



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

<b>Policy Number:</b>	SP16	<b>Created by:</b>	DfE Statutory Guidance (Dec 2015 – last updated Aug 2017)
<b>Reviewed by:</b>	SBM	<b>Responsibility:</b>	FGB
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<b>Review Cycle:</b>	Annually	<b>Ratified by GB:</b>	12/01/2026

This policy is available in large print. Please contact the school office who will be happy to arrange this for you.

In line with the duty, which came into force on 1<sup>st</sup> September 2014, to support pupils at school with medical conditions Purbrook Junior School is committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed regularly and it is readily accessible to parents and school staff.

### Policy implementation

The named person, who has overall responsibility for policy implementation, is Mr C Williams, Headteacher.

He will

- ensure that sufficient staff are suitably trained;
- ensure 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;
- ensure that supply teachers are briefed;
- ensure that risk assessments are carried out for school visits, holidays, and other school activities outside the normal timetable;

and

- ensure that individual healthcare plans are monitored.

### Procedure to be followed when notification is received that a pupil has a medical condition

When our school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils

### Individual Healthcare Plans

Our school will send home a health questionnaire. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). It is a legal requirement that this is updated annually. At our school we will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimises disruption. Individual Healthcare Plans will be recorded on Medical Tracker.

Our Individual Healthcare Plans require information about:

- 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, e.g. 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 (NB 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;**
- arrangements or procedures required for **school trips** or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- **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.

### Roles and responsibilities

At our school those people involved in arrangements to support pupils at school with medical conditions include:

- Mrs A Baker, Administrative Assistant
- Mrs Dean, Senior Administrative Assistant
- Mrs H Saunders, School Business Manager
- Mrs E O'Hare, Deputy Headteacher
- Mrs V Ashton, SENCo
- Mrs T Ginn, Home School Link Worker
- Mrs F Andrews, ELSA
- Learning Support Assistants
- Class Teachers
- PPA Teachers and HLTAs

### Staff training and support

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training. Training needs are assessed regularly and training will be accessed as appropriate. Any member of school staff providing support to a pupil with medical needs will have received suitable training.

No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

## The child's role in managing their own medical needs

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

## Managing medicines on school premises

At our school:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child will be given prescription or non-prescription medicines without their parent's written consent
- we will never give medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken.
- Parents will be informed using the Medical Tracker software
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
- we will only accept prescribed medicines if they are:
  - **are in-date**
  - **are labelled**
  - **are provided in the original container as dispensed by a pharmacist**
  - **include instructions for administration, dosage and storage.** (NB 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 will be stored safely.
- Children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps
- 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. However, at Purbrook Junior School all controlled drugs will be securely stored in the medical room where only trained staff 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.
- school staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- **We will 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 will be noted in school. This information will be recorded on the Medical Tracker software.**

## Non-prescribed medicines

At Purbrook Junior School we will administer non-prescription medicines.

Following on from Supporting Pupils with medical Conditions December 2015 Purbrook Junior School has decided to keep a small stock of homely remedies, such as you may have at home, which will include:

- Liquid paracetamol (Calpol)

These will only be administered when it would be detrimental to the child not to give and only with written parental permission.

## Asthma

Purbrook Junior School recognises that asthma is a widespread, serious, but controllable condition and the school welcomes all pupils with asthma. We ensure that pupils with asthma can and do participate fully in all aspects of school life, including PE, art, science, visits, outings or field trips, residential visits and other out of hours school activities.

This is achieved through:

- Ensuring that children have access to asthma inhalers as needed.
- Keeping a record of all pupils with asthma and the medicines they take.
- Creating a whole school environment, including the physical, social, sporting and educational environment, that is favourable to pupils with asthma.
- Helping all pupils to understand asthma as a medical condition.
- Making sure that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Working in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, Local Authority, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

### **Asthma Medicines**

Purbrook Junior School has clear guidance on the administration of medicines at school. In an emergency situation school staff are required under common law duty of care, to act like any reasonably prudent parent. This may include administering medicines.

Every asthmatic child should have two inhalers in school at all times – one reliever inhaler for daily use and one reliever inhaler for emergency use (e.g. in the event of the daily inhaler breaking or being empty). Each inhaler provided by parents/carers for pupils to use must be within date, named and prescribed with an appropriate pharmacy label.

Immediate access to reliever medicines is essential. The reliever inhalers of children are kept in the medical room in 4 clearly labelled storage boxes (Year 3, Year 4, Year 5 and Year 6). These boxes are accessible at all times of the extended school day.

School staff are not usually required to administer asthma medicines to pupils (except in an emergency). All staff will let pupils take their own medicine when they need to.

The school undertakes to inform parents/carers if we believe a child is having problems taking their medication correctly. We will also discuss with parents/carers if we feel that there are signs of poorly controlled asthma, or if the child's inhaler use changes.

**From 1<sup>st</sup> October 2014 the Human Medicines Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies.**

The emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The emergency inhaler can only be used if either of the pupil's inhalers are not available (for example, because they are empty or broken). To avoid possible risk of cross infection, the plastic spacer is not to be re-used and will be sent home with the child (for future personal use).

Use of the emergency salbutamol inhaler will be recorded on Medical Tracker and parents/carers will be informed.

### **Asthma Record Keeping**

At the beginning of each school year, or when a child joins the school, parents/carers are asked if their child has any medical conditions (including asthma) on their emergency contact form.

All parents/carers of children with asthma are consequently sent an Asthma UK 'School Asthma Card' for completion. Parents/carers are asked to return the completed Asthma Card to the school. From this information, the school is able to maintain its centralised asthma register, which is available to all school staff. An identified member of staff has responsibility for the register at this school. The responsible member of staff follows up any of the details on a pupil's

Asthma Card or if permission for administration of medicines is unclear or incomplete. A copy of each Asthma Card is kept with the child's inhaler.

Asthma Cards are sent to parents/carers on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

### **Exercise and activity – PE and games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma. Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

Pupils are able to sign out inhalers for PE lessons with a member of staff. The inhalers will be signed back in at the end of the lesson and checked by a member of the office staff.

### **Off-site sport and swimming and Educational Visits**

The health benefits of exercise are well documented. Asthma Inhalers are taken off site (in the yellow medical bags) and are kept by the leader of the group when the child participates in swimming, sports activities and educational visits. A copy of the Asthma Card is kept in the bag with the inhaler. These are returned to the medical room on return to school.

Risk assessments are carried out for any out of school visit and asthma is always considered during this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency.

### **School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathered animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

### **Asthma attacks**

In the event of an asthma attack the school follows the procedure outlined by the Department of Health in its publication 'Guidance on the use of emergency salbutamol inhalers in schools'. This procedure is visibly displayed in the medical room.

### **Record keeping**

We will ensure that written records are kept of all medicines administered to children. We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

### **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, i.e. 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 parent/carer 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, residential visits and sporting activities**

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

As a school we believe it to be unacceptable 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 for reasons associated with their medical condition 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; or
- 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

### **Liability and indemnity**

Maintained schools and academies with a SLA with HCC will be insured as long as all appropriate training and risk assessment has taken place.

### **Complaints**

If you have a complaint about how your child's medical condition is being supported in school please discuss your concern directly with Mr Williams, Headteacher. If for whatever reasons this does not resolve the issue, you may make a formal complaint via the school's complaint's procedure.