



**DUKINFIELD**

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**POLICY FOR SUPPORTING PUPILS WITH  
MEDICAL CONDITIONS**

## **SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

### **Introduction**

This policy is based on statutory guidance under Section 100 of the Children and Families Act 2014 which will come into force on 1 September 2014. The full guidance can be found at: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>  
This policy replaces our school's previous policies on managing medicines in schools. This policy will next be reviewed in September 2015.

### **Aim**

As part of our mission to ensure love, peace, justice and truth whilst developing the full human potential of all our pupils, St Mary's Catholic Primary School is committed to ensuring that all pupils with medical conditions are fully and properly supported so that they have full access to education, including school trips and physical education. We want parents and carers to feel confident that we will provide effective support to their children and we want our pupils to feel safe. We will always listen to and value the views of parents and pupils in supporting the medical needs of our pupils.

St Mary's will strive to establish relationships with relevant local health services and will always give full consideration to advice from healthcare professionals in making decisions about the support we provide to pupils.

### **Role of the Governing Body**

Our governing body will ensure that effective arrangements are in place at St Mary's to support pupils with medical conditions. Governors will do this by ensuring that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported. The governing body will ensure that all Individual Health Care Plans (IHCPs) are reviewed at least annually. These monitoring functions will be carried out by the school's Premises, Safety and Finance Committee on a termly basis.

### **Administering Prescription Medication to Pupils in School**

At St. Mary's, we only manage prescription medicines that need to be taken during the school day:

- 1.1 Parents/carers must provide full written information about their child's medical needs on the school form from the school office.
- 1.2 Parents/carers must provide written information of the responsible adult who will collect and deliver the medication to school.
- 1.3 Short-term prescription requirements must only be brought to school if it is detrimental to the child's health not to have the medicine during the school day. It is the responsibility of parents/carers to arrange the timing of medication so that it is not necessary for it to be administered during the school day e.g antibiotics 3 times a day must be administered at home.
- 1.4 The school will only administer medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

1.5 Medicines must always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

1.6 The school will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosage.

1.7 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions.

1.8 For the safety of others all controlled drugs will be kept in a locked, non-portable container, in the safe. Only named staff will have access to this container

1.9 All medicine will be collected by the parents/carers or nominated responsible adult when no longer required. It is the responsibility of the parents/carers to dispose of the medicine in a safe manner.

1.10 The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Parents are encouraged to come into school and administer the medicines themselves. It will be made clear to parents that staff will not be held responsible for an oversight resulting in a missed dosage of short-term medication.

## **2. Procedures for managing prescription medicines on visits and during other activities**

2.1 The school will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits and during other activities.

2.1.1 Where necessary planning arrangements for visits and other activities will be made in consultation with the parents/carers. Further advice may be sought from the school health service or, with permission from the parents/carers, from the child's GP or specialist nurse.

2.1.2 Where appropriate a specific risk assessment will be completed before the visit or other activity takes place.

2.2 The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE will be recorded on his/her Health Care Plan.

2.2.1 Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising activities must be made aware of relevant medical conditions, and will consider the need for a specific risk assessment to be made.

### **3. The roles and responsibilities of staff managing medicines, and for administering or supervising the administration of medicines**

3.1 The administration of medicines will include arrangements for storage, record keeping and supervision. Wherever possible the child will self-administer his/her medicine.

3.2 Close co-operation between schools, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

3.3 It is important that the arrangements for a child's medical needs are clearly defined.

3.4 It is the duty of the Headteacher/Deputy Headteacher to ensure all staff are informed of the arrangements that have been made to administer medicine to a child. This includes sharing the arrangements with any temporary staff.

3.5 A minimum of two people will supervise the administration of medicine to a child.

3.6 If possible medicine should be self-administered under supervision.

3.7 If a child refuses to take medicine, staff will not force him/her to do so. Staff will record the incident and inform the parents/carers on the same day. If refusal to take the medicine results in an emergency, the school's normal emergency procedures will be followed.

