The Federation of St Bernadette's and St. Patrick's Catholic Primary Schools

Supporting Children with Medical Needs Policy

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Responsibility:	FGB
Designation:	Statutory
Reviewed by:	Vicky Ryan
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Cycle:	Annual
Ratified by Full Governing Body on:	
Signed:	Chair of Governors

At our school, with Jesus in our hearts, we have:

The passion to learn;
The courage to fail; The strength to love.

With Christ as our guide and example we celebrate the uniqueness of the individual.

Together we will try to:
Learn from Jesus;
Love like Jesus;
Live like Jesus.

Rationale

We recognise that each child is unique, made in the image and likeness of God. This policy supports the development of their individual potential in the context of Gospel values and principles enshrined in Catholic Social Teaching of respect, participation and solidarity.

This policy defines the ways in which the Federation of St Bernadette's and St Patrick's Catholic Primary Schools supports the needs of pupils with medical conditions (temporary or long term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer.

Most pupils will, at some time, have a medical condition which may affect their participation in school activities. For many this will be short term: perhaps finishing a course of medication. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with some support, 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 pupils, and others, are not put at risk. In line with the duty, which came into force on 1st September 2014, to support pupils at school with medical conditions, we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are well supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

Aims

- To ensure that children with medical needs receive proper care and support in school.
- To provide guidance to staff, teaching and non-teaching, on the parameters within which they should operate when supporting pupils with medical needs.
- To define the areas of responsibility of all parties involved including pupils, parents, staff, Headteachers and Governing Body.

Implementation

Parents are responsible for ensuring their child is well enough to attend school. They must provide the Headteacher with sufficient information about their child's medical condition and the support and care required at school

Parents and the Headteacher must reach an agreement on the school's role and responsibility for support of the child. The Headteacher will ensure that all parents are informed of the school's policy and procedures for medical needs.

The Headteacher will ensure that all relevant staff are made aware of the child's condition, including temporary staff and supply staff.

In the event of legal action over an allegation of negligence, it is the employer rather than the employee who is likely to be held responsible. The need for accurate records in such cases is crucial. Therefore thorough and accurate record-keeping systems have been drawn up, to be maintained by staff involved in supporting pupils with medical needs.

The Headteacher will ensure that staff for whom care of pupils with medical needs falls within their job role, receive appropriate training to assist them with the role of supporting pupils with medical needs.

School staff are naturally concerned about their ability to support pupils with a medical condition particularly if it is potentially life threatening. They need to understand:

- The nature of the condition
- Where the pupils may need extra attention (This information is to be provided by the pupil's parents)
- The likelihood of an emergency
- The action to take in the event of an emergency

There is a legal duty which requires school staff to administer medication. Any member of staff who is responsible for administering prescribed medication to a pupil will receive proper training and guidance, and will also be informed of potential side effects and what to do if they occur.

The school will make every effort to ensure that pupils with medical needs have the opportunity to participate in school trips, as long as the safety of the child concerned and that of other pupils is not compromised by their inclusion. The party leader will take additional measures as necessary, and/or request additional accompanying adults to accommodate the inclusion of the child concerned. Parents

must ensure that the party leader has full information on medical needs and any relevant emergency procedures.

Where a child attending Breakfast Club or After School Club requires medication parents will advise the school office in writing.

The Headteacher will ensure that appropriate risk assessments for children with medical needs are carried out, covering all aspects of school life. This may be included as part of the child's Individual Healthcare Plan (IHP).

The Governing Body will ensure that the school has clear systems in place in relation to this area of school life.

Individual Healthcare Plans
Parents are asked to inform the school of any health needs their child has. Any parent reporting that their child has an ongoing medical condition such as epilepsy, diabetes or more complex medical conditions will be asked to complete an Individual Healthcare Plan (IHP). These are reviewed annually, or earlier if evidence is presented that the child's needs have changed.

