OUR LADY & ST JOSEPH CATHOLIC PRIMARY SCHOOL

SUPPORTING CHILDREN WITH MEDICAL NEEDS & ADMINISTRATION OF MEDICINE POLICY

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APPROVED BY: Governing Body

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Our Lady and St. Joseph Catholic Primary School

Supporting Children with Medical

Needs: Administration of Medication

Policy

This policy is to be read in conjunction with Statutory Framework for the Early Years Foundation stage (DfE 2012), Supporting pupils at school with medical conditions (DfE 2014), Section 100 of the Children and Families Act (2014,) Safeguarding policy and Health and Safety policy

AIMS

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Linda Wilson (medical lead) with the support from the Headteacher.

LEGISLATION AND STATUTORY RESPONSIBILITIES

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on supporting pupils with medical conditions at school.

Academies, including free schools, if applicable, add/amend: This policy also complies with our funding agreement and articles of association.

1. INTRODUCTION

1.1 Under The Equality Act 2010, responsible bodies for schools including the Nursery must not discriminate against disabled children in relation to their access to education and

associated services including all aspects of school life including school trips and school clubs and activities.

1.2 Our Lady and St. Joseph Catholic Primary School will endeavour to adhere to the aforementioned acts through the implementation of our Medical Needs Policy that aims to:

• Prevent disability discrimination

• Ensure all children are included

• Ensure that children with medical conditions are properly supported so they have full access to education, including school trips and physical education. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

• Enable regular attendance.

There is no legal duty that requires schools to administer medicines; however we have a duty to make arrangements to support pupils with medical conditions.

1.3 We propose to administer, after appropriate training, prescription medication to assist children with medical needs.

1.4 Any staff giving medication of any kind would be doing so voluntarily and supported by the school with training if required.

1.5 We propose to work with local authorities, health professionals and other support services to ensure that children with medical conditions receive a full education.

2. ROLES AND RESPONSIBILITIES

2.1 The governing board

They must ensure that arrangements are in place to support pupils with medical conditions and that such children can access and enjoy the same opportunities as any other child.

The governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangement to support pupils with medical conditions.

2.1.2 Children with medical conditions will not be refused admission because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the governing body will ensure that other pupils' health is not put at risk from, for example, infectious diseases.

The governing body will ensure that school policies, plans and procedures are put in place, effectively implemented and reviewed regularly.

The governing body will ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support a child with a medical condition. Staff will have access to information and support.

The governing body will ensure that the appropriate level of insurance is in place and that it appropriately reflects the level of risk.

2.2 THE HEADTEACHER AND SLT

The Head Teacher and SLT are responsible for putting the school's policy into practice and for developing detailed procedures as well as ensuring that sufficient numbers of staff are appropriately trained to manage medicines as part of their duties. Furthermore they are responsible for ensuring parents and carers are made aware of the policy and procedures. They are responsible for ensuring that all relevant staff will be made aware of a child's condition.

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- For a child with medical needs, the Head Teacher or a member of SLT will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unachievable or unnecessary, the Head Teacher or a member of SLT will seek advice from the school nurse or doctor, the child's GP or other medical advisers.

- The Head Teacher or a member of SLT will ensure this policy is available for parents to read through the school website.
- A member of SLT will ensure that cover arrangements are made when staff are absent and that supply teachers are always briefed of medical needs of the children in their care. Sufficient trained numbers of staff will be available to implement the policy and deliver against the individual healthcare plans.

2.3 STAFF

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff are responsible for ensuring that they understand this policy. This policy will be discussed amongst teaching staff once a year.

Anyone caring for children including teachers and other school staff in charge of children have a common law duty of care to act as any reasonable prudent parent would to make sure that children are healthy and safe. There is no legal duty that requires school staff to administer medicines.

Any staff giving medication of any kind would be doing so voluntarily and supported by the school with training, if required.

We will ensure that sufficient members of staff are appropriately trained to manage medicines as part of their duties. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips and after school activities.

The Head Teacher and staff will always treat medical information confidentially. The Head Teacher or a member of SLT will agree with the parent who else should have access to records and other information about a child. If information is withheld from staff they will not generally be held responsible if they act incorrectly in giving medical assistance, but otherwise in good faith. Should a parent insist in complete confidentiality then the school

will not agree to administer medication of any kind and the responsibility for administering the medication will be the parents.

We will ensure that the social and emotional implications associated with medical conditions are considered and support provided when needed. Staff will be vigilant for signs that children are self-conscious about their condition, being bullied or developing emotional disorders such as anxiety or depression. Support will be offered and the Inclusion Leader/SENCO will arrange this.

2.4 PARENTS

Parents will:

Provide the school with sufficient and up-to-date information about their child's medical needs.The school will require verification from the child's GP or another medical practitioner.