3.8 If in doubt about a procedure, staff will not administer the medicine, and will check with the parents/carers or a health professional before taking further action.

### **4. Parents/Carers responsibilities in respect of their child's medical needs**

4.1 It is the responsibility of the parents/carers to provide the school with sufficient written information about their child's medical needs if treatment or special care is needed.

4.2 It is anticipated that parents/carers will work with the school to reach an agreement on the school's role in supporting their child's medical needs, in accordance with this school's policy.

4.3 The Headteacher/Deputy Headteacher will seek the agreement of parents/carers before passing on information about their child's health to other staff.

4.4 If the parents/carers have difficulty understanding or supporting their child's medical condition themselves, they will be encouraged to seek further guidance from their GP or the school nurse.

4.5 It is the responsibility of the parents/carers to keep their child at home when he/she is acutely unwell.

4.6 It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent/carer with whom the school has regular day-to-day contact. If a dispute arises between parents/carers, advice must be sought from the borough solicitor.

4.7 No prescribed medicine will be given to a child without written agreement from his/her parents/carers.

## **5. Assisting children with long-term or complex medical needs**

5.1 Where there are long-term medical needs for a child, including administration of medicine, a Health Care Plan should be completed involving parents/carers and relevant health professionals.

5.2 A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP.

5.3 A designated member of staff will agree with parents/carers how often they should jointly review the Health Care Plan. This plan will be reviewed at least once a year; the date for the review will be on the Health Care Plan.

5.4 Each child's individual needs must be assessed, as children and young people vary in their ability to cope with poor health or a particular medical condition. The Health Care Plan will take into account the child's age and his/her ability to take personal responsibility.

5.5 All relevant personnel will be invited to contribute to the Health Care Plan. Those who may be invited to contribute include:

- Headteacher/Deputy Headteacher
- Parent /carer
- Child (if appropriate)
- School nurse
- Health professionals involved with the child
- Class Teacher
- Care assistant or support staff
- Staff who are trained to administer medicines

5.6 The Headteacher will ensure that staff are given advice and training to enable them to manage common conditions such as:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

5.7 No invasive procedures will be implemented e.g. administration of rectal diazepam without appropriate training from the Health Service.

## **6. Staff support and training in dealing with medical needs**

6.1 There must be sufficient members of staff who will manage medicines. This will involve participation in appropriate training.

6.2 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.

6.3 Teachers' conditions of service do not include any legal or contractual obligation to administer medicine or to supervise a pupil taking medicines. Agreement to do so is voluntary.

6.4 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

6.5 At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with appropriate training and advice.

## **7. Record keeping**

7.1 The parents/carers will tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff will make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by new directions on the packaging of the medicine.

7.2 The attached forms are to be used by parents and staff to ensure correct permission has been given and medicine administered appropriately.

7.3 It is the responsibility of the parents/carers to monitor when further supplies of medicine are needed in the school.

## **8. Safe storage of medicines**

8.1 Only medicines that have been prescribed for an individual child will be stored, supervised and administered.

8.2 Medicines will be stored strictly in accordance with product instructions paying particular note to temperature and in the original container in which dispensed.

8.3 A designated member of staff must ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.

8.4 Where a child needs two or more prescribed medicines, each will be in its original container.

8.5 Any medicines that have been transferred from an original container will not be accepted. Medicines must not be transferred out of the original container whilst in school.

8.6 Except for medicines such as asthma inhalers and adrenaline pens, all medicines will be kept in a secure place not accessible to children.

8.7 Children will be informed where their own medicines are stored and how the medicine will be administered.

8.8 Medicines that need to be refrigerated will be kept in an airtight container and be clearly labelled. These medicines will be kept in a refrigerator that is not accessible to children.

## **9. Disposal of Medicines**

9.1 Staff will not dispose of medicines. The parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Return of such medicines to parents/carers will be documented.

