



# All Saints' CE Primary School



## **Vision**

Learning hand in hand together with God.

## **Values**

Hopeful school through honesty, forgiveness and trust  
Achieving school through resilience, respect and ambition  
Nurturing school through care, compassion and friendships  
Developing school through wisdom, faith and fun  
Sharing school through kindness, celebration and love

# Supporting Pupils with Medical Needs Policy

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**Ratification date: November 2023**

**Ratified by: Full Governing Body**

**Review date: September 2025**

**Written by: Stuart Gawthorpe, Designated Safeguarding Lead**



### Statement of intent

The governing board of All Saints' has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

All Saints' believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their **child's** medical conditions, and that **children** feel safe in the school environment.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some **children** with medical conditions may also have a SEND (a Special Educational Need or Disability) and have an EHC (Education Health Care) plan collating their health, social and SEND provision. For these pupils, the school's compliance with the Department for Education (DfE)'s 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

**NB: This new policy includes in its appendices the old Administration of Medicine and Asthma Policies.**



### 1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.3. This policy has due regard to the following school policies:

- **Special Educational Needs and Disabilities (SEND) Policy**
- **Complaints Policy**
- **Equality Information and Objectives Policy**
- **Attendance Policy**
- **Children with Health Needs Who Cannot Attend School Policy**

### 2. Roles and responsibilities

2.1. The **governing board** is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school **with reasonable and appropriate adaptations made to enable them to do this.**



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- Working with **parents**, the Local Authority (LA), health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed. **This includes regular updates.**
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

2.2. The **Headteacher** holds overall responsibility for implementation of this policy.

2.3. The **Headteacher** is responsible for:

- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all Individual Healthcare Plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the relevant **professionals** where a pupil with a medical condition requires support that has not yet been identified.
- Ensuring that transitional arrangements between schools are carried out effectively.

2.4. Parents are responsible for:

- Notifying the school if their child has a medical condition.



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- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Providing the correct medication, correctly dispensed by a pharmacist, and ensuring that it is in date.
- Appropriately disposing of out of date medication and any that is no longer required/

### 2.5. Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where appropriate.
- Contributing to the development of their IHP, if they have one, where appropriate.
- Making an adult aware if they are uncomfortable with the way in which the medication is being dispensed.
- Vo-operating fully when being dispensed with medication for their safety and the safety of the adult.
- Being sensitive to the needs of pupils with medical conditions.

### 2.6. School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the development on IHPs, administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Accessing sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

### 2.7. Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

### 2.8. Other healthcare professionals, including GPs and paediatricians, are responsible for:



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- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

2.9. Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

2.10. The Local Authority (LA) is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for Education Health Care (EHC) provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

2.11. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

2.12. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

2.13. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural (SMSC) development.

### 3. Admissions

3.1. No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

### 4. Notification procedure

4.1. When the school is notified that a pupil has a medical condition that requires support in school, the **local authority** will inform the **Headteacher**. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in section 8).



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- 4.2. The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the **Headteacher** based on all available evidence (including medical evidence and consultation with parents).
- 4.3. For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution.
- 4.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place **ideally before the child starts but no longer than 2 weeks after starting. Depending on the condition being supported we may, in consultation with parents, delay entry into school until the care plan is in place and training completed for staff.**

### 5. Staff training and support

- 5.1. Any staff member providing support to a pupil with medical conditions will receive **appropriate** training.
- 5.2. Staff will not undertake healthcare procedures or administer medication without appropriate training.
- 5.3. Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken. **If a member of staff feels unsafe administering medication following training they must not administer the medication and are responsible for informing the Headteacher that they require additional training/support.**
- 5.4. A first-aid certificate **does** not constitute appropriate training for supporting pupils with medical conditions.
- 5.5. Whole-school awareness training will be carried out on a regular basis for all staff, and included in the induction of new staff members.
- 5.6. The Headteacher will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 5.7. Training will be commissioned by the Headteacher and provided by the following bodies:
  - **Commercial training provider**
  - **GP consultant**
  - **Parents/carers of pupils with medical conditions**



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- 5.8. Parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.
- 5.9. The **governing board** will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

### 6. Self-management

- 6.1. Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.
- 6.2. Where **advised by professionals and noted on the care plan**, pupils will be allowed to carry their own medicines and relevant devices. **This will be subject to a risk assessment.**
- 6.3. Medicines or devices, will be held in suitable locations that can be accessed quickly and easily.
- 6.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.
- 6.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken as appropriate.

