



**Amadeus**  
Primary Academies Trust  
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Limitless Learning Together

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# Holy Trinity Lamorbey CE Primary School Supporting Children with Medical Needs Policy

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## Introduction

This policy supersedes the previous administration of medicines policy and has been updated in line with the DFE guidelines published in September 2014. This has come about as a result of the Children and Families Act 2014 (section 100), which places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

## Rationale

Holy Trinity Lamorbey Primary School wishes to provide a fully inclusive educational and pastoral system. To do this we need to ensure that correct procedures and protocols are in place to enable any pupil with a long-term medical condition to be able to attend school or have minimum disruption to their education.

The purpose of this policy is to

- Ensure that pupils with medical conditions are well supported in school and have full access to education, including school trips and physical education.
- Ensure that there is clarity around the holding and administering of medication at school
- Ensure that information about a child's needs is shared appropriately by health professionals, school staff, parents and pupils
- To develop staff knowledge and training in all areas necessary for our pupils

## Definition of the term Medical Condition used in this context

A medical condition is one that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances. The school regards serious allergies which would cause anaphylactic shock and asthma as being within this definition and as such will treat all pupils affected by these conditions in accordance with this policy.

Some children with medical conditions may be disabled. Where this is the case the Governing body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the school's Local Offer.

Children with medical conditions as defined by this statement will have an Individual Health Care Plan (IHCP), usually written in conjunction with the school's welfare officer and the pupil's parents.

The school welfare officer will:

- Ensure that students with medical conditions are identified as they transfer into the school and through the ongoing annual check process.
- Provide a IHCP for any pupil meeting the above definition and treat the child so far as is reasonably possible under the circumstances in accordance with that plan and ensure that it is regularly reviewed.
- Arrange for written permission from parents/carers and a member of the Senior Leadership Team for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate (eg including individual children on risk assessments)
- Be clear about what to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency or individual healthcare plan prepared by their lead clinician. Where this is the case it supersedes the need to create a school level IHCP and should be adopted directly.
- Make all staff working directly with students aware of the students in the school with medical conditions
- Provide sufficient training or guidance for staff to meet the needs of students at the school with medical conditions
- We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as a child with an identified medical condition starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.
- Training regarding specific conditions will be delivered as required. This is usually within the term of a new pupil beginning school but if necessary before they commence their education at Holy Trinity Lamorbey CE Primary School.

## Individual Health Care Plans

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required. An IHCP will :

- Be clear and concise, giving brief details of the child's condition
- Be written in partnership with parents, child, healthcare professional and key staff
- Give details of what constitutes an emergency, what action to take and who to contact
- Special requirements e.g. dietary needs, pre-activity precautions
- Be reviewed annually or when there is a change in the condition of the child
- Be easily accessible whilst preserving confidentiality. A copy is kept in the welfare office and will be provided for parents
- Outline educational provision if the student is unable to attend school
- Contain details of the medical condition, its triggers, signs, symptoms and treatments
- Provide details of the student's 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, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons
- Outline the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- State 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.

## Expectations

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and the parent/carer must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of professionals.

It is expected that

- Parents will inform the school of any medical condition which affects their child and provide evidence where requested
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container and details included inside the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will cooperate in training their children to self-administer medicine if this is appropriate

## Managing medicines during the school day

Pupils are not permitted to carry any medication about their person during the school day unless it is so stipulated in the child's IHCP. This will only be permitted where the child is of suitable maturity to manage and self-administer the medication and there is a demonstrable need medically for it to be available immediately. No pupil is allowed to carry any non-prescription drugs in school; this is to minimise the risk so far as possible of a child other than the one with the medical need consuming the medication.

The following section applied to pupils who have an IHCP and pupils who might need to take prescription medications for a short-term illness such as antibiotics.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Prescription medicines must;

- Be in date and not due to go out of date until at least the end of the current half term
- Be labelled with the child's name and class,
- Be in the original container including prescriber's instructions re administration, dosage and storage.

Medication that does not conform to these requirements will not be accepted by school staff.