9.2 The Parents/carers are responsible for collecting medicines held at the end of each term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. If this occurs the procedure will be documented.

## **10. Hygiene and Infection Control**

10.1 All staff will receive training in the precautions for avoiding infection and basic hygiene procedures.

10.2 Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.

## **11. Access to the school's emergency procedures**

11.1 All staff will know how to call the emergency services.

11.2 All staff will know who is responsible for carrying out emergency procedures in the event of need.

11.3 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parents/carers arrives.

11.4 Health professionals are responsible for any decisions on medical treatment when the parents/carers are not available.

11.5 A child who requires hospital treatment must be transported to hospital by ambulance or by the parent/carer. Staff must not take children to hospital in their own car- their insurance may not cover them if they are involved in a motor accident and there may be a detrimental effect on the child's medical condition if the car broke down and no trained personnel or medical equipment was available.

11.6 The Individual Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

## **12. Risk assessment and management procedures**

12.1 This policy will operate within the context of the schools Health and Safety Policy and separate asthma policy and will:

- ensure that risks to the health of others are properly controlled;
- provide where necessary, individual risk assessments for pupils or groups with medical needs; and
- raise awareness of the health and safety issues relating to dangerous substances and infection.

## **Confidentiality vs Need to Know**

### **Insurance**

It is the role of the governing body at St Mary's to ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk with regard to the administering of medication and the implementation of IHCPs. The school's insurance arrangements which cover staff providing support to pupils with medical conditions are thus:

**Employee Liability Insurance – Covers employees who may suffer injury from administration of medication to a pupil.**

**Public Liability Insurance – Covers pupil who may suffer injury from medication administered. Schools can administer Paracetamol / Antihistamines or anything else prescribed by a Doctor with Parental authorisation.**

Where there is any doubt that current insurance cover is insufficient to safeguard school in the administering of medication or the implementation of IHCPs then the headteacher, on advice from the school business manager, will make arrangements for additional insurances to be put in place.

### **The role of the child in administering medication**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This must be reflected within individual healthcare plans.

Children will be allowed to carry their own asthma inhalers when required and consideration will be given in IHCPs as to how appropriate it is for pupils to be able to access any other medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

### **Reintegration back into school**

Reintegration back into school must be properly supported at St Mary's. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, also need to be effectively managed. Children will not be penalised for their attendance record if their absences are related to their medical condition eg hospital appointments.

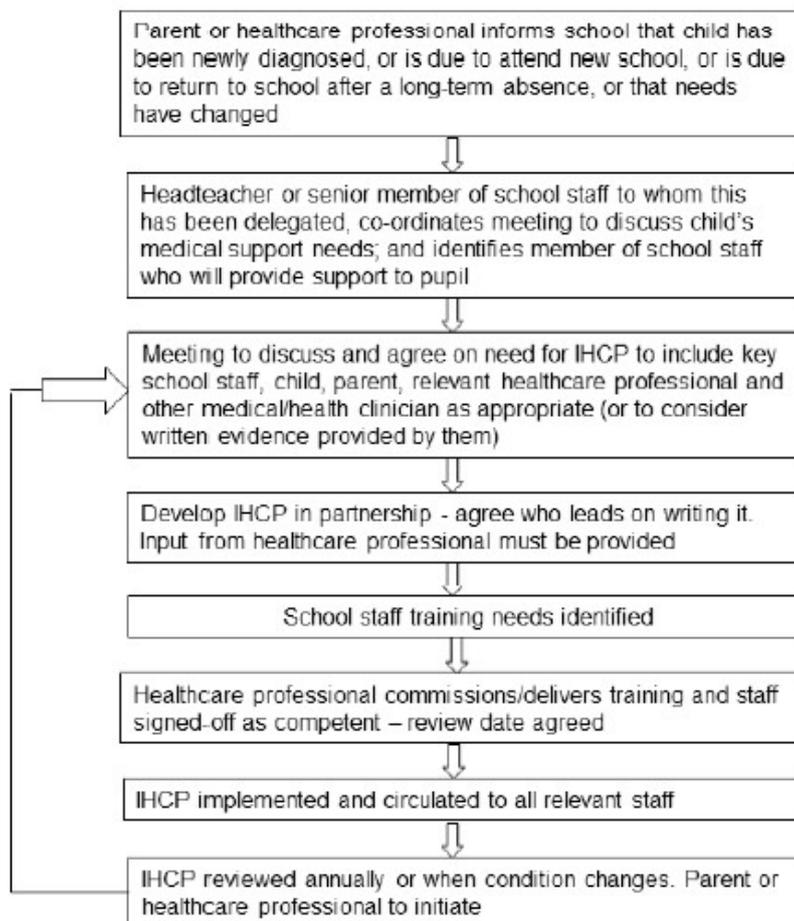
St Mary's will work proactively with TMBC Local Authority, which has a duty to make other arrangements where pupils would not receive a suitable education because of their health needs, when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