### 7. Infectious Diseases

- 7.1. Children who have an infectious childhood illness may return to school after the period in which they may pass on the infection to other children and staff has elapsed. Children with vomiting and /or diarrhoea must not return to school until they have been symptom free for **48 hours**. (See Local Authority Guidelines on Childhood Infection Diseases)

### 8. Supply teachers

- 8.1. Supply teachers will be:
  - Provided with access to this policy.
  - Informed of all relevant medical conditions of pupils in the class they are providing cover for.
  - **Covered under the school's insurance arrangements.**

### 9. Individual Healthcare Plans (IHPs)

- 9.1. The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the **Headteacher** will make the final decision.





## Supporting Pupils with Medical Needs Policy

- 9.2. The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.
- 9.3. IHPs may include the following information:
- The medical condition, along with its triggers, symptoms, signs and treatments.
  - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues.
  - The support needed for the pupil's educational, social and emotional needs.
  - The level of support needed, including in emergencies.
  - Whether a child can self-manage their medication.
  - Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
  - Cover arrangements for when the named supporting staff member is unavailable.
  - Who needs to be made aware of the pupil's condition and the support required.
  - Arrangements for obtaining written permission from parents and the **Headteacher** for medicine to be administered by school staff or self-administered by the pupil.
  - Separate arrangements or procedures required during school trips and activities. **An assessment of the child's medical needs will be carried out for each educational visit and when a child is accessing an after-school enrichment club. Where needed these will be noted on Evolve and/or their care plan.**
  - Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
  - What to do in an emergency, including contact details and contingency arrangements.
- 9.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.
- 9.5. IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.
- 9.6. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances **or dosages** change, whichever is sooner.
- 9.7. Where a pupil has an EHC plan, the IHP will be linked to it or become part of it.
- 9.8. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.
- 9.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.



## 10. Managing medicines

10.1. In accordance with the school's **Administering Medication Policy**, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

10.2. Pupils will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentiality.

10.3. Non-prescription medicines may be administered in the following situations:

- **When it would be detrimental to the pupil's health not to do so or would affect their ability to attend school**
- **When instructed by a medical professional**

Non-prescription medication will be administered at a parent's request for a maximum of 2 weeks then returned to parents and advice given to contact the GP if the condition has not improved.

10.4. No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.

10.5. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

10.6. Parents will be informed any time medication is administered that is not agreed in an IHP.

10.7. The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

10.8. All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the **key to the relevant storage facility**.

10.9. When medicines are no longer required, they will be returned to parents for safe disposal.

10.10. Sharps boxes will be used for the disposal of needles and other sharps.

10.11. Controlled drugs will be stored in a non-portable, **lockable** container and only staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. **Some children have specific staff trained to administer their medication.**



- 10.12. The school will **hold asthma inhalers for emergency use**. The inhalers will be stored in **the medical room** and their use will be recorded. (See Appendix A for asthma details)
- 10.13. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.
- 10.14. Records will be kept of all medicines administered to individual pupils **using Medical Tracker**, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

### **11. Adrenaline auto-injectors (AAIs)**

- 11.1. The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's **Allergen and Anaphylaxis Policy**.
- 11.2. A **Register of Adrenaline Auto-Injectors (AAIs)** will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- 11.3. Where a pupil has been prescribed an AAI, this will be written into their IHP.
- 11.4. For children who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the medical room and in their classroom.
- 11.5. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 11.6. In the event of anaphylaxis, a designated staff member will be contacted via the tannoy **and a member of the office team will also proceed to the designated member of staff to ensure the swiftest possible response**.
- 11.7. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 11.8. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.
- 11.9. The school will keep a spare AAI for use in the event of an emergency, which will be checked to ensure that it remains in date, and which will be replaced before the expiry date.
- 11.10. The spare AAI will be stored in **the medical room**, ensuring that it is protected from direct sunlight and extreme temperatures.
- 11.11. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained **or advised by a medical professional or 999 call handler**.



