible. However, the position should not

normally arise as any child requiring any vital medication or treatment would not normally be in school.

e) School nurses are responsible for:

- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the Head of School in identifying training needs and providers of training.

f) Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school. Ensure school are aware of how medicine should be stored correctly i.e. refrigeration
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Medicine should be handed into school in the original container or by a monitored dosage system such as a blister pack. This container should be clearly marked with the child's name on the prescription label. Wherever possible we request that parents/carers provide medication in containers that use a child proof locking system. Also, medication such as liquid paracetamol or ibuprofen should be provided in pre-measured individual sachets rather than in a bottle. Ibuprofen / Paracetamol will only be administered for a maximum of 3 days unless otherwise indicated by a Medical Practitioner (written proof will be requested). After three days the Ibuprofen / Paracetamol will be sent home. These medicines will not be kept in school during the academic year on a 'just in case needed' basis.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.
- Children with infectious illnesses and / or diseases are not to be in school until deemed safe by their GP and/or the School Nurse or Local Authority.

g) Pupils are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHP.
- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

### 3. Training of Staff

- Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction. This training should include:
  - What the school's policy is on the administration of medicines.
  - Where it can be found.
  - How to respond in an emergency
- The clinical lead for each training area/session will be named on each IHP.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. They will notify Health & Safety DCC, and Risk, Insurance & Governance Manager, DCC.
- Where needles are used, a sharps container and adequate arrangements for collection and incineration should be used. Such arrangements are necessary for any equipment which may be contaminated with bodily fluids, such as blood etc.

### 4. 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, 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.

### 5. Medical conditions Register/List

- Schools admissions forms should request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.

- A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class should have an overview of the list for the pupils in their care, within easy access.
- Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles (GDPR) are adhered to.
- For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

#### **6. Individual Health Care Plan (IHP), Prolonged Absence of a Child through Illness / Hospitalisation & Educational Healthcare Plans (EHCPs)**

- Where necessary (Head of School will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Executive Headteacher, Head of School, Special Educational Needs Coordinator (SENCO) and medical professionals.
- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone in the staffroom. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage is found on the inside door of the brown cupboard in the medical room.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner. At all times it remains the parents / carers responsibility to inform the school in writing of any changes to a child's Health Care Plan.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.
- All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.

#### **7. Medication Consent Form**

The Medication Consent Form, providing all the information below, will be kept in the green Class Medical Folder and retained as a 'record' for future reference.

- Name and date of birth of the child.
- Name of the parent/carer, contact address and telephone/mobile number.
- Name, address and telephone number of the GP.
- Name of medicines.
- Details of the prescribed dosage.
- Date and time of last dosage given.
- Consent given by the parent/carer for staff to administer the medication.
- Expiry date of the medicine (if applicable).
- Storage details.

## 8. Medicines

- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- No child will be given any prescription medicines without written parental consent except in exceptional circumstances.
- Prescribed medicines **MUST** be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medication must indicate that it has been prescribed to the child stated e.g. auto-injectors and inhalers. The lot / batch number on the packaging must be identical with the one shown on the medication itself. If this is not the case, the medication will be returned to the parents. **Medicines which do not meet these criteria will not be administered**
- **At all times it remains the parent/carers responsibility to ensure that any long term medication required to be in school is kept within date, and to replace it if necessary. Staff will not be expected to check expiry dates**
- A maximum of four weeks' supply of the medication may be provided to the school at one time.
- Medications will be stored in the Medical Room Cupboard or refrigerator.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the medical room
- St. Joseph's Catholic Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the EHCP/ Medical Consent Form which will include informing parents.
- **Auto-injectors:** All auto-injectors must be provided to the school in a plastic box with a securely fitting lid. This box should be of suitable size, that in the event of the auto-injector being administered, it can be safely placed back in the box, together with the original packaging and a note of the date and time given. This box will then be handed to medical/ambulance staff. The box must also include on the lid a clear and recent photograph of the child the drug is prescribed for together with the child's name and class. Whenever possible two auto-injectors should be kept within the school; one for the classroom and one in the main school office in the yellow grab bag.
- **Inhalers:** All inhalers must be clearly labelled with the child's name – both on the box and on the actual inhaler. Spacers to assist with the administration of an inhaler should be provided by the parent/carer again clearly labelled with the child's name. Inhalers must have the 'cap' on the mouth piece. If not, inhalers will be returned.
- **Emergency Inhalers:** The school has two salbutamol (blue) inhalers and two spacers for emergency use. These may be administered to a 'known' asthmatic pupil in the event of their own prescribed inhaler mal-functioning e.g. empty or broken. Emergency inhalers / spacers are kept in the office yellow grab bag together with a

