

OUGHTRINGTON  
COMMUNITY  
PRIMARY SCHOOL



Supporting Pupils with Medical Conditions Policy

**Oughtrington Community Primary School**

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Version	Date	Action
1	September 2014	New Policy

This Policy is available on the Learning Platform, on the office network and in the staff room.



## **Aim**

To ensure that all children are able to attend school regularly and that the administration of medication or medical care does not present a barrier to this.

This policy will sit alongside the health and safety policy and sets out how the school will plan to ensure that all children who require the administration of medication or medical care, will be supported.

## **Responsibilities**

School will inform the various people of their roles and responsibilities

They are:-

### Parent/carers with parental responsibility

- Must take responsibility for making sure that their child is well enough to attend school and take part in all learning activities. This includes group, class-based activities, organised trips and visits.
- Should ensure their child's school has contact numbers and arrangements are in place should a child become unwell.
- A parent is required to request, in writing, that medicines be administered. All medicines to be administered must be those prescribed for the named child by a medical practitioner only.
- Should provide the head teacher with sufficient information about their child's medical condition, medication and treatment or specific care needed.
- Will reach an agreement with the head teacher on the school's role in helping with their child's medical needs.
- Should ascertain whether prescribed medication can be taken outside the school day. Parents should ask the prescribing doctor or dentist about this.
- Will confirm their agreement to the sharing of information with other staff to ensure the best care for their child.
- Should be aware of those infectious diseases which should result in not sending their child to school.
- **Parents and carers should be aware; there is no contractual obligation for staff or head teacher to administer medication.**

## The Governing Body

- Will ensure that the health and safety policy is in place and regularly reviewed in line with the policy review schedule
- Will also ensure this policy is up to date and compliant with relevant legislation and guidance.
- A commitment that all relevant staff will be made aware of a child's medical condition.
- Will be aware that giving medication does **not** form part of the contractual duties of head teacher, teachers, teaching assistants or clerical staff.

## The Headteacher

- Will, where necessary, ensure that risk assessments are carried out, over and above the general dispensing of medication risk assessment in school and monitor that appropriate and individual risk assessments are carried out or current ones adapted/amended accordingly for those individuals with individual health care plans or specific medication requirements.
- Is responsible for implementing the agreed policy and ensuring that medical needs of children are correctly planned and policy and procedures followed.
- Should ensure that all staff are aware of the health and safety policy and the policy relating to supporting children with medical conditions in school.
- Will agree with the parents/carers, exactly how the school will support the child.
- Will ensure that staff training needs are identified and appropriate training sourced.
- Will seek further advice when required, from the school health adviser and other medical advisers or the LA.
- Responsible for informing all staff who need to know about a child's medical condition.
- Will identify at least two members of staff (one for actual, one for back up) who will be responsible for administering medication and ensure they are supported and provided with training. These persons should be named in an **individual health care plan**.
- Will ensure parents/carers are aware of the policy and procedures for dealing with medical needs, possibly through school prospectus.
- The head teacher will report to the governors on matters related to this policy at least annually or when changes in circumstances occur.

## Staff

- Who work regularly with children with significant or complex health care needs, should understand the nature of the condition, and when and where the child may need extra attention.
- Should be aware of the likelihood of an emergency arising and must know what action to take should one occur (this applies to all staff, including supply teachers and mid-day assistants).
- Ensure that all school trips and visits are accessible for all children with any reasonable adjustments. Staff to carry out risk assessments to ensure all children are included.
- May have the administration of medication as part of their contractual duties.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.
- Whose duties include this role must ensure that each and every intermittent or regular medication given is in accordance with the policy and procedures set out.
- Who administer medication must be named. The named person will assist in drawing up an **individual health care plan**, for those children who require it. (See DfES guidance on drawing up an **individual health care plan**).

Staff have a common law duty of care to children in the school. They are in 'loco-parentis' and should therefore take the steps that a reasonable parent would take to promote or maintain the health of a child in their care and this might, in exceptional circumstances, extend to administering medicine and/or taking action in an emergency.

