Polehampton CE Infant and Junior Schools
Medical needs and administering medicines policy

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Introduction

At Polehampton Church of England Infant and Junior Schools, our vision is "Let your light shine" (Matthew 5:16). Jesus reminded us in Matthew's gospel that we are lights for the world. As we seek to follow him, we can share his light with others and change the world. Supported by our school values of gratitude, friendship, perseverance, forgiveness, honesty and compassion, we seek to help pupils make positive choices in all they do. We follow our Christian values to enable everyone in our school community to let their light shine.

At Polehampton Church of England Infant and Junior Schools, we want to ensure our pupils let their lights shine in school and at home, and this policy helps support this. Children with medical needs have the same rights of admission to our school as other children. Most children will, at some time, have short-term medical needs, while other children may have longer term medical needs and may require medicines on a long-term basis to keep them well. Other children may require medicines in particular circumstances, such as children with severe allergies. Children who are acutely unwell should be kept at home. This policy outlines the support available and processes to undertake in the event of any requirements for medical support or administering medicines.

It should be noted that all references to 'parents' should be read as 'parents, carers or guardians'.

Aims

The principle aims of this policy are as follows:

- Explain our procedures for managing prescription medicines which may need to be taken during the school day.
- Explain our procedures for managing prescription medicines on school trips.
- Outline the roles and responsibilities for the administration of prescription medicines.

This policy also aims to ensure the following:

- Pupils, staff and parents understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.
- Sufficient staff are suitably trained.
- Staff are aware of pupils' conditions, where appropriate.
- There are cover arrangements to ensure someone is always available to support pupils with medical conditions.
- Supply teachers and other visiting professionals have appropriate information about the policy and relevant pupils.
- Individual healthcare plans are developed appropriately, where necessary.
- Parents are informed about and involved with their child's support plan.

Definitions

Throughout this document the term 'parent' is used. Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.

Definition of 'medical needs'

For the purpose of this policy, pupils with medical needs are defined as follows:

- Children with chronic or short-term medical conditions involving specific treatments or forms of supervision during the course of the school day; or
- Sick children, including those who are physically ill or injured or are recovering from medical interventions; or
- Children who require mental health support.

Most medical needs will be identified by the parents in consultation with a medical professional outside school. Any medical concerns the school has about a child will be raised with the parents/ carers. Most parents will wish to deal with medical matters themselves through their GP.

The 'named person'

It is a requirement that each school has a named person who leads on the implementation of the policy for children with medical needs. The Designated Safeguarding Lead holds this responsibility.

Roles and responsibilities

Outlining the roles and responsibilities of different parties helps to ensure the policy's aims are achieved.

Parents must ensure the following:

- Give sufficient information about their child's medical needs if treatment or special care is required.
- Deliver all medicines to the school office in person.
- Complete and sign the parental agreement form.
- Complete and sign an Allergy and/or Asthma action plan annually if required.
- Keep staff informed of changes to prescribed medicines or to their child's medical condition.
- Keep medicines in date – particularly emergency medication, such as adrenaline pens - per note 5.0 above.
- Collect medicines once expired and dispose of them via a pharmacy.

The Headteacher will ensure the following:

- Ensure that the school's policy on the administration of medicines is implemented.
- Ensure there are members of staff within the school willing to volunteer to administer medication to specific pupils, if required.
- Ensure that staff receive support and appropriate training where necessary.
- Share information, as appropriate, about a child's medical needs.
- Ensure that parents are aware of the school's policy on the administration of medicines.
- Ensure that medicines are stored correctly.

Staff will ensure the following:

- On receipt of medicines, check the child's name; prescribed dose; expiry date and written instructions as provided by the prescriber.
- Ensure that the parent/career completes a consent form (FA2) for the administration of medicines following the prescriber's instruction.
- Ensure medicines are available when and where required.
- Whenever possible, ensure that a second member of staff is present when medicines are administered.
- The record of the medication taken is on Medical Tracker.
- Ensure that medicines are returned to parents for safe disposal.

Pupils will ensure the following:

- Often be best placed to provide information about how their condition affects them and, therefore, pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs.
- Be expected to comply with their IHCPs.

School nurses and other healthcare professionals will ensure the following:

- Notify the school when a pupil has been identified as having a medical condition that will require support in school.
- Put support in place before the pupil starts school, wherever possible.
- Support staff to implement a child's IHCP, if appropriate.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs.

