



**Supporting Children with Medical
Conditions
Policy
June 2018**

This policy supersedes the previous administration of medicines policy and has been updated in line with the DFE guidelines published in September 2014. This has come about as a result of the Children and Families Act 2014 (section 100), which places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

Rationale

Kilmorie Primary School wishes to provide a fully inclusive educational and pastoral system. To do this we need to ensure that correct procedures and protocols are in place to enable any pupil with a long-term medical condition to be able to attend school or have minimum disruption to their education.

The purpose of this policy is to

- ◇ Ensure that pupils with medical conditions are well supported in school and have full access to education, including school trips and physical education.
- ◇ Ensure that there is clarity around the holding and administering of medication at school
- ◇ Ensure that information about a child's needs is shared appropriately by health professionals, school staff, parents and pupils
- ◇ To develop staff knowledge and training in all areas necessary for our pupils

Definition of the term 'medical condition' used in this context

A medical condition is one that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled. Where this is the case the Governing body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) 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 local authority's Local Offer.

Children with medical conditions (eg anaphylaxis, epilepsy, diabetes) all have individual health care plans (IHCP), usually written in conjunction with the school nurse service and parents. The deputy head has an overview of all systems in place for children with medical conditions.

The school will:

- Ensure that students with medical conditions are identified as they transfer to the school and through the ongoing annual data check process.
- Arrange for written permission from parents/carers and a member of the Senior Leadership Team for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Ensure that IHCP are shared with relevant members of staff
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate (eg including individual children on risk assessments)

- Designate individuals to be entrusted with information about a student's condition where confidentiality issues are raised by the parent/child
- Have an identified key worker trained to specifically meet the needs of students with a statement of SEN linked to a medical condition
- Be clear about 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
- Make all staff working directly with students aware of the students in the school with medical conditions
- Provide sufficient training for staff to meet the needs of students at the school with medical conditions

We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as a child with an identified medical condition starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

Training regarding specific conditions will be delivered as required. This is usually within the term of a new pupil beginning school but if necessary before they commence their education at Kilmorie. First aid training will continue to be under the guidance of the Health and Safety Policy. Pupils requiring continuous support for a medical condition will need an Individual Health Care Plan (IHCP), this is often provided by a specialist (eg epilepsy nurse). IHCPs should be discussed by parents and school staff.

It is important that parents or carers update the school if their child's condition or medication changes

The school will review medication and care plans yearly with the parent to ensure that information is up to date and shared with class teachers. It is the parent's responsibility to make sure that all medicines are in date and to dispose of any that are out of date.

Individual Health Care Plans

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. An IHCP will:

- Be clear and concise, giving brief details of the child's condition
- Be written in partnership with parents, child, healthcare professional and key staff
- Give details of what constitutes an emergency, what action to take and who to contact
- Special requirements e.g. dietary needs, pre-activity precautions
- Be reviewed annually or when there is a change in the condition of the child
- Be easily accessible whilst preserving confidentiality. A copy is kept with the medication in both the child's class room and the school office. Copies of all IHCPs are kept in a file in the school office with children's photos attached
- Outline educational provision if the student is unable to attend school

- Contain details of the medical condition, its triggers, signs, symptoms and treatments
- Include relevant SEN information
- Provide details of the student'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, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons
- Outline 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
- State 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.

Expectations

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of professionals.

It is expected that

- Parents will inform the school of any medical condition which affects their child and provide evidence where requested
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container and details included inside the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate

Management of medication

Pupils will not be able to carry any medication with the exception of epipens, inhalers for asthma control or care plan specified medication. No pupil is allowed to carry any non-prescription drugs in school; this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication.

Managing medicines during the school day

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Prescription medicines must be in date, labelled, in the original container including prescriber's instructions re administration, dosage and storage.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

Need only be administered once a day or provide two prescriptions - one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

No child under 16 should 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.

Prescription Medication

- A named member of staff may administer such a drug to whom it has been prescribed, according to the instructions
- Prescription drugs will be returned to the parents when no longer required. Parents are responsible for the disposal of any remaining prescription drugs (should be taken to pharmacist)
- Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration

Non-prescription

Unless there is written confirmation from a GP that this has been agreed, no non-prescription drug will be administered on a regular basis.

Medicines containing aspirin will only be given if prescribed by a doctor.

Recording

When a parent requests administration of medication, the form in appendix 1 must be completed at the school office. A member of SLT must sign the form giving consent for it to be administered in school. Medication (other than epipens and asthma inhalers) is stored in the office and generally dispensed by a senior member of staff in the school office. In the case of nursery children, the medication is stored securely in the classroom and administered by nursery staff in accordance with this policy.

When a child takes medication the dose and time are recorded. Younger children with spacers for their inhalers may need supervision by staff in order to ensure they are used appropriately.

When the administration of non-emergency medication is required staff may exercise their voluntary right to not administer, this right maybe selective on the grounds of the type of medication in question.

Epipens

Epipens are stored in clear plastic boxes with the picture of the child on the outside and the care plan enclosed. Children are required to have 2 epipens in school, one in class and one in the school office. Parents/carers have the responsibility of checking whether the medication is in date, however this will also be checked annually by school staff when the children change class.

The school holds spare epipens, permission to use these is sought in writing from parents whose children are known to be anaphylactic. (See appendix 2 and also the DoH 'Guidance on the use of adrenaline auto-injectors in schools).

A register of pupils who have been prescribed an epipen is kept in the school office.

