



The Governors of  
*Herons Dale Primary*  
*School*

have adopted the following policy:

Supporting Pupils with Medical Conditions Policy

**Reviewed by:**

**Teresa O'Connell**

**Date:**

**March 2021**

**Ratified by Governors:**

**April 2021**

**Review Date:**

**March 2022**

Responsible Persons: Teresa O'Connell, Deputy Head and Isabel Robson, Head Teacher.

***This policy should be read in conjunction with***

- ***Administering Medicines policy***
- ***Keeping Children Safe in Education.***

***This policy is written in regard to***

- ***Section 100 of the Children and Families Act 2014 -which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.***

### **Rationale**

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. Government guidance requires that schools develop a Medicines Policy that describes how and when medicines will be administered

### **Duty of Care**

There is no legal duty that requires staff employed in educational establishments to administer medicines. However, schools need to make reasonable adjustments for disabled children, including children with medical needs. Furthermore, in an emergency, all teachers and other staff in charge of children have a common law duty to behave as any reasonable parent would to protect the health and safety of a child in their care – this might mean giving medicine or medical care.

### Aims

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.
- To ensure Pupils, staff and parents understand how our school will support pupils with medical conditions

Teresa O'Connell is the Lead for the Administration of Medicines and as such for ensuring that whenever the school is notified that a pupil has a medical condition:

- Sufficient staff are suitably trained
- Policies and procedures are up to date
- All relevant staff are made aware of a child's condition
- Cover arrangements in case of staff absence/turnover is always available
- Supply teachers are briefed
- Risk assessments for visits and activities out of the normal timetable are carried out
- Individual healthcare plans are monitored (at least annually)
- Transitional arrangements between schools are carried out

- Ensuring that if a child's needs change, the above measures are adjusted accordingly
- Liaising with the school nurse regarding information and training in the administration of specific medicines such as buccal midazolam.

The governing body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing cover staff with appropriate information about the policy and relevant pupils
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Monitoring individual healthcare plans (IHPs)

Staff will implement this policy by:

- Any trained staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines
- Staff should receive sufficient and suitable training and achieve the necessary level of competency and confidence before taking on the responsibility of supporting children with medical conditions
- have duty of care through their employment contract and are individually responsible for ensuring they are competent to perform their role and equally for informing an appropriate person when they are unable to perform their role
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- Complete all paperwork regarding administering medications in school

Parents

- Must provide the school with sufficient and up-to-date information about their child's medical needs using Appropriate Parental Consent Form/ Medical information forms
- Should be involved in the development and review of their child's IHP
- Should carry out any action they have agreed to as part of the IHP implementation e.g. provision of in date emergency medication for epilepsy and equipment

Pupils

Pupils at Herons Dale School all have a learning disability. They should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

### Special School Nurses

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school or when a medical condition changes to require increased support
- Will support staff to implement a child's IHP
- Will deliver health care training or liaise with other health professionals to ensure adequate training is provided
- Provide ongoing advice and support in relation to a child's medical condition
- Liaise with health colleges where relevant
- Provide and review health care specific care plans, providing staff guidance to support children with health conditions in school

### Other healthcare professionals

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- May provide advice on developing healthcare plans
- Specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

### **Consent in writing**

Staff must not give any medicine to a child without written consent from the parent or carer. The parent or carer must complete and sign a consent form, 'Administering medicines record templates (see supporting documents). Medicines must be provided with the signed consent form, in the pharmacist's original labelled container, direct to the head or designated person. A new consent form must be provided each time there is a change to the medication or dosage.

If necessary, school nurses can help parents to complete the form. The parent/carer is responsible for ensuring that sufficient medicines are provided and that they are not out of date.

Staff who give medication must do so with reasonable care. Always ask the child what other medications they take and what has been taken recently before giving anything. If there is any doubt, seek medical advice before administering the medicine.

To avoid the risk of giving a double dose, only one member of staff at any one time should be responsible for giving medicines. They must be relieved from other duties while preparing or giving the medicine, to reduce likelihood of error.