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- 11.12. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- 11.13. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.
- 11.14. Where a pupil is or appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 11.15. In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device.
- 11.16. Where any AAIs are used, the following information will be recorded on the **Adrenaline Auto-Injector (AAI) Record and on Medical Tracker**:
- Where and when the reaction took place
  - How much medication was given and by whom
- 11.17. For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.
- 11.18. For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.
- 11.19. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 11.20. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

## 12. Record keeping

- 12.1. In accordance with paragraphs 9.11, 9.12, 9.14 and 10.18, written records will be kept of all medicines administered to pupils using Medical Tracker except where an alternative, such as a diabetic pump, records the information.
- 12.2. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.

## 13. Emergency procedures

- 13.1. Medical emergencies will be dealt with under the school's emergency procedures.
- 13.2. Where an IHP is in place, it should detail:
- What constitutes an emergency.
  - What to do in an emergency.
- 13.3. Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.



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- 13.4. If a pupil needs to be taken to hospital, **at least two members** of staff will remain with the pupil until their parents arrive.
- 13.5. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

### 14. Day trips, residential visits and sporting activities

- 14.1. Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.
- 14.2. Prior to an activity taking place, the school may conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals.
- 14.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

### 15. Unacceptable practice

- 15.1. The school will not:
  - Assume that pupils with the same condition require the same treatment.
  - Prevent pupils from easily accessing their inhalers and medication.
  - Ignore the views of the pupil or their parents.
  - Ignore medical evidence or opinion.
  - Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
  - **Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.**
  - Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
  - Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
  - Create barriers to pupils participating in school life, including school trips.
  - Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

### 16. Liability and indemnity



## Supporting Pupils with Medical Needs Policy

- 16.1. The **governing board** will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
- 16.2. The school's insurance is covered under the LA's public liability insurance. The policy has the following requirements:
  - **All staff must have undertaken appropriate training.**
- 16.3. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

### 17. Complaints

- 17.1. Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 17.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the **Complaints Policy**.
- 17.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 17.4. Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

### 18. Home-to-school transport

- 18.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
- 18.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.



### **Appendix 1: Policy and Guidelines for children with asthma in school**

This policy has been written with advice from the Department for Education, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

All Saints' Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. We positively welcome all pupils with asthma and encourage pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy.

#### **Asthma medicines**

##### **Asthma register/photos/care plan folder**

- Immediate access to reliever medicines is essential. When going out of school, pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. When in school, reliever inhalers are kept in an accessible place in the classroom, clearly indicated on first aid display sign.
- Parents/carers are asked to ensure that the school is provided with a labelled reliever inhaler and spacer. Parents are responsible for ensuring inhalers do not go beyond their expiry date.
- School staff are not required to administer asthma medicines to pupils (except in an emergency). Pupils are encouraged to take their own medicines when they need to, however a member of staff needs to be present to the child can be monitored.
- If a child's inhaler runs out when they are using it, they are to use the 'emergency inhaler' which is located in the medical room. Staff need to ensure that they fill out the correct forms and inform parents.

##### **Possible triggers include:**

- Allergies
- Cold air
- Exercise
- Colds and flu
- Cigarette smoke

##### **Treatment:**

- Be calm and reassuring
- Sit the casualty down and lean them slightly forward
- Child to use reliever inhaler
- Ensure a good supply of fresh air (be aware of trigger).

##### **Symptoms:**

- Difficulty breathing
- Wheezing
- Prolonged breathing out phase
- Difficulty speaking
- Distress and anxiety
- Cough, maybe with thick white mucus

##### **Dial 999 if:**

- Inhaler not easing symptoms
- Unable to finish a sentence
- Child is showing signs of exhaustion
- Child is showing signs of cyanosis (blue)
- Child is using shoulders to breathe
- Head bobbing - the head drops down
- Recessive breathing/odd chest movement

## **Appendix 2: Administration of Medicine Policy**

### **Rationale:**

Although regular school attendance is expected, if a child is ill they should remain at home until well enough to cope with the demands of the learning environment. Some children however who have a long-term illness/physical condition may require medication to be administered in school.

The Governors and staff of All Saints' C of E Primary School wish to ensure that pupils with medical needs receive the care and support in school that they need, subject to the guidelines outlined in this policy.

