

St. Clare's Catholic Primary School

Supporting Pupils with Medical Needs Policy



Member of staff responsible: Mrs. R. Wroblewski
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School Mission Statement

St Clare's is a Christ-centred family where everyone is valued and respected.
We learn and grow, whilst strengthening our relationship with God and one another.
Together in His love, we can achieve our full potential.
Play, learn and grow together with Christ

Introduction

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our website.

Policy Implementation

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy is given to the Headteacher who will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

The SENDCO, in partnership with the Headteacher/Deputy Headteacher, will be responsible for supply and teacher briefings, risk assessments for school visits and other school activities outside of the normal timetable, and for the monitoring of Individual Healthcare Plans. This will be carried out in partnership with the class teacher and Medical Coordinator – Mrs Rosalie Wroblewski.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

The SENDCO will also ensure all staff receive annual top-up training for dealing with any known medical conditions in school. e.g. asthma and administering an Epi-Pen, epilepsy etc.

Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:

Short-term affecting their participation in school activities because they are on a course of medication.

Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

The Role of Staff at St Clare's Catholic Primary School

Some children with medical conditions may be disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some children may also have Special Educational Needs and Disabilities and may have an 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 St Clare's Primary School SEND Information Report.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The School, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education unless this would not be in their best interests because of their health needs. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provisions arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence. The emphasis will always be on working towards full-time education for the child.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At St. Clare's, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, who we have regular access to, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change, and arrangements for any staff training or support. For children starting at St Clare's Primary School, arrangements will be in place in time for the start of the relevant school term. When children start St. Clare's an Arbor profile is created where parents can upload and edit medical information at any time. Parents must also update the school office so their child's class teachers can then be informed. In other cases, such as a new diagnosis or children moving to our school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the School will consider that many of the medical conditions that require support at school will affect the quality of life and may be life-threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We will ensure that arrangements give Parents/Carers and pupils confidence in the School's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that members of staff are properly trained to provide the support that pupils need. The School will ensure that arrangements are clear and unambiguous about the need to support actively 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 plan for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The School will make sure that no child with a medical condition is denied admission or prevented from attending the School because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times when it would be detrimental to the health of that child or others.

The School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the SENDCO. Following the discussions, an Individual Health Care Plan will be put in place usually in conjunction with the school nurse or another medical practitioner. Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant members of 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 (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by the School Nurse or relevant medical professional or SENDCO but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and for ensuring that they and their medical conditions are supported at school.

Individual Healthcare Plans will help to ensure that the School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The School, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. An electronic copy will be stored on CPOMS. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their Individual Health Care Plan. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional (usually the SENDCO) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the School.

The School will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the School assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEND identified in an EHCP, the Individual Health Care Plan should be linked to or become part of that EHCP.

The Individual Health Care Plan should include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, and access to food and drink where this is used to manage their condition and/or dietary requirements;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons;
- 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;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required
- arrangements for written permission from Parents/Carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil, during school hours;

- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform the development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.

Managing Medicines on School Premises

We are committed to the proper management of medicines and there are clear procedures that must be followed.

- Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Medication that is not written into an Individual Healthcare plan, will only be administered in exceptional circumstances.
- With agreement of the Headteacher, only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and which include instructions for administration, dosage and storage will be administered in school. The exception to this is insulin which must still be in date, but will generally be made available to school inside an insulin pen or a pump, rather than in its original container. This may also be the case for certain emergency administration medicines such as a reliever inhaler for the treatment of an asthma attack or adrenalin for the treatment of anaphylaxis. This is to be made clear within a child's IHCP as appropriate.
- Non-prescribed medicines will not be administered in school or on educational visits unless part of a child's IHCP or there are exceptional circumstances. Exceptional circumstances may include: pain relief in an emergency during a residential trip.
 - All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are to always be readily available to children and not locked away. Off-site this will be especially considered as part of the risk assessment process for educational visits.
 - When no longer required, medicines will be returned to the parent for them to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps

Controlled drugs

Some controlled drugs may be prescribed as medication for use by children and young people. Once appropriate information and training has been received, any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine must do so in accordance with the prescriber's instructions.

A child or young person who has been prescribed a controlled drug may legally have it in their possession. However, at St. Clare's, prescribed controlled drugs will be stored in the Headteacher's office and locked away and will only be accessible by senior staff members and the school office. Where self-medication is agreed to be appropriate, arrangements will be made for the young person to report to staff with access rights at agreed, appropriate times.

A record will be kept for audit and safety purposes.

A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it will be returned to the dispensing pharmacist (details should be on the label). Misuse of a controlled drug, such as passing it to another child or young person for use, is an offence.

Long Term Medical Needs

It is important to have sufficient information about the medical condition of any child or young person with long-term medical needs. If a child or young person's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs and Disabilities (SEND) Code of Practice 2015 and the Children and Families Act 2014 place a duty on maintained schools and academies to make arrangements to support pupils with medical conditions. Individual health care plans will normally specify the type and level of support required to meet the medical needs of such pupils. Where children and young people also have SEND, their provision should be planned and delivered in a co-ordinated way with the health care plan schools are required to have regard to statutory guidance – “Supporting pupils at school with medical conditions.”

School will work with parents and relevant health professionals to develop a written health care plan for such children and young people.

Storing Medication

- Large volumes of medicines will not be stored;
- Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed or purchased;
- 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, as dispensed by a pharmacist in accordance with the prescriber's instructions;
- Where a child or young person needs two or more prescribed medicines; each should be kept in a separate container;
- Staff should never transfer medicines from their original containers;
- Children and young people should know where their own medicines are stored. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to the child or young person and should not be locked away;
- Other non-emergency medicines should be kept in the school office;
- Where medicines need to be refrigerated, they can be kept in the staffroom refrigerator. Access to these areas is restricted to adults only.