### **Asthma Care Plans**

Asthma is a common childhood medical condition. At St Mary's we require parents and carers of pupils with asthma to complete and update an Asthma Care Plan on an annual basis or as frequently as the plan needs to change. A copy of this plan is retained by the relevant classteacher and a copy is held in the office with the relevant child's emergency contact sheet.

## **Developing Individual Healthcare Plans**

It is the responsibility of the school's SENDCo to develop Individual healthcare plans for pupils at St Mary's. Individual Health Care Plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional. A model process for developing individual healthcare plans is detailed below:



The SENDCo will also act as the named person who has responsibility for training, information sharing, cover arrangements including supply staff, risk assessments, and monitoring individual healthcare plans.

## **Unacceptable Practice:**

Although 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; 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.

### **Complaints**

Complaints relating to either the administration of medicines in school or the implementation of IHCPs should, in the first instance, be addressed to the headteacher. Should the complainant subsequently feel that the issue has not been resolved satisfactorily then the school's complaints procedure must be adhered to.

# REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

## ST MARY'S R.C. PRIMARY SCHOOL

This form must be completed by parent/guardian and returned to school

### DETAILS OF PUPIL

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_  
Address: \_\_\_\_\_ M/F \_\_\_\_\_  
\_\_\_\_\_ D.O.B. \_\_\_\_\_  
\_\_\_\_\_ Class \_\_\_\_\_  
Condition/illness \_\_\_\_\_

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### MEDICATION

Name/Type of medication (as described on the container) \_\_\_\_\_  
How long will your child take this medication \_\_\_\_\_  
Dosage and method \_\_\_\_\_  
Time \_\_\_\_\_  
Special precautions \_\_\_\_\_  
Side Effects \_\_\_\_\_  
Procedure to take in an Emergency \_\_\_\_\_

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### CONTACT DETAILS AND PARENT/CARER TO DELIVER AND COLLECT MEDICINE

Name \_\_\_\_\_ Tel No \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Guardian (print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_





## Asthma Care Plan

<b>Child's Name</b>	
<b>Date of Birth</b>	

### Recommended treatment

*(Sections 1 – 3 to be completed by parent/carer – to be left blank only if not applicable)*

#### SECTION ONE

<b>Asthma symptom reliever bronchodilator (usually a blue inhaler)</b>	
<b>How much and how often</b>	

#### SECTION TWO

<b>Preventative treatment (prophylaxis) – name and strength (usually a brown inhaler)</b>	
<b>How much and how often</b>	

#### SECTION THREE

<b>Treatment before sport</b>	
<b>Treatment if asthma symptoms increase.</b>	

- I understand that it is my responsibility to ensure all medication kept in school is regularly checked by myself and kept to date.
- I understand that all medication must be labelled with my child's name and expiry date
- I give permission for the above medication to be administered to my child should the need arise.

Signed \_\_\_\_\_ Date \_\_\_\_\_