All staff have annual training in the recognition and management of an allergic reaction/anaphylaxis. (See also https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/33-anaphylaxis-and-severe-allergic-reaction#download_access which is also available in the staff handbook.)

Details of children's triggers are given on their care plans. When a child starts at Kilmorie they are also given a form to complete for the school dinner providers detailing any food allergies.

Asthma pumps

Kilmorie has a separate asthma policy. Children with asthma should have easy access to their inhaler, which must be clearly marked with their name. Children from Year 2 and above are expected to take care of their own inhalers. Inhalers for younger children should be kept in a clearly marked box in the classroom. Medicine should not be locked away. Details of how to recognise an asthma attack and what to do are provided in appendix 3.

The only inhaler a child should have at school is their blue inhaler, which is the relief inhaler. Other inhalers are preventative and should be taken in the morning and the afternoon at home.

The school holds a spare blue inhaler in case of emergency. Permission to use this is sought in writing from parents whose children are asthmatic.

Ritalin and related drugs

Ritalin is a controlled drug. It needs to be kept in a more secure environment than suggested above. Generally children are prescribed slow release Ritalin and do not need to take at school. If this is not the case the drug will be locked in the school safe. The adult taking it out of the safe will need to do so with an observer who will check the number of tablets going out and back in again and ensure that the child takes the tablet.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed immediately. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

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.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Sharps must be disposed of in a sharps box.

Managing medicines on trips and outings

When arranging a school trip, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. A copy of the care plan is taken alongside the medication. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

Children with medical needs will be encouraged to take part in residential visits. The visit leader will carry out a specific and additional risk assessment. Where children without care plans have been prescribed medication parents should include these details in the form provided for school journeys and complete a school medical form. Medication should be in the original packaging.

A named member of staff will take responsibility for medication, ensuring that it is stored securely during the time away, that it is administered according to the information provided by the parent and that a record is kept every time the medication is administered. (As per medicine administration during a school day).

PE / Sports

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

Some children may need to take precautionary measures before or during exercise and may also need to be immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

As an inclusive school we strive to ensure that children with medical conditions fully participate in school life. Please refer to appendix 4 for practices we avoid in the school (taken from the DFE 'Supporting pupils at school with medical conditions').

Roles and Responsibility

The ultimate responsibility for the management of this policy in school is with the Headteacher and Governing Body. The Deputy Head will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

Liability and Indemnity

The Governing Body of Kilmorie Primary School ensure that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions. See Commercial Combined Policy **Y100010QBE0114A QBE Insurance**, including Health and Safety and Employment support (policy held by Julia Baldwin, School Business Manager).

Complaints

Should any parent or carer be unhappy with any aspect of their child's care at Kilmorie Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not resolve the problem, then it should be taken to a member of the senior leadership team. In the unlikely event of this not resolving the issue, the parent/carer can make a formal complaint using the school complaints procedure.

This policy will be monitored yearly and updated when necessary ensuring new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school.

This policy will also be made available to parents on the school website. We will ask parents for annual updates regarding medical information

Appendix 1



The school will not give your child medicine unless you complete and sign this form, and the head teacher or deputy head has agreed that school staff can administer the medication.

DETAILS OF PUPIL

Surname: _____

Forename(s) _____

Address _____

Male/Female: _____

Date of Birth: _____

Class: _____

MEDICATION

Reason for medication : _____

Name/Type of medication (as described on the container) _____

For how long will you child take this medication: _____

Date dispensed: _____

FULL DIRECTION OF USE

Dosage and method: _____

Timing(s) _____

Special Precautions: _____

Side Effects: _____

Self Administration: _____

Procedures to take in an emergency _____

Any other information necessary :

CONTACT DETAILS

Name: _____ Daytime Telephone No: _____

Relationship to pupil: _____

Address: _____

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake. I will ensure that I collect the medication at the end of the prescribed time

Date: _____

Signature: _____ Relationship to child: _____

WRAP AROUND CARE

My child attends Kilmorie Wrap Around Care provision and needs to have their medication whilst in their care. I understand that the designated member of school office staff will deliver the medication to the Wrap Around Care manager who will oversee administration and return to the office. I accept that this is a service which the school is not obliged to undertake.

Date: _____

Signature: _____ Relationship to child: _____

<p>For School Use Only</p> <p>Agreed by HT/DH (date)</p> <p>The following staff have agreed to administer</p> <p>.....</p> <p>.....</p> <p>Collected from parent on</p> <p>Collected by parent on</p>
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Appendix 2

CONSENT FOR USE OF USE OF EMERGENCY ADRENALINE AUTO-INJECTOR (EPIPEN)

Dear Parents or Carers

Kilmorie School now holds spare epi-pens in case of emergency. (eg child only has one epi-pen in school and a second dose of adrenaline is required). We require your consent if you wish this to be available for your child – if this is the case please sign and return this form to the school office.

Child showing symptoms of anaphylaxis

1. I can confirm that my child has been diagnosed with anaphylaxis and has been prescribed an adrenaline auto-injector (epi-pen) []
2. My child has a working, in-date adrenaline auto-injector, clearly labelled with their name, which I have given to the school []
3. In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto-injector is not available or is unusable or if they require a second dose, I consent for my child to receive an adrenaline auto-injector held by the school for such emergencies.

Signed: _____ Date: _____

Name(print): _____

Child's name: _____ Class: _____

Parent's address and contact details:

Telephone: _____ E-mail: _____

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer. The inhaler must be shaken before every dose
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Appendix 4

Although school staff should use their discretion and 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, eg 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 medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.