Access to medicines

If children and young people need to have immediate access to their medicines as and when required, the school will take advice from health care professionals through the development of the care plan and ensure that medication is accessible but out of reach of other children.

Disposal of medicines

Staff should 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 term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal or returned to the parent/carer.

Procedure for Administration of Medicine

The school will work with health professionals, parents and young people to support self-administration where this is agreed to be appropriate. But this will in most cases be monitored/observed by school staff.

Administering Medication

No child or young person under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child or young person should check:

- The child or young person's name on the medicine container;
- Prescribed dose;
- Expiry date;
- Parental agreement for school to administer medicine has been completed by parent/guardian
- Written instructions provided by the prescriber on the label or container and within the medication packaging.

If in doubt about any procedure, members of staff should not administer the medicines but check with the parents or a health professional before taking further action. If members of staff have any other concerns related to administering medicine to a particular child or young person, the issue should be discussed with the parent, if appropriate, or with the appropriate health professional. Staff must complete and sign a record each time they give medicine to a child or young person. Good records help demonstrate that staff have exercised a duty of care. **See Appendix 1**

- Only members of staff that have been trained and authorised by the Headteacher may supervise and administer medication. In an emergency, the Headteacher will make appropriate alternative arrangements. In some circumstances, as determined by the Headteacher, a child's parents or qualified, specialist, nursing staff may be asked to visit school to administer the medication.
- The medicine should be brought to school, preferably by the parent, with clear written instructions for administration, giving the name of the pupil. Glass containers are unsuitable to be carried by pupils.
 - o Note: It is not practicable to bring one measured dose of a liquid medicine; adhesion of the liquid to the container results in the dose being less than sufficient.
 - o GPs are able to prescribe antibiotics that do not need to be administered in doses that happen during the school day.
- If parents have explored other options but still request school staff to administer medicines, they should complete a 'Parental agreement to administer medicine form'. This form must be completed and handed in to school with the medicine before medicines are administered. **See Appendix 2**
- Medicines must be delivered to the School Office and stored safely in the locked cupboard or staffroom refrigerator.
- Medication must be sent into school in its original container.
- Medication will be kept safely according to the instructions on its container. Where medication needs to be kept in a refrigerator, the Headteacher will decide how it is to be stored.
- If medicines are administered, a note should be made on the pupil record sheet kept with the parental agreement forms.
- It is the right of any professional to refuse to administer medicines. Please tell the Headteacher if you decide to do so.

Under no circumstances will any medication be administered without the agreement of the Headteacher, and the written, signed instructions from the parent or carer.

Educational Visits

It is essential that, when planning an educational visit, all reasonable steps have been taken and reasonable adjustments made to try and ensure the visit is accessible to children and young people with disabilities and/or medical needs. Schools must also ensure that when included in an outdoor visit, a child

or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs. All school visits are planned in accordance with Lancashire County Council policy and procedures. In respect of individual cases where there are concerns, the school will seek advice from the appropriate technical adviser on 01772 532805.

The school will also ensure that:

- The proposed visit is discussed with the parents and (wherever possible) the child or young person as early as possible;
- The risk assessment covers the specific issues of the child or young person, including the management of prescription medicines during the visit. Where appropriate, reasonable adjustments will be made and alternative activities considered.
- The staff and volunteers on the visit are fully briefed and particularly if there are any adjustments to the programme for the child(ren) that have any SEND or medical needs.

Emergency Procedures

As part of general risk management processes, the school has arrangements in place for dealing with emergency situations.

- Children and young people tell a member of staff it is a medical emergency;
- Staff must always inform a senior staff member of an emergency situation;
- Staff must know how to call the emergency services;
- A member of staff will always accompany a child or young person taken to hospital by ambulance, and will stay until the parent arrives. At the hospital, it is the health professionals who are responsible for any decisions on medical treatment when parents are not available;
- Staff should avoid taking children to hospital in their own car – it is safer to call an ambulance;
- Individual Health Care Plans must include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency.

Unacceptable Practice

As a school we are very supportive of children with medical needs and the members of staff who work with them. Whilst we treat each child as an individual and plan accordingly, there are some practices that should not be allowed within this policy:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child or their parents;
- ignoring medical evidence or opinion (although open to challenge);
- sending children with medical conditions home frequently or preventing them from staying for normal school activities unless specified in their IHCP;
- sending the child to the school office when unwell unaccompanied or accompanied by someone unsuitable;
- penalising children for their attendance if the absences are related to their medical condition;
- preventing children from drinking, eating or taking breaks (including bathroom) whenever they need to in order to manage their condition effectively;
- preventing children from participating in any aspect of school life (creating barriers). This includes school trips and an example would be requiring parents to accompany the child.

Complaints Procedure

If anyone should have any type of complaint regarding the support of a pupil with medical needs, they should inform the Headteacher in the first instance who will attempt to resolve the issue. If not resolved at this stage, the complaint should be put in writing and addressed to the Chair of Governors via the school. The Chair of Governors will then progress the matter in accordance with the school's complaints policy.

Appendix 2

Parental agreement to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

| | |
|---|--|
| Date for review to be initiated by Name | |
| of school/setting | |
| Name of child | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/type of medicine <i>(as described on the container)</i> | |
| Expiry date | |
| Dosage and method Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n Procedures to take in an emergency | |
| NB: Medicines must be in the original container as dispensed by the pharmacy | |

P.T.O

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

| |
|--------------------------|
| |
| |
| |
| |
| [agreed member of staff] |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____