St Cuthbert's C of E Primary School
Supporting Pupils with Medical Needs Policy

Vision:

In our family school, we strive to be the best for today, for tomorrow, for ourselves, for each other, the wider world and for God.

As a Christian family we nurture an understanding that we are all of equal value and infinite worth.

In the safety of our unique family we will flourish and grow towards being Global Citizens and Courageous Advocates.

('You are now citizens together with God's people and members of the family of God'. Ephesians 2:19)

Mission statement:

Learning to love, loving to learn in the family of Christ.

('Encourage one another and build each other up'- 1 Thessalonians 5:11)

St Cuthbert's CE Primary School fully supports the DfE guidance **'Supporting Pupils at School with Medical Conditions'** (September 2015). The **Children and**

Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. This policy outlines the arrangements in place at St Cuthbert's CE Primary School.

The designated person with responsibility for the implementation of this policy is Emily Coolican – Headteacher.

Our Aims

- To support pupils with medical needs in having full access to education, including school trips and physical education
- To support pupils in securing regular attendance at school
- To ensure staff understand their roles and responsibilities in administering medicines
- To ensure parents/carers understand their responsibilities in respect of their children's medical needs
- To ensure medicines are stored and administered safely
- To ensure that individual healthcare plans are in place to support pupils that need them

LEGAL REQUIREMENTS

This policy has due regard to statutory legislation and guidance including, but not limited to:

- The Children and Families Act (2014)
- Supporting Pupils at School with Medical Conditions (DfE 2015)
- Using Emergency Adrenaline Auro-Injectors in Schools (DfE 2017)

Staff should be particularly cautious agreeing to administer medicines where:

- The timing is crucial to the health of the child
- Where there are potentially serious consequences if medication or treatment is missed
- Or where a degree of technical or medical knowledge is needed

Staff who volunteer to administer medicines should not agree to do so without first receiving appropriate information and/or training specific to the child's medical needs. The Headteacher will be responsible for ensuring that staff get effective training to help them support pupils with medical needs.

IDENTIFICATION OF HEALTH NEEDS AND PROCEDURES TO BE FOLLOWED

All parents / carers are given a personal information form to complete prior to joining our school whether at the beginning of the school year or mid-term. This is then updated at the beginning of every school year as the child goes through the school. If these identify a medical need, the school will provide the appropriate support which may involve discussion with the parents and healthcare professionals and where deemed appropriate, a healthcare plan will be put in place to ensure that the child gets the support they need. The school will endeavour to do this as soon as possible and within 2 weeks of the pupil starting at the school.

Sometimes a child's medical needs will change during their time at the school and the same process will be followed to ensure that the child is given the best chance of securing regular attendance and continues to access to a full education.

COMMUNICATION OF A PUPIL'S HEALTH NEEDS

The school office also produces a class list of all the pupils with medical needs which is updated at the beginning of each school year and given to the teachers. If a pupil has a healthcare plan, the class teacher will be given a copy and a copy will also be held in the 'School Medical' file which is kept in the school office. Supply teachers are given a class information sheet when they arrive at school and this includes information about children with medical needs. The Headteacher is responsible for ensuring that the relevant staff are aware of the medical needs of the children.

PRESCRIPTION MEDICINES

- Medicines should only be brought into school when it is essential. That is, when it would be detrimental to a child's health if the medicine were not administered during the school day. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent.
- All medicines should be taken directly to the school office by a responsible adult
- Following the regulations from the DfE, medicine will only be accepted which have been prescribed by the doctor, dentist, nurse prescriber or pharmacist prescriber. Medicine will need to be in its original container as

dispensed by a pharmacist and include the prescriber's instructions for administration

SCHOOL WILL NOT BE ABLE TO ACCEPT MEDICINES WHICH HAVE BEEN TAKEN OUT OF THE CONTAINER AS ORIGINALLY DISPENSED NOR MAKE CHANGES TO DOSAGES ON PARENTAL INSTRUCTIONS.

- The medicine should be clearly marked with the child's name and class.
- Any medicine administered will be recorded by the staff member on the child's 'Medication Consent Form' in the school office
- Medicines will only be accepted for administration in school, when parents/carers have completed the appropriate 'Medication Consent Form'

EXCEPTIONS

Prescribed medicines **might not** be given:

- Where the timing of the dose is vital and where mistakes could lead to serious consequences
- Where medical or technical expertise is required
- Where intimate contact would be necessary

A CHILD UNDER 16 SHOULD NEVER BE GIVEN ASPIRIN OR MEDICINES CONTAINING IBUPROFEN UNLESS PRESCRIBED BY A DOCTOR. THEREFORE, WE WILL NOT BE ABLE TO ADMINISTER THESE MEDICINES WITHOUT A DOCTOR'S PRESCRIPTION.

