



SUPPORTING CHILDREN WITH MEDICAL CONDITIONS  
AND ADMINISTRATION OF MEDICINES POLICY

Reviewed by	<b><i>Rachel Griffiths, SENCO</i></b> June 2021
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## **Redland Primary School Medical Conditions and Administration of Medicines Policy**

This policy meets the requirements under Section 100 of the Children and Families Act 2014 and is based on the Department for Education's statutory guidance: Supporting a child at school with medical conditions.

### **Aims**

This policy aims to ensure that:

- Pupils and parents understand how our school will support a child with medical conditions
- Children with medical conditions are properly supported to allow them to access the same education as other children, including school trips and sporting activities.

The Headteacher, governing board and SENCO will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of child's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support a child with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant child's medical needs
- Developing and monitoring individual healthcare plans (IHPs)

### **Legislation and statutory responsibilities**

#### **The Headteacher and governing body**

The governing board has a responsibility to make arrangements to support children with medical conditions. The Headteacher and governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

#### **The Headteacher and SENCO will:**

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support a child in this way
- Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse

- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **School Staff**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to a child with a medical condition, although they will not be required to do so. Providing medical support will be with the agreement of the member of staff. This includes the administration of medicines. (See section on Administering Medicines in School)

Those staff who take on the responsibility to support a child with a medical condition will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of a child with a medical condition that they teach. All staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

### **Parents**

Parents have the prime responsibility for ensuring their child's health.

Parents will

- Provide all necessary information about their child's medical needs to the school.
- This information should be current and updated at least, annually.
- Be involved in the development and review of their child's IHP if one is in place

This information gathered by the school includes details of:

- Any medical conditions
- Any medication their child needs
- Any allergies etc.

This information is collated by the school and shared with staff to ensure that the child's needs are met.

### **Pupils**

A child with a medical condition may be involved in discussions about their medical support needs. Dependent on their age and their understanding of the needs they may contribute to the development of their IHPs.

### **School nurses and other healthcare professionals**

Our school nursing service will notify the school when a child has been identified as having a medical condition that will require support in school. This will be before the child starts school, wherever possible. If the child is a current pupil and a condition arises, the school and school nurse will liaise to ensure provision is put in place quickly and effectively.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nurses and notify them of any child identified as having a medical condition.

### **Equal opportunities**

Redland School is clear about the need to actively support a child with a medical condition to participate in school trips and visits, or in sporting activities, and not to prevent them from doing so.

Redland School will always consider what reasonable adjustments need to be made to enable a child to participate fully and safely on school trips, visits and sporting activities. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. In doing so, the child, their parents and any relevant healthcare professionals will be consulted.

### **Being notified that a child has a medical condition**

When the school is notified that a child has a medical condition the school and health professionals will make every effort to ensure that arrangements are put into place quickly. A meeting will be held with parents and professionals to discuss the child's needs. If appropriate, an IHP may be written. Not all medical conditions will result in an IHP.

### **Individual healthcare plans**

The headteacher has overall responsibility for the development of IHPs for a child with a medical condition. This has been delegated to Rachel Griffiths who is our school SENCO.

Plans will be developed with the child's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Plans will be reviewed at least annually, or earlier if there is evidence that the child's needs have changed.

Not all children with a medical condition will require an IHP. It will be agreed with a School, healthcare professionals and the parents if an IHP is appropriate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

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 child's specific needs. The child will be involved if appropriate.

If a child has an identified SEN need then this will be outlined on the IHP. If the child has an Education, Health and Care Plan (EHCP) then the IHPs may form part of the final plan.

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

- The medical condition, its triggers, signs, symptoms and treatments

- The child's resulting needs, including medication (dosage, 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 child'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 child 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 child'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 child's condition and the support required
- Arrangements for written permission from parents and the Headteacher/SENCO for medication to be administered by a member of staff, or self-administered by the child 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 child can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including who to contact, and contingency arrangements

### **Administration of Medicines in School**

Redland school staff cannot routinely administer any medication without an IHP or specific agreement under extreme circumstances. This does not include asthma inhalers.

### **Short term medical needs and non- prescription medicines.**

Short term medicines and over the counter medicines that have not been prescribed will not routinely be administered by school staff. These medicines need to be administered at home, alternatively parents (or their designated adult representative) are welcome to come into school to administer medicines themselves.

Prescribed short term medicines cannot be taken into school, unless there is an exceptional circumstance, or it would be detrimental to the child's health, or it would greatly impact on a child's school attendance. In exceptional circumstances, a short-term care plan would need to be agreed with the school and put into place.

Short-term medicines include prescribed medicines such as antibiotics, pain relief, eye drops and constipation medication that will only be needed for a few days. Other non-prescribed or over the counter medicines include Paracetamol (liquid and tablets), decongestants, creams and hay fever tablets.

Under no circumstances should a parent send a child to school with any medicines, e.g. throat sweets/tablets. These could cause a hazard to the child or to another child if found and swallowed.

Long term Prescription medicines will only be administered at school:

- When it would be detrimental to the child's health or school attendance not to do so
- An IHP/care plan has been completed
- Where we have parents' written consent

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

**Under 16's will not be given medicine containing Ibuprofen or aspirin unless prescribed by a doctor.**

### **Administering medication**

Anyone giving a child any medication will first check the IHP or signed medical form

- Staff will check for the dosage to be given
- Method – dissolved, swallowed whole etc
- Expiry date on the container

When administering, the adult must complete a record showing the date and time and details/dosage of the medication. This must be counter-signed by another adult. The record sheet/booklet remains with the medication.

### **Storage of medicines**

All medicines will be stored safely in the medical cabinets and these will be located in the most appropriate and accessible place for both staff and the child to access.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to a child and not locked away.

If a medicine needs to be locked away for safety reasons an appropriate medical box will be identified.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

### **A child managing their own needs**

A child who is 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.

### **Unacceptable practice**

Redland School staff will use their discretion and judge each case individually with reference to the child's IHP or known condition, but it is generally not acceptable to:

- Prevent a child 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
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise a child for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent a child from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Prevent a child with medical needs from participating, or create unnecessary barriers to a child participating in any aspect of school life.
- Administer, or ask a child to administer, medicine in school toilets

### **Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a child needs to be taken to hospital: the parents will be contacted, staff will stay with the child until the parent arrives, or accompany the child to hospital by ambulance if the parents are non-contactable or delayed.

### **Training**

Staff who are responsible for supporting a child with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to a child with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead, on identifying the type and level of training required and will agree this with Mrs Joy and Mrs Griffiths. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the child
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it. This will be provided for new staff during their induction.

### **Record keeping**

Redland School will ensure that written records are kept of all medicine administered to a child. Parents will be informed if their child has been unwell at school. IHPs are kept in a readily accessible place which all staff are aware of.

### **Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

### **Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with Mrs Joy (Headteacher) and Mrs Griffiths, SENCO in the first instance. If the school cannot resolve the matter, they will direct parents to the school's complaints procedure.

### **Monitoring arrangements**

This policy will be reviewed and approved by the governing body every 2 years.

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