Be involved in the development and review of their child's IHP and may be involved in its drafting The parent will be expected to contribute to their child's Health Care Plan. It will be reviewed by the school nurse annually.

It is the parent's responsibility to provide the school with the child's medicine. The parent must hand all medication to a trained staff member identified by the school. Please refer to Administering Medicine Procedures. Medication must be in date and with the correct instructions and information from the prescriber e.g. GP or pharmacy. Staff may request that a parent temporarily remove their child from school if sufficient emergency medicine is not in school.

Parents should, wherever possible, administer or supervise the self- administration of medication to their children. However, this might not be practicable and in such a case parents may make a request for medication to be administered to the child at school. Medicines should only be taken into school where it would be detrimental to a child's health if it were not administered during the day

Parents should carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

2.5 PUPILS

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs,

this will be carried out with the school nurse and parent/carer. They are also expected to comply with their IHPs where a pupil does not comply with administration of medical attention/ medicine on school premises.

2.6 SCHOOL NURSES AND OTHER HEALTHCARE PROFESSIONALS

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

The School Nurse will deliver training and support for members of staff who have agreed to provide medication etc. to children with medical conditions.

The School Nurse will meet with parents/carers to write the Individual Health Care Plan for a child with a medical condition. The School Nurse will review all Individual Health Care Plans as required. There is a clear expectation from the school that the school nursing team is involved in the care plan process, as appropriate.

The School Nurse will liaise with medical professionals on appropriate support and associated staff training needs.

Further details on roles/responsibilities, administration of medicines and record keeping are clearly outlined in Appendix I Medical Procedures and must be adhered to at all times.

3. INDIVIDUAL HEALTH CARE PLANS (IHP)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Linda Wilson.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher/role of individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

3.1 Individual Healthcare plans must be drawn up for any child with a medical condition that needs management. IHP will include detailed instructions on day-to-day management on the condition together with procedures to be followed in an emergency and the level of support required. The School Nurse will work closely with the school, parents and other healthcare professionals in formulating the IHP. The school nurse will deliver any necessary training, in conjunction / consultation with other agencies. The School Nurse will also deliver refresher training annually, or as required.

3.2 Individual Health Care Plans will be kept in a file in the school office. The Head Teacher and Senior Leadership Team, class teacher and the school's First Aiders will be informed of the child's needs. Care plans created from Sept 2021 will be also be uploaded to the Integris individual pupil file

3.3 Detailed medication administration sheets will be kept. We will comply with DfE statutory guidance for schools on administration of medicines.

3.4 Children will not be allowed to carry medication whilst in school. Items such as asthma inhalers and epi-pens will be stored securely in classrooms and will be readily available. We have spare epi-pens which will be kept in the school's medical room. When children go on trips, they take the class medication with them (an adult is assigned responsibility for children's medication whilst on trips).

3.5 Expiry dates of medication are placed on the care plan and the First Aid Lead telephones parents when medication is nearing expiry or running low; parents are then aware that new medication is required. That being said, parents have the prime responsibility for their child's health and replacing medication before expiry dates are reached.

Any other prescription medication must be kept in the locked fridge in the main office.

4. MONITORING

4.1 This Policy will be reviewed annually by the Governors. This Policy should be read in conjunction with all other relevant policies and guidelines.

5. INFECTIOUS ILLNESSES

5.1 All staff will refer to the Health Protection Agency guidance when responding to a child who is ill or infectious. All staff will take necessary steps to prevent the spread of infection and take appropriate action if children are ill. Parents/carers will be asked to collect children or keep them at home if there is a risk of infecting other children.

6. STAFF TRAINING

6.1 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child or supporting a child with a medical condition will have appropriate training and guidance. They should also be aware of possible side effects of any medicines and what to do if they occur. All staff will be able to notify the Head Teacher or a member of SLT if they are unwilling to administer medicines and they will not be asked to administer medicines. This will be kept in their personal file. No volunteer will be asked to administer medication without the correct authorisation and check forms being completed.

6.2 Any medication that is to be administered to children in any other form than liquid or tablet will require additional training from the school nurse prior to staff agreeing to administer the medication. Staff will not administer medicines by injection, apart from administering **insulin to diabetic children** and Epi Pen to identified pupils during **anaphylaxes**. Training must not be provided by parents, carers or any other non-medical professional. The school will ensure that there are sufficient members of staff who are appropriately trained to manage such medicines as part of their duties. The Head Teacher and SLT will ensure that there are appropriate systems for sharing information about children's medical needs.

6.3 The Head Teacher and SLT will be responsible for making sure that staff have appropriate training to support children with medical needs and will arrange training appropriate to the needs of the school in conjunction with the School Nursing Service.