MEDICATION

Calpol sachets can be given to children with written parental permission. These are stored in the HT Office and can only be administered by a member of SLT, following discussion with parents and the reason for administration has been reviewed.

ASTHMA

There are many children in school who have asthma. Parents are asked to inform school and get an asthma plan from their doctor stating the child's medical needs and advice and guidance in treating them. All inhalers are labelled and in the classroom, readily available if needed. Records are kept when children have used inhalers. In the event of an asthma attack, the inhaler would be taken to the child. When out of class and school, on trips or for PE, the inhalers accompany the children. An emergency inhaler can be used, with parental

consent, if a child's inhaler is not available (e.g. broken or empty). Staff are regularly trained on the administration of inhalers and follow the Asthma Flowchart from Asthma UK when dealing with an asthma attack.

EMERGENCY MEDICINES

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away but kept in a safe but accessible place. There are also non-prescription inhalers kept in the school office for use in emergencies. These should only be used by children, for whom written parental consent for the use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. See DfE document **'Guidance on the use of emergency salbutamol inhalers in schools – September 2014'**. All staff will have regular training on the administration of these medicines.

ADRENALIN AUTO-INJECTORS (AAIs)

Children with severe allergies can have an AAI in school if prescribed. This will be stored safely but easily accessible to the child. Staff have regular training, on what signs and symptoms to look for and how to administer and AAI. School have a supply of AAI that can be used in the case of a medical emergency for pupils who are at risk of anaphylaxis, but whose devices are not available or are not working.
The Headteacher, SENDCO and School Nurse will decide which brand of AAI to purchase, dependent of the brands that are used by pupils in school.
School will purchase AAIs in accordance with age based criteria, relevant to the age of the pupils at risk of anaphylaxis, to ensure the correct dosage is administered.

For pupils under age 6 – 0.15mg of adrenaline
For pupils aged 6 – 12 years – 0.3mg of adrenaline

This medication is stored in the emergency anaphylaxis kit, which contains:

- AAI medication
- Device instructions
- Manufacturer's information

- Instructions on how to store the devices
- A checklist of injectors, identified by batch number and expiry date
- A list of pupils who might need to use the emergency medication
- An administration record
- Kit monitoring record

LONG-TERM AND COMPLEX NEEDS/HEALTHCARE PLANS

It is important to have sufficient information about the medical condition of any child with long-term medical needs. A healthcare plan for these children, involving the parents and the relevant health professionals, will enable the appropriate support to be provided.
The healthcare plan will include:

- Details of the child's condition – its triggers, signs, symptoms and treatments
- Any special requirement e.g. medication, dietary needs, pre-activity precaution
- Any side-effects of the medicine
- Any specific support for the pupil's educational, social and emotional needs eg. Extra time for exams, counselling
- Who will provide the support and the level of support needed
- What constitutes an emergency - What action to take, who to contact
- Who in the school needs to be aware of the child's condition and the support required

It is the parents / carers responsibility to inform the school of any change in the plan so that arrangements can be amended accordingly. The school nurse will liaise with the parents annually to review the healthcare plan.

STORAGE OF MEDICINES

St Cuthbert's are responsible for ensuring that all medicines are stored safely;

- Medicines should be stored in the supplied container, clearly marked with the child's name, class, dose and frequency of administration
- Medicines are stored in the school office under adult supervision except in the case of some emergency medicines such as inhalers and adrenaline pens which are kept in the classroom for immediate access
- No medicine should be kept in a locked cupboard to ensure swift and easy access

- Where medicines need to be refrigerated they are kept in the HT's fridge

DISPOSAL OF MEDICINES

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. Parents/carers should collect medicines at the end of the agreed administration time period.

TRIPS AND OUTINGS

At St Cuthbert's CE Primary School pupils with medical needs are positively encouraged to participate in visits whenever possible – it is therefore necessary to consider for each visit what reasonable adjustments will have to be made to enable the children with medical needs to take part in safely managed visits. The risk assessment form which is completed prior to the visit will need to include the necessary steps to include children with medical needs, together with any particular risk assessments for those children. It may be necessary for additional safety measures to be taken for outside visits. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs and the relevant emergency procedures if appropriate.
A copy of any healthcare plans will be taken on visits, in the event of the information being needed in an emergency. It will be the responsibility of the parents to ensure that any medication children take with them on trips and outings is available and in date.