list of children who are asthmatic; have previously completed a Medication Consent Form and whose parents have given written consent for the school's inhaler to be administered in an emergency. The office yellow grab bag is kept in the front office. A list of these children is also displayed in the Medical Room.

- **Diabetic Equipment:** Blood test kits, insulin and emergency rations are to be kept in school (normally in the child's class) in a secure location. Whilst these can often be used safely and competently by the child prescribed for, it should only be done with an adult being present or in the close vicinity supervising.
- **Epilepsy:** Whilst most epilepsy medication is administered by parents at home, there may be occasions when a child suffers a 'status' seizure and may require the administration of Buccal Midazolam to aid recovery. This medication must be in pre-drawn syringes and the original box clearly labelled with the child's name.
- **Controlled Drugs:** On occasion it is necessary to keep controlled drugs within school – these drugs like any other must be clearly marked with the child's name and dosage and kept in the original packaging. These drugs should be kept in a secure location only accessible to adults. With the administration of these drugs the adult must be fully aware of the prescribed dosage and if at all unclear should contact the headteacher or parent. However, if it becomes necessary to contact the parent it is not sufficient to take verbal instructions and the parent may be asked to attend the school.

## 9. Emergency Procedures

- All staff must be aware of the likelihood of an emergency arising in a pupil with medical needs, whom to contact and what action to take. Back-up cover should be arranged for when the member of staff is absent or unavailable.
- Where a child is in distress or has a need for an intervention and no one in the school/settings feels confident to undertake it then the parent/carer and / or a qualified health professional should be called immediately.
- A member of staff should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until his/her parents / carers arrive.
- Generally, staff should not take pupils to hospital in their own car. However, if after discussion with the 999 service, it is recommended that the child is taken direct to hospital in a member of staff's car, then checks must be made to ensure the car insurance for business use is in place. It is also recommended that an additional person accompanies the member of staff to and from the hospital. In an emergency the best possible action is to call an ambulance.
- In the event of an emergency, a member of staff will give their red 'Emergency Card' to a responsible child to take to the office thereby advising them of an emergency situation. The office staff will then follow the appropriate emergency procedures.
- The school has a defibrillator which is kept in the school office. Whilst no training is necessary, appropriate members of staff have watched the accompanying training video. The local NHS Ambulance Service has been notified that the school has a defibrillator in accordance with the guidelines. The defibrillator is checked on a monthly basis to ensure it is fully charged and in good working order.

## 10. Emergency Evacuation

In case of emergency evacuation from the school building, class teachers / TAs will take the class medical grab bag containing children's emergency medication only. Any child with a physical disability will be evacuated from the school building according to their 'Personal

Emergency Evacuation Plan' which is located on the 'Class Provision Plan'. The office staff will ensure the school First Aid bag together with the office yellow grab bag and the defibrillator are taken to the 'Evacuation Assembly Point'

### 11. Insurance - Liability and Indemnity

- Teachers who undertake responsibilities within this policy will be assured by the Headteacher that they are covered by the school's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

### 12. Complaints

- All complaints should be raised with the school in the first instance.
- The details of how to make a formal complaint can be found in the School Complaints Policy.

### 13. Definitions

- 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- 'Medication' is defined as any prescribed or over the counter treatment.
- 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A 'staff member' is defined as any member of staff employed at St. Joseph's Catholic Primary School.

Details of this policy will be publicised widely and is available on the school website.

Drafted by J Dunlop.

Policy to be reviewed annually or in accordance with any new legislation.