## Procedures

### Short term health care needs

- Where children are well enough to attend school, but are required to take prescribed (in – date, labelled, provided in the original container except insulin) medication, parents should ascertain whether dosages could be prescribed outside the school day. Parents should ask the prescribing doctor or dentist about this.
- Parents must complete a request form and undertake delivery and collection of medicines, (i.e., themselves or their adult representatives).

### Long-term health care needs

- The school will endeavour to ensure information, including all relevant aspects of a child's medical history, is collected when they enrol or their circumstances change.
- For children with long-term health care needs, an **individual health care plan** will be drawn up in consultation with parents/carers, support staff and health care professionals. This will detail procedures for taking prescribed medication and emergency procedures.
- For children transported to school/setting by taxi, mini-bus or bus, it is recommended that their plan will contain information about how medication will be delivered to school and details respect of emergency situations.
- The school will emphasise, in writing, the need for parents/carers to share information relating to changes to medical needs with staff.

### Non-prescribed medication

- Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents and an agreement from the head teacher that this medication can be administered. Where the head agrees to the administration of a non-prescribed medicine, it must be in accordance with procedures outlined in this policy.
- Parents/carers are requested not to allow children to bring non-prescribed medication (i.e. Calpol, paracetamol) in school. The school cannot be held responsible for pupils self-medicating.
- If a child suffers intermittently from acute pain, such as migraine or period pain, the parents/carers with **school consent**, may authorise the supply of appropriate painkillers for their child's use with written, signed instructions about when the child should take the medicine and a note from a medical practitioner that this is appropriate for this child. A designated member of staff **must** be aware that the child has taken medication and record it.
- If a child suffers regularly from frequent or acute pain, the parents should be encouraged to refer the matter to the child's GP.

### Self management

- It is good practice to enable children to manage their own medication. If a child can take medication him or herself, staff will supervise this.
- All staff involved will be made aware of the child's medical needs and relevant emergency procedures.

- Some children may require immediate access to medication before or during exercise.
- Staff involved in sporting activities will be made aware of any relevant medical conditions and appropriate medical procedures. Any restrictions on a child's ability to participate will be recorded on their **individual health care plan**.

#### Intimate or Invasive Treatment

- The head teacher and governing body will arrange for appropriate training for staff with the appropriate health professional.
- The school should arrange for two adults, **preferably one of the same gender as the child**, to be present for the administration of intimate or invasive treatment. Two adults will also often ease practical administration of treatment.
- Staff should protect the dignity of the child as far as possible, even in emergencies.

#### Hygiene and Infection Control

- All staff should be familiar with normal precautions for avoiding infection and must 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.

#### Special arrangements for children with medical needs

- All children should participate on trips and managed outings, wherever safety permits.
- Additional staff arrangements may need to be made and if necessary, a risk assessment carried out.
- Arrangements for taking medication on outside trips may involve additional staff being advised of any medical needs and relevant emergency procedures.
- A copy of the **individual health care plan** including contact numbers should be taken on visits.
- If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the schools health service or the child's GP. See DfES guidance on planning educational visits.

## Record Keeping

*Records set out how medicines are managed, recorded and administered. This establishes a clear audit trail.*

- Parents/carers must supply information about medication that needs to be administered in the school.
- Parents/carers should let the school know of any changes to the prescription.
- School should ensure proformas are used to provide clarity and consistency.
- The school is not legally required to keep a record of medicines given to children and staff involved; however, it is good practice to do so.
- Where possible in schools, medical information will be recorded in SIMS. It is recommended that this field is only updated for long-term illnesses or conditions.
- The school will ensure that information is transferred to any receiving school/setting and brought to the attention of the appropriate member of staff.

## Storing Medication, including Controlled Drugs

- School should not store large volumes of medication.
- Headteacher may request that the parent or child brings the required dose each day or uses a weekly dispenser, such as a dosset box, which is clearly labelled with the child's name and contains the dose to be administered for each day of the week.
- When the school stores medicines, staff should ensure that the supplied medication is labelled with:
  - the name of the child;
  - the name and dose of the medication;
  - the frequency of administration;
  - the date of issue;

and a measuring spoon or dropper must be supplied if appropriate.