The IHP requires information about:

- 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, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, transition times.
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed (NB 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 and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- 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;
- what to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Administration of Medicines
The Federation will undertake to ensure compliance with the relevant legislation and guidance in Health Guidance for Schools with regards to procedures for supporting children with medical requirements, including managing medicines. Responsibility for all administration of medicines at schools in the Federation is held by the Headteacher who is the responsible manager.
It is our policy to ensure that all medical information is treated confidentially by the responsible manager and staff. All administration of medicines is arranged and managed in accordance with the Health Guidance for Schools document. All staff have a duty of care to follow and co-operate with the requirements of this policy.
Aims
- To establish principles for safe practice in the management and administration of:
  - prescribed medicines
  - non-prescribed medicines
  - maintenance drugs
  - management drugs
  - emergency medicine
- To provide clear guidance to all staff on the administration of medicines

- To ensure that there are sufficient numbers of appropriately trained staff to manage and administer medicines
- To ensure that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines
- To ensure the above provisions are clear and shared with all who may require them
- To ensure this policy is reviewed annually or following any significant change which may affect the management or administration of medicines

Prescribed medicines
- It is our policy to manage prescribed medicines (eg. antibiotics, inhalers) where appropriate following consultation and agreement with, and written consent from the parents

Non-prescribed medicines
- It is our general policy not to take responsibility for the administration of non-prescribed medicines, (eg. cough mixtures provided by the parents) as this responsibility rests with the parents
- Children under 16 years old are never to be administered aspirin unless prescribed by a doctor
- Responsibility for decision-making about the administration of all non-prescribed medicines will always be at the discretion of the responsible manager who may decide to administer under certain miscellaneous or exceptional circumstances
- Children's paracetamol (usually Calpol) is kept in school and may be administered by a responsible adult in the event of severe pain or high temperature as long as prior permission has been given by the parents.
- Antihistamine medicine is kept in school and may be administered by a responsible adult, with the parent's permission in the event of previously diagnosed minor allergic reactions or hayfever
- An emergency Ventolin asthma inhaler is held at school. This will only be used in an emergency for those children who are already prescribed asthma inhalers and at all times the school will seek to use the child's prescribed inhaler if possible.
- An emergency adrenaline injection prefilled pen e.g. an Epipen is held at school. This will only be used in an emergency and at all times the school will seek to use the child's prescribed adrenaline injection prefilled pen if possible.

Maintenance drugs
- It is our policy to manage the administration of health maintenance drugs (eg. Insulin) as appropriate following consultation and agreement with, and written consent from the parents. On such occasions, a health care plan will be written for the child concerned, as specified above.

Management drugs
- It is our policy to facilitate the administration of specific management drugs (eg. Ritalin) as appropriate following consultation and agreement with, and written consent from the parents. In the case of prescribed management drugs, staff administering the medication will employ a double visual check procedure, involving another member of staff, to ensure the correct dose is administered appropriately.

Non-Routine Administration
Emergency medicine
- It is our policy (where appropriate) to manage the administration of emergency medicines such as (for example):
- Injections of adrenaline for acute allergic reactions
- Injections of Glucagon for diabetic hypoglycaemia
- In all cases, professional training and guidance from a competent source will be received before commitment to such administration is accepted

Procedure for Administration
The child's role in managing their own medical needs
Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

Managing medicines on school premises

We will only accept prescribed medicines if they:

- are in-date
- have the original dispensing label with the child's name
- are provided in the original container as dispensed by a pharmacist
- Include instructions for administration, dosage and storage. (NB The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container)

All medicines will be stored safely or as required on the medication.

Children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips

When no longer required, or out of date, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps

The school will store securely any controlled drugs that have been prescribed for a pupil, in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held. School staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.

We will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted in school.

For any child receiving medicines, a 'record of prescribed medicines' sheet will be completed each time the medicine is administered and this will be kept on file.