### **Keeping Records;**

When a child is given medicine or an error is made, the school must keep a record of it - The record must include the:

- Name of the medicine
- Dose prescribed
- Dose given, and how (pill etc)
- Name of the child
- Time and date it was given

- Name and signature of the person giving the medicine to the child.
- Second signature

Records must be retained by the establishment until the pupil is 24.

### **Controlled Drugs**

Pupils prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) are legally permitted to carry their own medication if deemed competent to do so. However, it is strongly recommended that pupils do not carry their own medication in school.

Controlled drugs must be stored securely in a non-portable container and only named staff will have access, controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug must be witnessed by a second member of staff and records kept.

In addition to the records required for the administration of any medication, a record must be kept of any doses used and the amount of controlled drug held in school.

### **Non-prescription medicines (including herbal remedies and complementary medicines)**

There is a widespread misconception that non-prescription medicines are safe because they are readily available from retailers such as supermarkets.

Each year thousands of people develop life-threatening conditions from these medicines because they do not understand the dangers. School staff will occasionally administer non-prescribed medication where it is deemed that their administration is required to allow the pupil to remain in school and parental consent is in place. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills, tinctures, nutrition supplements or aspirin unless prescribed by a medical professional.

If a pupil develops symptoms during the school day the school can administer the following:

- Travel sickness remedies (see further details below).
- Anti-histamine
- Paracetamol - following pain relief protocol outlined in example medicines policy
- Ibuprofen to pupils age 12 and over - following pain relief protocol outlined in medicines policy
- NB Special schools may also administer nappy and skin creams
- Schools may apply a hand cream to pupils to relieve dry, cracked skin on the hands caused by increased hand washing required during the current pandemic as long as this has been provided by the child's parents in its original container and if available with the patient information leaflet (PIL) and it has been labelled with the child's name. It must not be shared with other children to prevent cross contamination. Primary children in KS1 should be supported by the school to apply hand cream and it should be kept by the school, schools should make an

assessment of individual children in KS2 to determine if they will need to have it held by the school and have it applied for them.

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered, and this is recorded
- Medication is licensed as suitable for the pupil's age
- Medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition
- Administration is required more than 3 to 4 times per day
- Medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or patient information leaflet
- Accompanied by parental/guardian consent and confirmation the medication has been administered previously without adverse effect

The school will NOT administer non-prescription medication:

- As a preventative, i.e. in case the pupil develops symptoms during the school day;
- If the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time; for more than 48 hours – parents will be advised if symptoms persist to contact their Doctor; any requirement for the administration of non-prescription medication for more than 48 hours must be accompanied by a note from the pupils General Practitioner confirming dose and length of administration.
- A request to administer a the same or different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode;
- Not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- If parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

## **Other Types of Treatment**

### Travel sickness remedies

If a child needs to take medicine to prevent travel sickness on an educational visit, you may give it with the parent's or carer's written consent. The parent or carer must confirm that the medication has been given to their child in the past without adverse effect and a note of this recorded on the consent form. The travel sickness medicine must be provided in the original packaging, with manufacturer's instructions included.

It must be stored and administration recorded as for prescription medicines. It must be suitable for children. Some travel sickness medicines cause drowsiness.

### Antihistamine (Piriton)

Antihistamine can be administered for the treatment of a mild allergic reaction (for example, itchy eyes or skin, rash or/and redness of the skin or eyes).

The school can administer one standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time, pupils must never be left alone and should be observed at all times. **If symptoms develop or there are any signs of anaphylaxis, or if there is any doubt regarding symptoms, then if an adrenaline auto injector has been prescribed for this pupil it should be administered without delay and an ambulance called.**

Piriton can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact with equipment that might cause harm, for example, P.E. Science, Design and Technology.

### Mild allergic reaction

Every effort will be made by the school to identify and reduce the potential hazards/triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. Antihistamine will be administered for mild reactions as detailed above.