Policy to be the responsibility of the Resources Committee

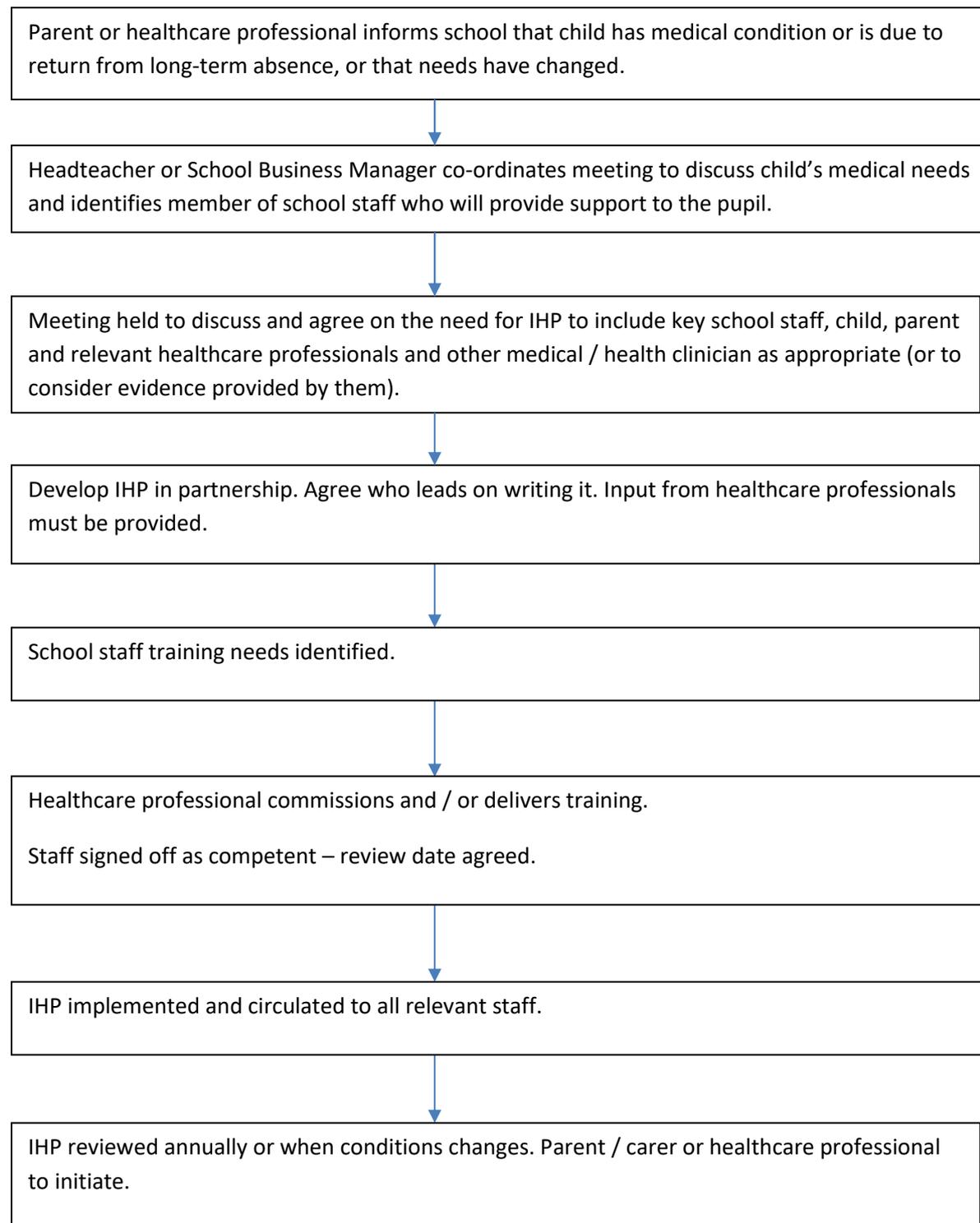
Approved by the Resources Committee at its meeting on:	/ /
Chair of Resources Committee signature Date	..... / /
Review date	/

## **Appendix A**

### **Safety Checklist (if administrating medicine)**

- Is any specific training required to administer the medicines?
- Is any necessary protective clothing or equipment available?
- Has the parent completed the Medication Consent Form and has it been filed?
- Is there a Health Care Plan for the child and has it been filed?
- Is the member of staff clear on what they are expected to do?
- Is the emergency contact information, particularly for the GP and parent/carer clear?
- What action is necessary in the event of an accident or failure of the agreed procedures?
- Is the medication stored in a safe place and at a suitable temperature?
- Is the member of staff aware of the school policy on infectious illnesses and diseases?