When it is necessary to medicate a child during the day, a medication form must be completed and signed by the parent and the head teacher. This form is recognised as written authorisation to administer and medication will be administered in accordance with it. The form is not valid unless;

- It is completed fully, with clear instructions about storage, dosage and timings
- There is a start date and end date for the medication required
- Where an end date cannot be provided the condition is considered long term and an IHCP must be created
- It is signed by the parent
- It is signed by the head teacher or deputy head teacher

The administration of the medication will be recorded on the reverse side of the form by the person who has administered it. A copy is retained by the school until 12 months after the child has left the school and a copy will be provided to parent upon request.

The school will only administer medication in accordance with the prescriber's instructions unless instructed otherwise in writing by a qualified clinician.

Medication will, unless specifically stated in the child's IHCP, be stored in the welfare office which shall be locked at all times that it is unoccupied.

Children who have been prescribed epipens are required to have 2 in school at all times, which are compliant with the above expectations.

Asthma pumps are regarded as medication and will be treated as such in accordance with this policy. Pupils will not be permitted to carry them about their person unless it is so specified in their IHCP and only under the circumstances described above.

The school does not hold emergency inhalers. Parents are expected to ensure that their child's inhaler is in date and contains sufficient quantities of medication. The school will assist as much as possible in identifying when inhalers are due to go out of date or when they are running low.

Expired medication will not be administered to a child by a member of school staff unless directly instructed by a qualified person, such as a doctor or the ambulance service.

The school will not administer one pupil's medication to another pupil unless directly instructed by a qualified person, such as a doctor or the ambulance service.

Medication that is expired or which is no longer required or for which there is not a written agreement or for which the previous agreement has expired will be returned to the parent. The medication must be collected by an adult and will not be sent home with the child. The school will make all reasonable effort to return medication to the parent. Where a pupil has left the school or if a parent refuses to collect it, insists that it is sent with the child or is otherwise uncooperative, it will be disposed of by the school by way of taking it to a dispensing pharmacy.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which: Need only be administered once a day or provide two prescriptions – one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

No child will be given prescription or non-prescription medicines by school staff without their parent's written consent except by written order of a court.

## **Non-prescription**

It is the policy of Holy Trinity Lamorbey CE Primary School under most normal circumstances, not to administer non-prescribed medications to pupils. The school will cooperate with parents who wish to attend school and administer medication to their child during the day. Medicated lozengers are not permitted in school.

Occasional exceptions are made to this rule at the Head Teacher's discretion. Reasons might include but are not limited to;

- The need for this to be the case is provided in writing to the school by a suitably qualified clinician.
- On a residential school journey where parents are unable to administer medication that they would otherwise were the child at home
- A suitably qualified clinician has prescribed medication and advised that another, over the counter medication, is taken alongside it without providing a prescription for it (sometimes the case when the child is being seen privately and not on the NHS)
- It would be detrimental to the child's attendance over an extended period of time not to allow them to take the medication and there is a clear reason why this medication is not prescribed.

## Refusing Medicines

All reasonable steps will be taken by staff to encourage a pupil to take their medication, including actively seeking them out if they fail to report on time to the welfare office, rewarding them with stickers or house points if necessary and generally being warm encouraging and understanding. A pupil will not be punished for refusing medication.

If a child refuses to take medicine, staff will not force them to do so unless it is so stipulated in the child's healthcare plan. The school will seek advice before agreeing to such an arrangement. If a pupil refuses medication the welfare office must attempt to contact parents immediately and inform them. If the refusal to take medication results in an emergency it shall be treated as such and the emergency plan in the IHCP will be followed.

## Hygiene and Infection Control

All staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## Managing medicines on trips and outings

When arranging a school trip, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. A copy of the care plan is taken alongside the medication. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

Children with medical needs will be encouraged to take part in residential visits. The responsible member of staff will carry out a specific and additional risk assessment. Where children without care plans have been prescribed medication parents should include these details in the form provided for school journeys.

## PE / Sports

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as



asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

## **Self-Management**

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

As an inclusive school we strive to ensure that children with medical conditions fully participate in school life. Please refer to appendix 2 for practices we avoid in the school (taken from the DFE 'Supporting pupils at school with medical conditions').

## **Roles and Responsibility**

The ultimate responsibility for the management of this policy in school is with the Head teacher and Governing Body. The welfare officer will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained. The welfare officer will be overseen and line managed by the office manager

## Appendix 1 – Medication Form

## Appendix 2 Unacceptable Conduct

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, e.g. by requiring parents to accompany the child.