### **Aim:**

To provide an appropriate, safe policy in relation to the administration of medication in school, following national and local educational guidelines.

In a partnership approach, to identify clearly the responsibilities of the school and parents/carers in respect of a child's medical need and the roles and responsibilities of staff who volunteer to administer medication in school.

To ensure that members of staff know that there is no legal responsibility for non-medical staff to administer medication or supervise medical procedures. ***This is purely a voluntary role.***

To ensure that all staff know they must be adequately trained before undertaking this role.

### **Responsibility**

It is the decision of the Headteacher as to whether school staff should be asked to administer medication during the child's formal education.

School staff are not trained or qualified to administer medicines and the overall management of medical treatment for children is the responsibility of the parent/carer. It is also their responsibility to provide the school with **up to date information** regarding their child's medical needs and to keep the school informed of any change.

Where agreement is reached that trained member(s) of staff should administer medication, a consent form (see appendix A) must be completed and signed and dated by both parent and staff member.

A child will require a Care Plan if they have a Complex Medical Need/ more than one essential prescribed medication/ require an emergency medication and / or a medical procedure. A care plan must be formulated in collaboration with parents and any relevant professional body i.e. Hospital and Community School Nurse/Paediatric Teams. An up to date Care Plan should ideally be in place for a pupil with complex medical needs etc (as above) before they are admitted to school and staff are requested to administer medication.

It is the parents/carers responsibility to ensure there is sufficient, in date medication in school. Medication should always be provided in its original container with the pharmacist's original label and clearly stating directions for use - see appendix A)

### **Indemnity**

Members of staff who administer medication in accordance with the guidelines are covered for insurance by the Local Education Authority as in the Indemnity document (see Appendix B).





### Confidentiality

Information regarding children's medical needs is kept in the medical room **and on Medical Tracker**. While it is essential for staff to be fully acquainted with individual medical needs, this information must only be shared with relevant members of staff.

### Short term antibiotic medication

Where possible, G.P.s will prescribe anti-biotic medication 8 hourly i.e. three times a day, and so can be given outside of school hours. However, if needs dictate, then medicine will be administered in school with authorisation by parents using appendix A. This includes pupils who attend Little Saints'.

### Infectious Diseases

Children who have an infectious childhood illness may return to school after the period in which they may pass on the infection to other children and staff has elapsed. Children with vomiting and /or diarrhoea must not return to school until they have been symptom free for **48hrs**.

(See Local Authority Guidelines on Childhood Infection Diseases)

### Training

To ensure the wellbeing of the child and to safeguard staff, specific training should be given, by a suitably qualified person, to all those who volunteer and **before they are required** to administer medication or undertake a medical procedure. It is important that lunchtime supervisors are included in any training in order for them to be able to recognise an emergency situation and respond appropriately.

Training should be updated as advised by medical directives.

### Storage of medicines

Non-emergency medication **must** be stored in a locked cupboard, in a cool place; any requiring refrigeration **must** be isolated from other items i.e. food

All emergency medication must be easily accessible as identified in the Care Plan and the whereabouts known to both the child and all staff.

### Disposal and return of medication

Medication is only kept in school whilst the child is in attendance. It is the parent/carer responsibility to replace medication which has been used or expired. Parents/carers are requested to collect all medication at the end of each academic year and return as required. Non-emergency medication if not collected at the end of each term, will be returned to a pharmacy for disposal.

Where disposal of sharp items i.e. needles is required the appropriate safety measures must be followed as identified within the individual Care Plan.

### Self Administration

Where the child is recognised by a qualified person (i.e. parent/carer or medical staff) as being competent to self-administer e.g. using an asthma inhaler it will be specified on **Medical Tracker**. For all other medication see appendix A.



### **School visits/Off site activities** (See also Educational Visits and Journey Policy)

A member of staff will take a first aid kit on every off-site activity, equipped with basic medical equipment and a list of any children who have a medical condition and/or individual care plans. A child on an off-site activity who has been prescribed emergency medication, must have a named person on the activity, who will ensure such medication accompanies the child at all times and is returned to the designated storage area in school. Class teacher/ group leaders will each take a mobile phone plus a Fatal/Serious Injury Incident Procedure Card - i.e. yellow card.