SPORTING ACTIVITIES

At St Cuthbert's, Primary School, most children with medical conditions can, and indeed are positively encouraged to, participate in physical activities and extra-curricular sport. However, any restrictions on a child's ability to participate in PE will be recorded in their individual healthcare plan.
Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Healthcare plans are completed and updated regularly

for children who have conditions such as asthma, epilepsy, diabetes or anaphylaxis.

ROLES AND RESPONSIBILITIES

Governors:

- Oversee arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- Ensure that the policy does not discriminate on any grounds, including but not limiting to: ethnicity or national origin, culture, religion, gender, disability or sexual orientation.
- Oversee that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Oversee that relevant health and social care professionals are consulted in order to guarantee that the needs of the pupils with medical conditions are properly supported.
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Ensure that the right level of insurance is in place to cover staff providing support to pupils with medical conditions.
- Manage any complaints or concerns regarding the support provided, or administration of medication using the school's Complaints Procedures Policy

Headteacher:

- Ensure the school's medicine policy is implemented
- Ensure there are members of staff within school to administer medication to specific pupils if required
- Ensure staff receive appropriate support and training as necessary

- Ensure that parents/carers are aware of the school's policy on the administration of medication
- Ensure all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities
- Organise for another appropriately trained member of staff to take over the role of administering medication in case of staff absence

School Staff:

- No medicine to be accepted by the school office unless accompanied by a completed parental 'Medicine Consent Form'
- Medicines will only be accepted if provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:
    - child's name
    - name of the medicine
    - dose
    - method of administration
    - time/frequency of administration
    - any possible side effects
    - expiry date
- Before giving medicine, staff should check that there is written consent from the parent/carer
- Any member of staff giving medicines to a child should check:
    - the child's name
    - the prescribed dose
    - the expiry date
    - The written instructions provided by the prescriber on the label or container.
- If in doubt about any procedure, staff should not administer the medicine but check with the parents or a health professional before taking further action.
- Each time a medicine is given to a child, the member of staff administering the medicine must record the following details in the 'Medicine Consent Form' kept in the school office in the contacts file -
    - Name
    - Date
    - Time
    - Medicine
    - Dose

    - Staff member who administer medicine
- After administrating the medicine, staff must ensure that the medicine is returned to either the medicine cabinet in the school office or HT's fridge.
- After the administration period has ended, ensure that medicines are returned to parents for safe disposal.

School Nurse:

School nurses are responsible for notifying the school when a child has been identified as having a medical condition, which will require support in school. This should be done before the child starts at the school. They can provide support for staff on implementing a child's healthcare plan and provide advice and liaison, for example on training.

Parent/Carer:

- Should give school sufficient information about their child's medical needs if treatment or special care is required.
- Must deliver all medicine to the school office in person.
- Must complete and sign the 'Medicine Consent Form'.
- Must keep staff informed of changes to prescribed medicines.
- Must ensure medicines are in date – particularly emergency medicine such as inhalers and adrenaline pens

Pupils:

Sometimes pupils will be able to take responsibility for managing their own health needs. This should be discussed with parents beforehand and should be reflected in the healthcare plan. A member of staff who knows the child will oversee that the child is managing their health needs appropriately and will regularly liaise with parents.

<u>UNACCEPTABLE PRACTICE</u>

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 generally not acceptable 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 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
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need 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

REFUSAL OF 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 of the refusal on the same day. If refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

CONFIDENTIALITY

Staff must always treat medical information confidentially. Medical information will be shared on a need to know basis.

STAFF TRAINING

Staff regularly have training in a variety of health issues, including the use of epipens, the treatment of general injuries, diabetes awareness etc. Specific training is given to class teachers and other staff involved with children who have a medical condition and a Health Care Plan, if appropriate. First Aid training is delivered to staff annually. Training will be organised by the Headteacher / SENCo / School Nurse and may be commissioned through a range of agencies relevant to the needs of the child. The Headteacher has the overall responsibility for the training for members of staff.

FIRST AID KITS

These are checked and updated regularly and are in clearly marked positions around school.

DEFIBRILLATOR

School have a defibrillator. Staff are trained how to use it and it is checked regularly to ensure it is in working order and pads are in date.

MONITORING

This policy will be reviewed annually in accordance with national guidelines.

COMPLAINTS

Many concerns and minor complaints can be resolved quickly and informally. There are many occasions where issues are resolved immediately through the class teacher or another member of staff. If the complaint cannot be resolved informally the school's Complaints Policy should be followed.

Policy written - September 2024
Policy to be reviewed September 2026.