If a child refuses to take medication the parents will be informed the earliest available opportunity. Parents then take responsibility for their child's medical needs by coming to collect their child or supervise medication personally, advising emergency action (e.g. ambulance) or deeming that the child may remain unmedicated in school until the end of the day. The school will, if in any doubt about a child's condition, contact the emergency services, with or without a parent's request or consent.

The storage of medicines is the overall responsibility of the Headteacher who will ensure that arrangements are in place to store medicines safely. The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of all staff to ensure that the received medicine container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

It is the responsibility of the parents to provide medicine that is in date. This should be agreed with the parents at the time of acceptance of on-site administration responsibilities.

Emergency Procedures

When a medical condition causes the child to become ill and/or requires emergency administration of medicines, then an ambulance will be summoned at the earliest opportunity and the pupil's parents will be contacted.

Medical Accommodation

The medical room will be used for medicine administration/treatment purposes. The room will be made available when required.

Training

Where staff are required to carry out non-routine or more specialised administration of medicines or emergency treatment to children, appropriate professional training and guidance from a competent source will be sought before commitment to such administration is accepted.

A 'staff training record' sheet will be completed to document the level of training undertaken.

Such training will form part of the overall training plan and refresher training will be scheduled at appropriate intervals.

Children with Medical and Health Needs Who Cannot Attend School

Aims

- To ensure suitable education is arranged for pupils on roll who cannot attend school due to health needs so that they are able to make good progress
- To minimise disruption to learning and provide continuity of education
- To enable pupils to undertake assessments appropriate to their age and abilities
- To reintegrate pupils successfully back into school as soon as their health permits
- To ensure pupils feel fully part of the school community and are able to stay in contact with classmates
- To ensure pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

This policy reflects the requirements of the Education Act 1996. It also based on guidance provided by HCC which is available at https://documents.hants.gov.uk/education/HCC-Medical-Policy-2019.pdf

Implementation

The school will collaborate with parents/carers, HCC Inclusion Support Services (ISS) and all relevant health services to ensure the delivery of effective education for children with additional health needs.
The school will make reasonable adjustments to meet the needs of children who are unable to attend school with creativity and flexibility. This includes meeting the needs of pupils who can attend school part-time and intermittently, particularly when there are known medical needs, and these can be planned for.
The Headteacher is responsible for making and monitoring arrangements for continuing education.
The class teacher is responsible for setting, sending and assessing work for the children.
The reduced hours timetable notification will be used in all cases by the Headteacher.
The school will consider liaison with other agencies such as CAMHS, the nursing service and social care as appropriate.
The school will work closely with parents to support part time and full time reintegration into school.
If children become too unwell and are unable to attend school for a significant period of time the school will make a referral to ISS and work in partnership to make suitable arrangements for continuing education.

Appendices

Appendix A	Administration of Medicines / Treatment (Form of Consent)
Appendix B	Medication Log
Appendix C	Non prescribed paracetamol and antihistamine consent letter (Online in Arbor)

Child's Name	
Child's Address	
Parent Name	
Contact Telephone No(s)	

Please tick the following applicable box

My child will be responsible for the self-administration of medicines as directed below ☐

or

I agree to members of staff administering medicines/providing treatment to my child as directed below, or in the case of an emergency, as staff consider necessary ☐

Parent Signature: ..... Date .....

Name of Medicine	Dose	Frequency / Times	Completion date of course if known	Expiry Date of Medicine

The ailment for which this medication has been prescribed
Special Instructions / Allergies / Other prescribed medicines child takes at home

Date	Medication	Time Given	Dosage	Staff Signed

Appendix C

Medical Consent

In the case of severe pain or high temperature the school will always call to have the child collected. In the meantime to alleviate the child's pain we are able to give the child an age appropriate dose of paracetamol.

I am happy for the school to give my child paracetamol if deemed needed by a first aider

Signed ..... Date .....

I am happy for the school to give my child antihistamine if deemed needed by a first aider

Signed ..... Date .....

In an emergency, if the school are unable to contact me I give permission for a member of staff to accompany my child to hospital.

Signed ..... Date .....