Individual Health Care Plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This will be delegated to Senior Leaders or class teachers as appropriate to the needs of the child. This may also take the form of an EHCP (where medical or health need is the focus of the EHCP).

Plans will be:

- Reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.
- Developed with the pupil's best interests in mind and will set out:
    - What needs to be done;
    - When; and
    - By whom.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

If an IHP is required, plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. IHPs will be linked to, or become part of, any education, health and care plan (EHCP). If a pupil has SEND but does not have an EHCP, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The school will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil'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 and environmental issues, e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition.
- What to do in an emergency, including who to contact, and contingency arrangements.

Administering medicines

Medicines should only be taken to school when it is "essential", i.e. it would be detrimental to a child's health if the medicine were not administered during the school day. Staff will only administer prescribed medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Administration of prescribed medicines

Prescribed medicines will only be accepted in the original container, as dispensed by a pharmacist, and should include the following details:

- The prescriber's instructions for administration.
- The child's full name and date of birth.
- The name of the medicine, the dosage and the date prescribed.
- Method of administration
- Time and frequency of administration
- Any potential side effects
- Expiry date.

Prescribed medicines that are required to be taken three times a day should be administered by parents, giving one dose in the morning, one after school hours and one at bedtime. If a parent wishes to adapt the timing of medicine administration, written confirmation of this must accompany the medication and parents would be expected to attend school to administer the medicine in this instance unless for a specific and accepted exceptional reason.

Where children are prescribed medication that is kept in school permanently, such as EpiPens or inhalers, parents will be asked to sign a consent form (FA2 – see Appendix 1) annually for this. They will also be asked to complete annually, as appropriate, an Allergy Action Plan (Appendix 2) or Asthma Action Plan (Appendix 3). Parents are also asked to submit a copy of their child's treatment plan if they have been given one. A new FA2 form must be completed via the School office when medication is changed or updated. It is the parent's responsibility to note down the expiry date of any medicines and replace them as appropriate. However, staff will aim to monitor dates and contact parents if a medicine is out of date although they cannot and will not take overall responsibility for this.

Prescribed medicine will not be given:

- Where the timing of the dose is vital and where mistakes could lead to significant harm.
- Where medical or technical expertise is required (except EpiPens or diabetes treatment where some staff have been trained).
- Where intimate contact would be necessary.

Administration of non-prescribed medicines
We are unable to administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless in exceptional circumstances. If parents wish their child to have medicines such as Calpol or Nurofen during the school day, they will be required to visit school to administer this to their child themselves. The school will work with parents in all other exceptional circumstances to support a child.

Pupils who manage their own needs
Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

Medicines held on a long-term basis should be collected by parents at the end of each term from the infant School. Medicines held can be left at the Junior school. Medicines held on a short-term basis should be collected by parents at the end of each day. Needles must only be disposed of in a sharps box.

Storage and disposal of medicines

All medicines should be delivered to the school office by the parent. In no circumstances should medicines be left in a child's possession. Teachers and teaching assistants should not take receipt of any medicines.

Storage
All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will normally be kept in a locked cabinet or in the first aid fridge. All medicines must be stored in the supplied container and be clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. EpiPens are kept in the locked first aid cupboard in wallets, clearly labelled with the child's name, child's photo and relevant guidance. Any medicines which require double locking will be stored in the school safe.

Disposal
Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are collected from school and disposed of via a pharmacy.

Refusal of medicines by a pupil

If a child refuses to take medicines, staff should not force them to do so, but should note this in the records and inform parents immediately or as soon as is reasonably possible.

General first aid administration

For day-to-day incidents in school requiring first aid treatment, staff will take action as appropriate for the injury and following basic first aid best practice and protocol.

Particular attention is paid to 'head bangs' where a child has been injured on their head or face. An ice pack may be applied and Medical Tracker will be completed. For this or any other injury regarded as significant, parents may be called to advise them and appropriate action taken depending on the severity of the injury. A 999 (or 111) call may be made if further advice is required, or if a child clearly needs immediate medical attention.

Medical needs on trips and outings

Children with medical needs are given the same opportunities as other children. Staff may need to consider what reasonable adjustments they might need to make to enable children with medical needs to participate fully and safely on visits. This may include carrying out a risk assessment for such children.

