



Medicines Policy (Supporting Pupils with Medical Conditions)

This Policy includes:

- Information for staff
- Confidentiality
- Roles and Responsibilities of all those involved in the arrangements made to support pupils with medical conditions.
- How training needs are assessed and how and by whom training will be commissioned and provided.
- Training for staff
- Procedures for when the school is notified that a pupil has a medical condition.
- Individual Healthcare plans; the role of them, monitoring arrangements and who is responsible for their development.
- Procedures followed for managing medicines, including arrangements for dealing with emergencies.
- Record Keeping
- Emergency Procedures
- School visits
- Arrangements for children who are competent to manage their own health needs and medicines.
- What practice is not acceptable
- How complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Information for Staff and Others

Staff who may need to deal with an emergency will need to know about a child's medical needs. Information regarding specific medical needs are to be recorded in the **CHILDREN CONFIDENTIAL** file in the Headteacher's office.

Confidentiality

The Headteacher and staff should always treat medical information confidentially. The Headteacher should agree with the child where appropriate, or otherwise the parent/carer, who else should have access to records and other information about the child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Roles and Responsibilities



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The school's **governing body** will:

- Ensure that arrangements are in place to support pupils with medical conditions.
- Ensure that pupils with medical conditions can access and enjoy the same opportunities at school as any other child.
- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening.
- Ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life; including their ability to learn, their confidence and self-care.
- Ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.
- Ensure that staff are properly trained to provide the support that pupils need.

The Chair of Governors has overall responsibility for this policy being implemented.

The **headteacher** will:

- ensure that the school's policy is developed and effectively implemented; ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- ensure that relevant staff are aware of the child's condition.
- ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations
- make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

The Headteacher has overall responsibility for the development of individual healthcare plans.

Any **member of staff** may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Parents should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.



Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Ofsted's inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors consider the needs of pupils with chronic or long-term medical conditions. Ofsted expect schools to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Training Needs and Staff Training

The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual healthcare plans. They will have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Staff will complete a staff training record once they have completed training.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Procedures for when the school is notified that a pupil has medical condition.

When the school is notified that a pupil has a medical condition, arrangements which could include staff training, will be made as soon as possible. When a pupil is starting our school, the school aims for arrangements to be in place at the start of the relevant term and when a pupil starts mid-term or a current pupil receives a new diagnosis, every effort will be made for arrangements to be put in place within two weeks.

The school does not have to wait for a formal diagnosis before providing support. Where a pupil's medical condition is unclear, judgements will be made about what support is needed based on the available evidence.

Individual Healthcare plans



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The main purpose of an Individual Health Care plan (*see Template A*) for a child with a medical condition is to identify the level of support that is needed. Not all children that have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary.

It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some may need reviewing more frequently.

Staff should judge each child's needs individually as children vary in their ability to cope with poor health or a particular medical condition.

In addition to input from the school health service, the child's GP or other health care professionals, those who may need to contribute to a health care plan include: the headteacher; the parent or carer; the child (if appropriate); class teacher; support staff; staff trained to administer medicines.

Procedures followed for managing medicines

- The administration of medicine to children is the responsibility of their parents/carers.
- School Staff are under no duty to administer medication to pupils in school.
- If it is agreed by the headteacher or nominated representative (e.g. classteacher, support staff, MSA) to take on this responsibility it is purely on a voluntary basis.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- **The school will not administer invasive medication e.g. eye drops.**
- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- Our school will only accept prescribed medicines that are in-date, labelled, provided in the original container and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container. The school will never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.
- All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. They should know who holds the



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key to the storage area. Medicines and devices - asthma inhalers, blood glucose testing meters and adrenaline pens - will be always readily available to children and not locked away.

- A child prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Our school will otherwise keep controlled drugs prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Our school 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
- When no longer required, 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.
- If a child is on medication that must be administered during the school day then:
 - Parents/carers are strongly encouraged to come into school to administer the medication or, the child can administer it themselves under the supervision of a member of staff (e.g. inhalers, although spacers may need support in administering). Parents must complete a form (*see Template B*) giving full details of the medication, full instructions of how the child will administer it, and contact details in the case of an emergency.
- Non Prescribed Medication: Any medication not requiring a Medical/Dental Practitioner's prescription, e.g. analgesics, liquids, creams, sprays, lip balms **will not** be administered by staff in school.

Record Keeping

Parents/carers should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.

In all cases it is necessary to check that written details include: name of child; name of medicine; dose; method of administration; time/frequency of administration; any side effects; expiry date.

Parents/carers will be given **Parental Agreement for School to Administer Medicine** (*see Template B*) to record details of medicines in a standard format. This form confirms, with the parents/carers, that a member of staff will administer medicine to their child. The school will keep records of medicines given to pupils, and the staff involved. Records offer



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protection to staff and proof that they have followed agreed procedures. Record of Medicine Administered to an Individual Child (*see Template C*) will be used.

Emergency Procedures

Where a child has an individual healthcare plan, this will 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.

School visits

The school Governors will ensure that their arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Our school will make arrangements 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.

Our school will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

Any restrictions on a child's ability to participate in PE due to a medical condition will be recorded in their individual health care plan.

Arrangements for children who are competent to manage their own health needs and medicines.

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

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision (*cross reference Asthma Policy*). If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.



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What practice is not acceptable

Although school staff will judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied, or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer prescribed medication for non-invasive treatment or provide medical support to their child, including with toileting issues.
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school