6.4 The family of the child will provide relevant information to school staff about how their child's medical needs can be met. They must not be the sole trainer when delivering staff training as a relevant medical professional must also deliver training, for example the school nurse.

6.5 Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure. The Head Teacher and SLT will ensure that the training provided has given staff sufficient understanding, confidence and expertise and that arrangements are in place to up-date training (including refresher training) on a regular basis. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

6.6 The school business manager will maintain a register of staff members who are trained to administer medication.

7. HEALTH CARE PLAN

7.1 Healthcare plans must be drawn up for any child with a medical condition that needs management. It should include instructions as to how to manage a child in an emergency.

7.2 The main purpose of an individual Health Care Plan for a child with medical needs, is to identify the level of support that is needed, day to day management and include permission for the school to administer medication on an on-going basis or in an emergency situation.

7.3 An individual Health Care Plan clarifies for staff, parents, and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the plan. The Health Care Plan should be reviewed at the beginning of each academic year as a minimum, or more frequently, depending on the nature of the child's particular needs

7.4 Most children with medical needs are able to attend school regularly and, with some support from school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. Additional supervision must be written into the child's Health Care Plan. An individual risk assessment may need to be completed prior to the child carrying out any identified activities.

7.5 Where a child is returning to school following a period of pro-longed absence due to their medical condition, support will be identified and provided to ensure that their return to school is as smooth as possible. This reintegration plan will be written by a member of SLT and attached to the Health Care Plan.

8. ADMINISTERING MEDICINES

8.1 STORAGE

8.1.1 Only essential medicines will be administered during the school day. These will be those prescribed by a doctor. Parents will be responsible for obtaining their child's medicine and ensuring these are up to date. Medication must not be brought into school by the child. The parent must hand all medication to a member of the office staff. Medicines must be in date, in the original container in which dispensed with the dispensing pharmacy label attached and the prescriber's instructions for administration. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Staff should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction. The exception to this is insulin which may be provided in an insulin pen or pump, rather than its original container, but must be in-date and delivered as prescribed.

8.1.2 Parents must complete an authorisation form, prior to any medication being administered by school staff. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated.

8.1.3 Large volumes of medication should not be stored (no more than one half term's supply should be kept in school at a time. Please refer to Controlled Drugs guidance) Prescribed medication kept at the school should be kept in the school office to be readily accessible when required. Children should know where their medicines are stored, who is administering it to them and be able to access them immediately.

8.1.4 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away. Inhalers should always be available during physical education, sports activities and educational visits.

8.1.5 The adrenaline pen (used for children with acute or severe allergic reactions to certain food or substances) should be in a named container. All staff should be made aware of where this box is kept in the classroom. This is the labelled medical cupboard. These cupboards are predominantly located over the sink area in each classroom.

8.1.6 All other medication will be kept in a locked cupboard or locked refrigerator in the school office. Under no circumstances should medicines be kept in first-aid boxes

8.2 DISPOSAL

8.2.1 Staff will not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each year.

8.3 RECORD KEEPING

8.3.1 A record will be kept of all the drugs and medicines administered at school.

8.3.2 Parents must complete an authorisation form prior to any medication being administered by school staff. Parents must clearly state the name of the medication to be administered, the dosage, the time it is to be given and the procedure for administering the medication. The form must be signed and dated.

8.3.3 Upon receipt of medication, staff administering medication must check the following and complete an 'initial administering medication check' form –

• Name of child

• Name of medicine

• Dosage

• Written instructions provided by prescriber

• Expiry date

• Number/amount of medication provided

8.3.4 Staff administering medication must complete an 'individual child administering medicines record' after every dose of medication is given. This record must be signed, dated and a time recorded. This record must be stored in the 'medicines folder' in the office. This is except for specific identified children who receive medicines regularly in class – for these children records can be stored in class with their medication. (All other medicine records are returned to the office)

8.3.5 The record must be kept even if the child refuses to take the medication. The child should not be forced to take the medication. Parents should be notified immediately if a child refuses medication. Emergency services should be contacted if necessary.

9. Controlled Drugs

9.1 The Head Teacher must be informed if controlled drugs are being stored on school premises.

9.2 Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents.

9.3 No more than a week's supply of controlled drugs should be kept in school at any one time and the amount of medication handed over to the school should always be recorded.

9.4 Controlled drugs should be stored in a locked non-portable container and only specific, named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it.

9.5 The person administering the drug will receive appropriate training from the school nurse or an alternative appropriate health professional, prior to administering any medicines, if necessary.

9.6 The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

9.7 As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

10. Non Prescription Medication

10.1 Non-prescription medication is not to be administered by staff. This includes paracetamol and homeopathic medicines.