For residential visits a specific consent to administer medication is available and must be completed.

### **Record keeping**

If a medicine is administered by staff, the date time and dose must be recorded and signed on the relevant document and on Medical Tracker, and the parent informed.

Staff must not force a child to accept medication but must record any refusal to do so and inform the parents as soon as possible.

When a child requires an individual Care Plan this is completed in collaboration with parents, staff and the relevant health professional i.e. School Nurse, Consultant, GP, Specialist Nurse.

### **Emergency Situations**

The list of qualified First Aiders is displayed on the Medical Room Door, in the Staff Room, and prominently around school. Staff should **never** take any child to hospital in a car, it is safer to call an ambulance, unless directed to do so by a parent or medical professional when a delay would be detrimental to the child's wellbeing. Where a staff member performs this duty they will be accompanied by another member of staff and will have the correct insurance. The Headteacher and Designated Safeguarding Lead will be informed prior to setting off. Health professionals are responsible for any decisions on medical treatment in the absence of a parent/carer.

In the absence of a parent/carer and at the discretion of the Headteacher, two members of staff, will accompany the child to hospital, and stay until the parent/ carer arrives.

Any medical information including contact details will be taken with the child or given to emergency staff.

### **Emergency Medication**

A record of names of children within a class, who have a medical condition, is kept at the front of the class register and is available on Arbor/Medical Tracker, for the information of new and/or temporary staff.

Individual Care Plans are stored in the medical room and on CPOMS/Medical Tracker where they are easily accessible but in such a manner as to maintain confidentiality, a copy is also kept in the classroom in a location only accessible by staff. Parents have a copy of any Care Plan.



## Supporting Pupils with Medical Needs Policy

### Additional Information

#### Anaphylaxis

Catering staff will be informed regarding any child who has a food allergy or Anaphylaxis. A photograph and associated dietary requirements are displayed in the school kitchen.

#### Asthma

The school has adopted the “National Asthma Campaign’s School Asthma Policy “. Some children particularly younger ones, may need to use a Spacer with their inhaler, and be supervised in its use. They will require a written care plan or clear instructions for its use.

#### Diabetes

Staff will be offered support and training including that involved with blood glucose monitoring and administration or supervised self-administration of insulin if required

#### Epilepsy

Emergency medication can be prescribed for the treatment of convulsions, in which case a care plan would be in place.

- Appendices
- A) Parental consent to administer medication in school
  - B) Record of Administration of Medicine
  - C) Local Authority Indemnity document

**References:-** DfE Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England December 2015

Health Education Trust: Managing Medicines in School

School SEND Policy

Policy for Educational Visits

Guidelines on Exclusion criteria for Childhood Infectious Diseases



## Supporting Pupils with Medical Needs Policy

### Appendix A - Administration Of Medicines – Consent form

### Supporting Children with Medical Needs in School

The school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer the medication and, where necessary have received appropriate training.

#### DETAILS OF PUPIL

Surname		
Forename(s)		
Address	Date of Birth	Class/Form
Condition or Illness		
Name of Medication (as described on container)		
For how long will your child take this medication?		
Date dispensed		
Full directions for use		
Dosage and amount (as per instructions on container)		
Method of Administration		
Timing		
Special storage instructions (explain if medicine should remain in school or return home daily)		
Special precautions		
Side effects		
Self administration		
Action to be taken if pupil refuses to take the medication		

Date:-

Parental signature: \_\_\_\_\_ Staff signature \_\_\_\_\_



## Supporting Pupils with Medical Needs Policy

### **APPENDIX B – Record of Administration of Medicine- Indemnity**

Provided staff act in accordance with the school's policies and procedures they will normally be fully covered by the LA's (or governing body's) public liability insurance. These procedures make it clear that only authorized and appropriately trained staff can administer medication to pupils or supervise the self-administration of medicine by pupils. In general, the consequences of not taking action are likely to be more serious than those of trying to assist in an emergency.

Taken from 'Administration of medication' policy document – issued by Occupational Safety Team, CBMDC September 2008 (*latest version still applies – checked February 2021*)

Teachers should consult their Professional Body if they have questions on administering of a medication

Reference to the school policy on the admin of medication should be included in home/school agreement, a full copy of which should be available in request or on the school website.