## Appendix B: Supporting Pupils with Medical Conditions

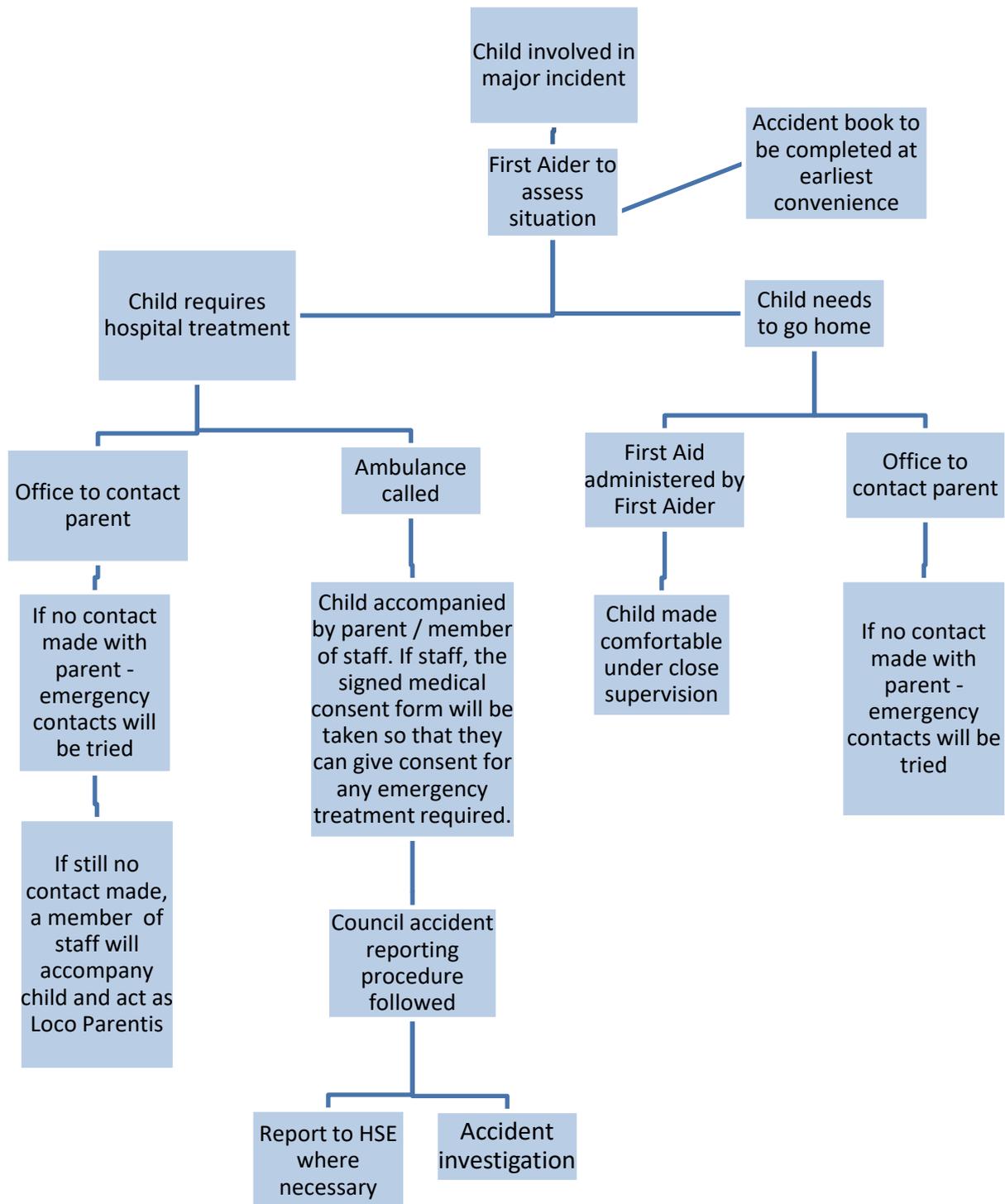


## APPENDIX C – FLOWCHARTS

### IN THE EVENT OF A SUSPECTED MAJOR ACCIDENT / INCIDENT OR ILLNESS

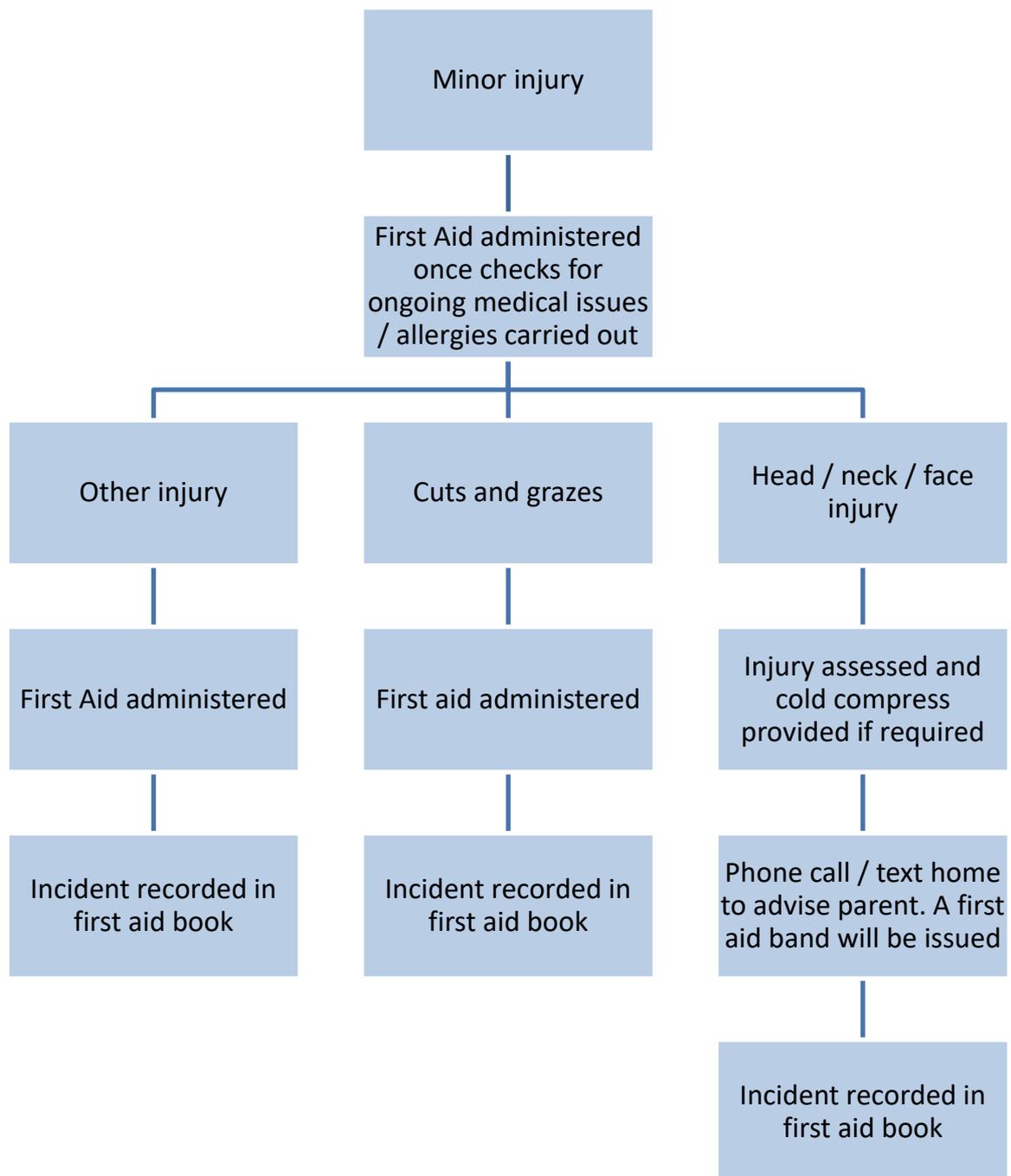
The school requests that parents / carers complete and sign an emergency medical treatment for their child in the event of a major accident, incident or illness occurring whilst in the school's care.