- Where the child requires more than one medication, each should be separately labelled, but should be stored together in one labelled container.
- The head teacher is responsible for making sure that medication is stored safely.
- The child should know where their own inhalers are located.

*It is not safe practice to follow re-labelled/re-written instructions, or to receive and use re-packaged medicines, other than as originally dispensed.*

- A few medications such as asthma inhalers must not be locked away and should be readily available to the child. Refer to asthma policy.
- Other medication is generally kept in the staffroom refrigerator or cupboard not accessible to children.
- The use of controlled drugs in school is sometimes essential. School should keep controlled drugs in a locked, non-portable container, and only named staff should have access. A record should be kept for audit and safety purposes.
- Two designated members of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
- A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required, to arrange for safe disposal.
- Misuse of a controlled drug, such as passing it to another child for use, is a serious offence. Schools should have a drug policy in place for dealing with drug misuse.
- Some medications need to be refrigerated. Medication will be kept in a fridge and should be kept in an airtight container and clearly labelled. Only designated persons will have access to this fridge.

#### Access to medication

- Pupils must have access to their medication when required.
- The school may want to make special arrangements for emergency medication that it keeps for certain children.
- It is also important to make sure that medication is only accessible to those for whom it is prescribed.

#### Disposal of medicines

- Parents/carers will collect medicines at the end of the dosage period.
- Sharps boxes will be used for the disposal of needles and other sharps.
- Parents/carers are responsible for the safe disposal of date expired medication (by returning to the local pharmacy or dispensing pharmacist). Expiry dates on medicines will be checked on a half termly basis by an appropriate designated person.

## Refusing Medicines

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an **individual child's health care plan**.
- Parents should be informed of the refusal on the same day.
- If a refusal to take medicine results in an emergency, the school emergency procedures should be followed.

## Safety Management

- All medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer medication, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the control of Substances Hazardous To Health Regulations. (COSHH - 2002). ***NB 2002 are the most current regulations***

## Emergency Procedures

***Staff should not take children to hospitals in their own car unless necessary. An ambulance should be called.***

- All staff must know emergency procedures, including how to call an ambulance.
- All staff must also know who is responsible for carrying out emergency procedures.
- A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.
- **Individual health care plans** should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency.

## Staff Training

- A health care plan may reveal the need for training. Training can be arranged in conjunction with the PCT via the schools health adviser/paediatrician, or specialist nurse, and is to be organised on a case by case basis by the employer. Training through the CPD for more generic, best practice approaches, is being developed.

### Confidentiality

- All medical information held is confidential. It should be agreed between the head teacher, child (if appropriate) and parent/carer, who else should have access to records and information about a child.

### Complaints

- Should parents be concerned with the support provided they should discuss their concerns with the class teacher/head teacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school complaint procedure.

APPENDIX 1 – PERMISSION TO ADMINISTER MEDICINE IN SCHOOL PROFORMA

APPENDIX 2 – RECORD OF MEDICATION ADMINISTERED IN SCHOOL

# APPENDIX 1 – PERMISSION TO ADMINISTER MEDICINE IN SCHOOL PROFORMA

Confidential

## Parental Agreement for School to Administer Medicine

The information on this document will be treated as confidential at all times.

Oughtrington Community Primary School is registered under the Data Protection Act.



Child's Details		
Surname	Forename	Date of Birth
Class		Medical Condition/Illness
Medicine		
Name/type of medicine (as described on the container)		
Date dispensed	Expiry Date	
Agreed review date to be initiated by Mrs Dolan		
Dosage and method	Timing	Special Precautions
Are there any side effects that the school needs to know about?		
Procedures to take in an emergency		
Self Administration Yes/No (delete as appropriate)		
Contact Details		
Name		
Telephone Number (Home)	Telephone Number (Mobile)	Telephone Number (Work)
Relationship to the child		
Address		
I understand that I must deliver the medicine personally to Mrs Dolan		
Signature:		
I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.		
Signature:		Date:

