



# Supporting Pupils with Medical Needs Policy



All of our policies are underpinned by our Vision and driven by our values of Friendship, Family and Fulfilment. This policy should be read in conjunction with the 1<sup>st</sup> Aid section of the Health & Safety policy, the Intimate Care policy and the Physical Education policy.

## Handling & Administration of Medicines

Most pupils will need to take medication at school at some point in their school life. Medicine should only be taken to school when absolutely necessary.

Teachers' conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to do this and many are happy to do so. Any member of staff who agrees to accept responsibility for administering medication to a pupil should have proper training and guidance. He or she should also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case.

- Whenever possible parents should ask their GP to prescribe medication in dose frequencies which enable it to be taken outside school hours.
- If parents wish the school to administer the medication they should fill in the appropriate form detailing the medication to be given along with frequency, dosage and any other relevant information (see Annex A). Oral information from a pupil or parent will not be acted upon.
- School staff will administer prescribed and non-prescribed medicines. All medications must be correctly named and must come with clearly written instructions in the original packaging.
- Parents are responsible for making sure all medicines held in school are in date. All medications, except for asthma inhalers and (possibly) epi-pens must be handed in to the office.
- In no circumstances should staff administer prescribed medication on their own initiative or without the written consent of parents/carers.

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents.

Staff will ensure that records are kept of any medications given. A second adult will witness, and sign as having witnessed, the dosage and administration of medication given.

### Non-Prescription Medication

Pupils sometimes ask for painkillers (analgesics) at school, including aspirin and paracetamol if a pupil suffers regularly from acute pain, such as migraine. Non-prescription medicine must be provided by parents and consent given.

, Parents should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take the medication. Staff members will follow the medication guidelines when giving non-prescribed medication.

Parents may be asked to come into school during the day to administer the medication.

### Staff Medicines

All staff medicines must be kept out of reach of children, either in the staff bathroom or in the fridge, dependent upon storage instructions.

### **Storage of Medicines**

Medicines must be stored either in the Medicines Cabinet in the School Office, or in the staff-room fridge. The exceptions to this are inhalers, which must be clearly labelled with the child's name and kept in the appropriate classroom.

There is limited space for storage of medicine at school. Parents are to be asked to bring in no more than a weeks' worth of medicine at a time. It is the responsibility of parents to collect any unused medicines from school and dispose of them accordingly at the end of the course.

When the school stores medicines, staff should ensure that the supplied container is labelled with the name of the pupil, the name and dose of the drug and the frequency of administration. Where a pupil needs two or more prescribed medicines, each should be in a separate container.

Pupils must have access to their medicine when required. The school makes special access arrangements for emergency medication that it keeps. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed.

If Epi-pens are not kept with the pupil, they must be placed in a suitable sealed container and clearly marked 'Emergency Medication' and with the pupil's name.

### **Pupils with Long-Term Medical Needs**

Pupils who have medical conditions that, if not properly managed, could limit their access to education are regarded as having long-term medical needs. Most children with long-term medical needs are able to attend school regularly, and, with some support from the school, can take part in most normal school activities. For pupils who attend hospital appointments on a regular basis, special arrangements may be necessary.

The Governing Body must ensure that arrangements are in place to support pupils with long-term medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Many of the medical conditions will affect quality of life and may be life-threatening. It is important therefore to focus on the needs of each child and how their medical condition impacts on their school life.

Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition and special care required. Parents and the pupil if he/she is mature enough should give details in conjunction with their child's GP or paediatrician, as appropriate. The school nurse and specialist voluntary bodies may also be able to provide additional background information for school staff.

Health Authorities, LEAs and governing bodies should work together to ensure pupils with long-term medical needs and school staff have effective support in schools. Ideally, the head should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a pupil. School staff may need to take extra care in supervising some activities to make sure that pupils with long-term medical needs and others are not put at risk.

An individual health care plan helps the school to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk. Information on how to draw up a health care plan is included at Annex B.

### Support from the School

For a child with long-term medical needs, the head will need to agree with the parents exactly what support the school can provide. Where there is concern about whether the school can meet a pupil's needs or where the parents' expectations appear unreasonable, the head can seek advice from the school nurse, the child's GP or other medical advisers. Parents' cultural and religious views should always be respected. Ideally, arrangements should be put in place within two weeks to support the pupil.

School staff are naturally concerned about their ability to support a pupil with a medical condition, particularly if it is complex or potentially life threatening. Teachers who have pupils with long-term medical needs in their class should understand the nature of the condition, and when and where the pupil may need extra attention. Any arrangements made should show an understanding of how the medical condition impacts on the child's ability to learn, as well as how to increase their confidence and promote self-care.

Staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the school day other staff may be responsible for pupils (e.g. midday assistants) and these staff should also be aware of any medical needs. Sufficient training should be provided to staff to ensure that the pupil is receiving the correct care whilst at school.

### Self-Management

It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this. If pupils can take their medicine themselves, staff may only need to supervise this.

### School Trips

It is good practice for schools to encourage pupils with long-term medical needs to participate in school trips, wherever safety permits.

Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. Sometimes an additional supervisor or parent might accompany a particular pupil. Additional risk assessments may be required depending on the nature of the school trip.

### Sporting Activities

Most pupils with medical conditions can participate in extra-curricular sport or in the PE curriculum, which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil's ability to participate in PE should be included in their individual health care plan. Some pupils may need to take precautionary measures before or during exercise and may need immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

## **Pupils with Asthma**

A record of all pupils with asthma should be maintained and updated regularly.

Details of asthma treatment should be obtained from parents, together with any medication. Some children may suffer from asthma but do not require an inhaler in school. In this case, parents will inform the school if circumstances change.

Pupils with asthma should be encouraged to take a full part in all activities of the school. Further information on pupils with asthma and sport is contained in the PE policy.

For the small percentage of children with severe asthma there should be written instructions on what should be done in different circumstances. Some pupils with severe asthma may use an electric device called a Nebuliser to deliver asthma drugs. In such cases, certain members of staff will receive training on how to manage the Nebuliser.

Pets in the classroom are likely to cause problems for children with asthma. Teachers should take care and be vigilant if any animals are brought into school.

See Annex C for guidance on dealing with an asthma attack.

### Inhalers

Most children use an inhaler for asthma control. Inhalers are either used for relief or prevention.

**Reliever Inhalers (usually blue).** Pupils should have one reliever inhaler at school. Common inhalers hold Ventolin (Salbutamol) or Bricanyl

**Preventer Inhalers (usually brown).** Pupils can usually take their preventer inhalers outside the school day. However, occasionally pupils may need to bring their preventer inhaler in to school for additional doses.

As a general guideline, infants are normally supervised by a member of staff when using their inhaler whilst juniors are normally encouraged to take responsibility for their own inhalers. Inhalers are normally kept in the child's classroom, but there are other circumstances where different locations may be necessary:

- Inhalers can be taken outside by the supervising staff during playtime.
- Inhalers are taken to the swimming pool during lessons
- Inhalers are taken on school trips

It is essential that the pupil has immediate access to their reliever inhaler at all times. Delay in taking reliever treatment can lead to a severe attack. For children with severe asthma, there should be written instructions on what should be done in different circumstances.

Any pupil who is over reliant on his/her reliever inhaler may have poorly controlled asthma and needs a review of their medication. Staff are advised to discuss this issue with parents. Parents are responsible for ensuring that medication is in date.

### **Emergency Procedures**

All staff know how to call the emergency services. All staff also know who is responsible for carrying out emergency procedures in the event of an incident. A pupil taken to hospital by ambulance is accompanied by a member of staff who remains until the pupil's parent arrives.

Generally, staff do not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another

adult. They must also have checked with their insurance company that they have the necessary cover.

## **Communicable Diseases**

In some instances, children with communicable diseases should stay away from school until the incubation period has passed. A list of common communicable diseases in schools is contained at Annex D; detailed information on incubation periods and when to keep children away from school is held in the office.

## **Confidentiality**

The head and school staff should treat medical information confidentially. The head should agree with the pupil's parents, who else should have access to records and other information about a pupil. 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.

## **Unacceptable Practise**

It is not acceptable practise to:

- Prevent children from easily accessing their inhalers or medication
- Assume that every child with the same condition needs the same treatment
- Ignore the views of the child, their parents, or ignore medical evidence or opinion
- Prevent children from taking part in normal school activities, including lunch, due to medical conditions
- If a child becomes ill, send them to the school office unaccompanied or with someone unsuitable
- Penalise children for their attendance record if absences are related to medical appointments
- Prevent children from drinking, eating or taking toilet breaks if required to manage their medical condition
- Ask parents to attend school to administer medicines

### **SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY**

**Reviewed:** 3 years

**Reviewed by:** Headteacher, Pastoral Committee

**Ratified:** July 2019

**Next Review:** July 2022

**Filed:** PITTON POLICIES /Statutory/Documents Referenced in Statutory Guidance



## Parental Consent for School to Administer Medication/Treatment

The school will not give your child medicine unless you complete and sign this form.

### Details of Pupil

Name \_\_\_\_\_ Class \_\_\_\_\_

Condition or Illness: \_\_\_\_\_

### Details of Medication

| Name of Medication                                | Prescribed by<br>GP/Specialist or Non-<br>Prescribed (P or NP) | Dose | Frequency<br>/Times | Date of<br>Completion of<br>Course (if known) |
|---|--|------|---------------------|---|
|   | P NP   |      |                     |   |
|   | P NP   |      |                     |   |
|   | P NP   |      |                     |   |
| Special Instructions / Precautions / Side Effects |  |      |                     |   |
| Allergies   |  |      |                     |   |
| Other prescribed medicines child takes at home    |  |      |                     |   |

- I hereby request that members of staff administer the following medicines as directed below.
- I understand that I must deliver the medicine personally to the School Office in the original container as dispensed by the pharmacy.
- I accept that this is a service that the school is not obliged to undertake.
- I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Signed \_\_\_\_\_

Date \_\_\_\_\_



## **Annex B – Health Care Plans**

The main purpose of an individual health care plan for a pupil with long-term medical needs is to identify the level of support that is needed at school. A written agreement with parents clarifies for staff, parents and the pupil the help that the school can provide and receive. Schools should agree with parents how often they should jointly review the health care plan. This should be done at least once a year.

The school judges each pupil's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. However, the school's medical policy is applied uniformly.

Co-ordinating and disseminating information on an individual pupil with medical needs can be difficult. An individual member of staff is given specific responsibility for this role. This person is the first contact for parents and staff, and liaises with external agencies. The Special Educational Needs Co-ordinator sometimes takes on this role, depending on complexity and care required.

Drawing up a health care plan is onerous, although each plan will contain different levels of detail according to the needs of the individual pupil. Those who may need to contribute to a health care plan are:

- \* The head teacher
- \* The parent or guardian
- \* The child (if sufficiently mature)
- \* Class teacher
- \* Care assistant or support staff
- \* School staff who have agreed to administer medication or be trained in emergency procedures
- \* The school health service, the child's GP or other health care professionals (depending on the level of support the child needs)

A health care plan could include the following:

- \* Details of a pupil's condition including triggers, signs and symptoms
- \* Special requirements e.g. dietary needs, pre-activity precautions, environmental issues
- \* Medication and any side effects, including written permission to administer medicines
- \* Self-medication
- \* Other treatments, time facilities, and equipment
- \* What to do, and who to contact in an emergency
- \* The role the school can play
- \* Specific support for the pupil's educational, social and emotional needs
- \* The level of support needed including in emergencies
- \* Staff training, expectations of their role and confirmation of their proficiency
- \* Staff cover arrangements
- \* Who needs to know in school
- \* Additional arrangements or procedures for school trips/activities outside the normal timetable.
- \* Designated individuals to be entrusted with information



# Healthcare Plan

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address

Medical Conditions

Date of healthcare Plan \_\_\_\_\_ Review date \_\_\_\_\_

Contact Information

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Clinic/Hospital/GP contact (consultant/specialist nurse/ward) if applicable

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

GP \_\_\_\_\_ Telephone \_\_\_\_\_

Describe the young person's condition and individual symptoms

Daily Medication requirements

Any other special requirements

**What constitutes an emergency?**

**What action should be taken in an emergency?**

**Emergency medication requirements including dosage**

**Where is the medication kept?**

**Who can administer the medication?**

Signature of parent/carer \_\_\_\_\_ Date \_\_\_\_\_

Signature (s) of Leader/first aider \_\_\_\_\_ Date \_\_\_\_\_

## **Annex C - The Asthma Attack**

If an asthmatic pupil becomes breathless and wheezy or coughs continually:

- Keep calm – it is treatable
- Let the pupil sit down in the position he/she finds most comfortable. Do not make him/her lie down
- Let them take their usual relief treatment – usually a blue inhaler.
- If they have forgotten their inhaler, and you do not have prior permission to use another inhaler:
  - Call the parents
  - Failing that – call the GP
  - Check the attack is not severe
- Wait 5-10 minutes
- If the symptoms disappear, the pupil can go back to what they were doing
- If the symptoms have improved, but not completely disappeared, call the parents and give another dose of inhaler while waiting for them.
- If the normal medication has had no effect, see severe asthma attack below.

### **What is a Severe Asthma Attack?**

Any of these signs mean severe attack:

- Normal relief medication does not work at all.
- Pupil is breathless enough to have difficulty in talking normally.
- The pulse rate is 120 a minute or more.

### **How to deal with a Severe Attack:**

- Call the family doctor and ask him/her to come immediately.
- If the doctor is unable to come, call an ambulance. Warn the hospital that the child is coming.
- Inform the parents.
- If the pupil has an emergency supply of oral steroids (prenisolone, prednesol) give them the stated dose at once.
- Keep trying with the usual reliever inhaler every 5-10 minutes and do not worry about possible over-dosing.

## **Annex D – Common Communicable Diseases in Schools**

|                              |                          |
|------------------------------|--------------------------|
| Athletes Foot                | Mumps                    |
| Chickenpox                   | Paratyphoid              |
| Conjunctivitis               | Pharyngitis              |
| Cryptosporidium              | Polio                    |
| Diarrhoea                    | Ringworm                 |
| Diphtheria                   | Rubella (German Measles) |
| E-coli                       | Scabies                  |
| Fifth Disease                | Scabies                  |
| Glandular Fever              | Scarlet Fever            |
| Hand, Foot and Mouth Disease | Shingles                 |
| Head lice                    | Slapped Cheek Syndrome   |
| Hepatitis A                  | Threadworm               |
| Hepatitis B                  | Tinea                    |
| Hepatitis C                  | Tonsillitis              |
| HIV Virus                    | Tuberculosis             |
| Impetigo                     | Typhoid                  |
| Influenza                    | Verrucae                 |
| Measles                      | Whooping Cough           |
| Meningitis                   | Worms                    |
| Molluscum Contagiosum        |                          |