In the event of such an incident occurring, the following procedures will apply:



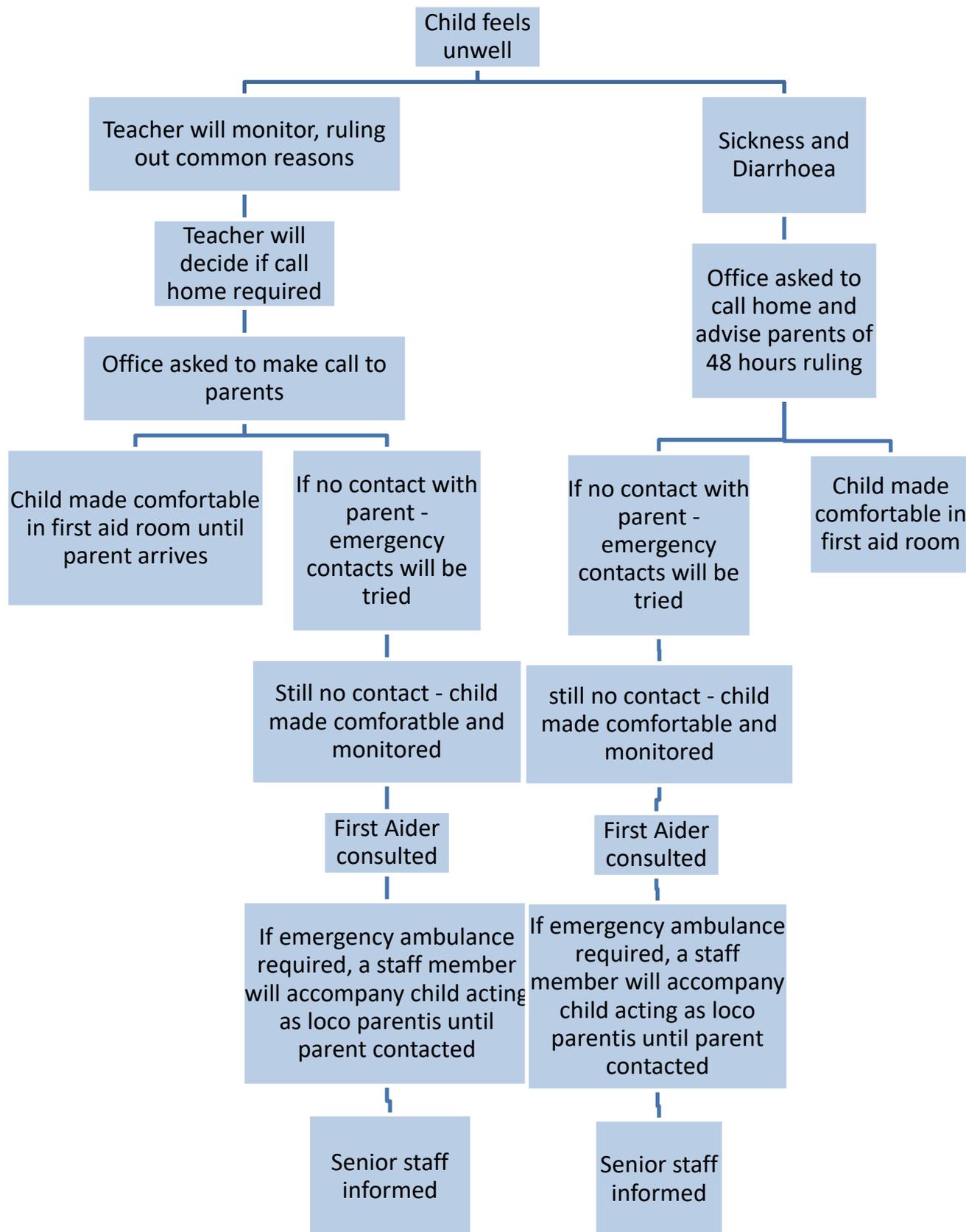
### IN THE EVENT OF A SUSPECTED MINOR INJURY

When a child reports an injury or an injury is witnessed the following procedures will be followed:



### PROCEDURES FOR SICK CHILDREN

If a child becomes ill in school the following procedures will be followed:



**APPENDIX D – MEDICATION CONSENT FORM**

**APPENDIX E – INDIVIDUAL HEALTHCARE PLAN**