### Severe allergic reaction

An adrenaline auto injector should be used immediately in a severe reaction (see Pupils Individual Health Care Plan for details). If in doubt about the severity of an allergy reaction, administer the adrenaline auto injector and call an ambulance immediately.

### Hay fever

Piriton for the treatment of hay fever. Parents should administer antihistamine before the pupil starts school, it is not necessary for schools to administer antihistamine for the treatment of hay fever.

## **Residential Visits**

### Medicines on residential visits

Schools have a common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines to pupils. However, the administration of non-prescription medication on residential visits should not be encouraged and only undertaken when absolutely necessary. Parents must give written consent prior to the residential visit. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the

consent form. Records must be kept as for prescribed medication. The school may take a small stock of non-prescription medication and parental consent should be gained to administer the school medication. Medication taken on residential trips may be kept in a lockable first aid box if that is the most practicable place to store it.

For taking prescribed medication abroad, please ensure that you plan well ahead, check what is allowed as well as how you should travel with the medication, plus what relevant health information should be taken and the legal implications surrounding controlled drugs. As the UK has now left the EU, there could be more restrictions or changes with taking certain medications to EU countries.

<https://www.nhs.uk/common-health-questions/medicines/can-i-take-my-medicine-abroad/>

### Pain relief on residential visits

If a pupil becomes unwell during a residential visit, it may be appropriate to administer pain relief. Written parental consent should be obtained beforehand, and parents should be asked to confirm in writing that their child has taken this type of pain relief before without adverse effect. The general guidance on pain relief (see example medicines policy) should be followed, but on a residential visit it may be appropriate to administer more than one dose. Dosage must be strictly according to the instructions on the packaging. Should the pain relief medication fail to alleviate symptoms and/or should staff have any concerns about a pupil's condition, they should not hesitate to get professional medical attention.

### **Transition**

Where children are joining Herons Dale at the start of a new academic year, any arrangements relating to their medical condition should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, every effort will be made to ensure arrangements are in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs.

### **School Transport**

Home-to-school transport – this is the responsibility of local authorities, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for pupils with life-threatening conditions; These are the responsibility of the Transport team

### **Individual Healthcare Plans (IHPs)**

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

The following information should be considered when writing an individual healthcare plan:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed including in emergencies
- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff
- The training needs and confirmation of proficiency of staff to provide the support
- Who will support the child's medical condition if staff are absent or unavailable?
- Who needs to be aware of the child's condition and support (confidentiality)

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed at parents evenings and amendment passed to the office to input

Not all pupils will need and IHP and in these cases the pupils SIMs home contact and emergency contact details will be held by teachers in their Medical folders

### Emergencies

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

Emergency Health Plan and Individual Health plan are kept with the child when both on and off site.

The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

The following practice is considered not acceptable:

- Assuming children with the same condition require the same treatment
- Ignoring the views of the child, their parents; ignoring medical advice or opinion
- Sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- Penalizing children for their attendance record if their absences are related to their medical condition that is recognized under this policy
- Preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- To require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)

- Preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child)

### Training

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.

The statutory guidance advises that school staff must not give prescription medicines or undertake health care procedures without appropriate training sufficient to ensure staff are competent and confident

With regard to Administering and Managing Medication Training. Staff will receive annual training using West Sussex course materials and competency is confirmed by achieving 100% in the assessment

Some medication requires additional training on its administration this includes medication for asthma (inhalers) epilepsy (midazolam), diabetes (insulin) and anaphylaxis (EpiPen's). This training is provided by the school nursing service annually

The SBM holds a record on training of staff training

Training will be identified during the development or review of IHPs.

The School Nurse will lead on identifying the type and level of training required and will agree this with the Deputy Head.

### *The Learning Model*

- *Underpinning knowledge*
- *Practise training*
- *Competency Assessment*
- *Documetaion check and final sign off*
- *Ongoing support and supperivision*
- *Audit*

### Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

### **Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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