10.2 If a child suffers regularly from acute pain, such as migraine, the parents should authorise and supply appropriate prescribed painkillers for their child's use, with written instructions from the prescriber about when the child should take the medication. A member of staff should notify the parents that their child has requested medication and supervise the child taking the medication if the parents have agreed to it being taken. An 'individual child administering medicines record' must be completed after every dose of medication is given. This record must be signed, dated and a time recorded.

11. Administering medicines on school trips

11.1 Arrangements will be made to support pupils with medical conditions participating in school trips. Teachers will allow for flexibility in their plan for the trip so as to allow pupils with medical conditions to participate according to their own abilities. We will make arrangements for the inclusion of pupils in school trips and activities unless evidence from a medical professional states that this is not possible.

11.2 All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary; individual risk assessments should be conducted.

11.3 It may be necessary for an additional teacher, parent or another volunteer to accompany a particular child on a 1:1 basis.

11.4 It should be ensured that a member of staff who is trained to administer any specific medication (e.g. epi-pens) accompanies the child and that the appropriate medication is taken on the visit.

11.5 Medicines should be kept in their original containers (an envelope may be acceptable for a single dose - provided this is very clearly labelled)

11.6 When accompanying children on residential trips, all medicines must be stored in a locked, secure container.

11.7 Staff responsible for administering medicines on residential trips must meet with parents prior to the trip to ensure an authorisation form is completed. Any necessary training will be given by the school nurse or alternative health professional prior to the trip. The 'individual child administering medicines record' must be completed.

11.8 If in doubt staff should speak to a member of the Senior Leadership Team before administering any medicines.

12. EMERGENCY PROCEDURE

12.1 Trained first aiders are responsible for carrying out emergency procedures in the event of a need. Staff will follow the procedure as laid down in the school's Health and Safety Policy. All staff should know how to call the emergency services. If anyone other than a member of the office staff calls an ambulance then the school office needs to be informed so that the child's records, HCP etc. can be copied for the ambulance crew.

12.2 If an emergency occurs and a child needs to be transported to hospital then, in the absence of the parent, a member of staff must accompany the child in the ambulance and stay until the parent arrives. Staff should never take children to hospital in their own car unless advised to do so by 999 due so due to unforeseen circumstances, unless accompanied by parent.; it is safer to call an ambulance. Healthcare professionals are responsible for any decisions on medical treatment when parents are not available.

12.3 The individual Health Care Plan should include instructions on how to manage a child in an emergency, and identify who has the responsibility in an emergency.

13. HYGIENE AND INFECTION CONTROL

13.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

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

13.3 All staff will be familiar with the Health Protection Agency guidelines for responding to children who are ill or infectious.

14. COMPLAINTS

14.1 Should parents or pupils be dissatisfied with the support provided they should discuss their concerns initially with the class teacher and follow-up meetings can be arranged with the Phase Leader.

14.2 If they do not feel they have been able to resolve the issue then parents may be discussed further with the Head Teacher by prior appointment.

OLSJ
OUR LADY + ST JOSEPH
CATHOLIC PRIMARY SCHOOL

Appendix 1:

Medical procedures

In the event of an accident or injury find a first aid trained member of staff, the majority of staff are trained. If a trained member is not in sight – seek support from the school office immediately.

First aid kits are available in all classrooms, the main office and the medical room.

- Treat the injury appropriately and record the details in the official injury book in the medical room.
- Attach a wrist band to the injured pupil, written details must include:
  Name, date, class & brief details of the injury & treatment.
  Eg Toby 5A bumped head – ice pack applied 19/6/21

Epi-Pens

- Individual Epi-pens are located in the classroom medical cupboards. Extra Epi-pens are located in the medical room in clearly marked bags with photos of the pupils.

Asthma pumps

- Individual pupil asthma pumps are located in the classroom medical cupboards
- Emergency Asthma pumps are located in:
  1. The medical room (ground floor)
  2. Main office (ground floor)
  3. The staff room (1st floor)
  4. The printer room (2nd floor)
  5. EYFS (new 2022)

  All children suffering from asthma are listed next to the emergency pumps.
  Full instructions of how to identify an asthma attack & how to treat it are also displayed with the pumps and in the classrooms.

Medication

All medicines **MUST** have a pharmacy label with the pupils name and instructions.
The pharmacy instructions **MUST** be followed exactly.
Pupils who take medicine in school will also have a medical admin form stored with the medication, this **MUST** be updated every time medication is given.
The majority of medicines are stored in the office or the medical fridge in reception but essential emergency medicines such as asthma pumps & epi-pens are stored in the classrooms in individual bags. A spare epi-pen is in the medical room (this is clearly labelled)