For part and full day visits, the class teacher will be responsible for tabulating medical information for each child (including a recording sheet for any pupils with an Individual Health Care Plan (IHCP) and one member of staff will be nominated as having responsibility for the administration of all medication.

For residential visits, procedures will be the same as for day visits and in addition, all parents must complete a form EV2 to confirm up to date medical details for their child. For children with significant medical needs, such as with an IHCP, there must be appropriate procedures and contingency plans in place.

Absence as a result of a medical condition

In cases where pupils are absent for periods less than 15 working days, parents will follow the normal arrangements for informing the school. If the period of absence is less than 15 days, it is the parent's responsibility to obtain work from the school. The class teacher will liaise with the parents (although this may be through the school office).

If a child is to be admitted to hospital for a period longer than 5 working days, wherever possible the named person/class teacher will liaise with the hospital school, giving information which may include the term's plan, objectives/targets and assessments if appropriate.

Arrangements for access to education in the case of a long-term absence
Where an absence exceeds 15 working days, the school will inform the Head of the Vulnerable Children's Education Services (VCES) and the Education Welfare Officer (EWO). At the appropriate time, the parents will need to provide the school with a letter from a medical consultant containing details of the medical condition or intervention and information about the estimated period of absence.

Home Tuition will start as soon as is practicable, where appropriate and possible with staff capacity. Pupils educated at home will receive a minimum of 5 hours teaching per week. This is intensive one-to-one teaching and is normally as much as a child recovering from illness, injury or surgery can benefit from. In exceptional cases, the amount of tuition may be increased if the Home Tuition Service has the capacity at the time.

In cases where a child has recurrent or regular treatment and is away from school for a number of shorter periods, the named person will contact VCES. The school, with the parents' cooperation, will maintain contact with the children who are unable to attend. Use may be made of the school's learning platforms or online resources. The school will continue to monitor the progress of children who are unable to attend.

Reintegration following absence for medical treatment
As with the notification of absence, it is very important that parents give the school as much notice as possible about the child's date of return to school. For some children, reintegration will be a gradual process. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any accessibility /safety issues that need to be addressed before a date is fixed for the child's return. If it seems as though a child will have significant medical needs for the foreseeable future, it may be necessary to consider making a request for statutory assessment under the Code of Practice. If an assessment is made, there will be consultation with the parents on this matter.

Children with asthma
Inhalers are taken on all outings and school visits. An inhaler, like any other prescribed medication, must be in the original container as dispensed by the pharmacist and must be labelled with the child's name and include dosing instructions. If children are able to administer their own inhaler, this should be indicated on the parental consent form. A member of staff will supervise the child's use of the inhaler.

- At Polehampton CE Infant School, inhalers will be kept in the first aid room.
- At Polehampton CE Junior School, inhalers will be kept in the appropriate classroom.

Parents are responsible for checking the following:
- Condition of inhalers.
- Inhalers are working and have not been completely discharged.
- Inhalers are within their date of expiration.

Children with auto-injectors
At Polehampton CE Infant School, auto-injectors will be kept in the first aid room.

At Polehampton Junior School Auto-Injectors will be kept in a locked cupboard in the general office. Each set will be clearly labelled with the following:

At both site, each set will be clearly labelled with the following:
- The name of the relevant classes; and
- The names of the children's medication that is stored there.

Each child will have a clearly labelled bag containing their photograph, their care plan and their medication/s. All staff will be required to know where the auto-injectors are located and where the key to the medication store is kept. Training on the administration of auto-injectors will be given annually to all staff who volunteer. Auto-injectors are taken on all outings and school visits. An auto-injectors, like any other medication, must be in the original container as dispensed by the pharmacist and must be labelled with the child's name.

Staff training

Training opportunities should be identified for staff with responsibilities for administering medicines. Staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff must have access to disposable protective gloves. They must take care when dealing with spillages of blood and other bodily fluids, and the disposal of dressings and equipment.

Confidentiality

The head/s and staff should always treat medical information confidentially, and this information will be shared at all times with all staff as required for the effective care of the child.

Monitoring and review

This policy will be reviewed as follows (whichever comes first):

- Before the end of the cycle stated above in the policy.
- In accordance with any changes in national guidance
- In response to any other issue, update or learning.