

## Edmund de Moundeford VC Primary School

### Support and Management of Medical Needs

#### Introduction

- The Children's and Families Act 2014 includes a duty for all schools to support pupils with a medical need.
- Where the child has a disability the Equalities Act 2010 also applies (the Equality Act defines a person as having a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their abilities to carry out normal day-to-day activities). Where a child has an identified special educational need the SEN Code of Practice applies.
- We will not discriminate against disabled pupils in relation to their access to education and associated services and we will make reasonable adjustments for disabled children, including those with medical needs, at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.
- Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. An individual health care plan might be used to help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.
- All children have the right to access the full curriculum adapted to meet their needs and to receive the ongoing support, medicines and care that they require at school to help them to manage their needs and keep them well.
- We recognise that medical needs may have an impact on pupils' social and emotional development and will ensure they receive ongoing support in this area.
- Our school will build relationships with medical/healthcare professionals and other agencies in order to effectively support pupils with their medical needs.
- Parents will work closely with the school to provide them with detailed information about their child's medical needs so that a detailed and informed care plan can be written.
- Where required, training will be provided for those staff members who administer medicines or who are directly involved in the care of a child with a medical need.

#### Roles and responsibilities

The SENDCO and Headteacher are responsible for coordinating the care of those children with medical needs supported by the office staff. The most appropriate person will be asked by the Headteacher, Finance Manager or SENDCO to cover for a member of staff who normally deals with medical conditions, should they be absent.

#### **The SENDCO is responsible for:**

- Arranging training for identified staff.
- Ensuring care plans are updated at least annually or as the medical needs of a pupil change.
- Monitoring the medical needs register.
- Monitoring information sharing with school staff to ensure they receive all necessary information.
- Liaising with medical professionals and other agencies.
- Ensuring risk assessments for pupils' medical needs are completed as required.
- Monitoring the curriculum provided for pupils with medical needs so as to ensure that they have access to the full curriculum.

#### **The office staff is responsible for:**

- Sending out care plans to parents/guardians annually so as to ensure they are up-to-date.

- Ensuring care plans are completed for new pupils who have medical needs or for pupils who have new medical needs.
- Ensuring the medical needs register is kept up-to-date.
- Ensuring pupils' medical needs are communicated with school staff as required.
- Administering pupils' medicines as required and ensuring a log of when medicines have been administered is completed and that this is reported to parents as soon as possible.
- Ensuring that they have up-to-date training to meet the needs of individual children.
- Ensuring a record of when the medicine is administered is documented using the agreed format.
- Ensure parents/guardians of children in EYFS are told when their child's medicine has been administered via a text message or email from the school office.

**The Headteacher is responsible for:**

- Overseeing the management and provision for pupils with medical needs.
- Making sure that all parents and staff are aware of the policy and procedures for dealing with medical needs. (Parents will be informed regularly through the newsletter and can access this policy on the school's website or via the school office.)
- Ensuring that the appropriate systems for information sharing are followed - we have a blue confidential folder kept in the school office.
- Agreeing, alongside the office manager/SENDCO, with the parents exactly what support can be provided. This will be recorded using a health care plan and updated at least yearly.
- Ensuring sufficient numbers of trained staff are available to implement the policy and deliver individual care plans.

**The Governing body is responsible for:**

- Ensuring the policy is up-to-date and been adhered to.
- Meeting the duty to support pupils with medical conditions.

**Teachers and support staff are responsible for:**

- Managing pupils' medical needs on a day-to-day basis in line with training and care plans.
- Ensure risk assessments for pupils' medical needs are written where required.
- Providing information about a pupil's medical needs as required to other staff e.g. supply teachers.
- Remaining informed about the nature of a child's condition and when a child may need extra attention.
- Having an awareness of possible side effects of the medicines administered by themselves and what to do if such side effects occur.

**Parents/carers are responsible for:**

- Providing us with information about their child's medical conditions, regardless of whether treatment or special care is needed or not.
- Obtaining details from their child's GP or paediatrician, if needed.
- Completing, with support, care plans to meet a child's needs and ensuring they contact the school to update these as required.
- Keeping a child at home if they are acutely unwell (as per the school sickness policy).

**The Health Service may be responsible for:**

- Helping the school to draw up individual health care plans for children with medical needs and may be able to supplement information already provided by parents and the child's GP.
- Offering advice on training for school staff on administering medicines, or take responsibility for other aspects of support.
- Providing, when necessary, specialist nurses or community children's nurses to assist with a child's medical needs. For example, by providing advice on the medical needs of an individual child, particularly when a medical condition has just been diagnosed and the child is adjusting to new routines.

### **Procedure when notification is received that a child has a medical need**

We need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments regularly, special arrangements may also be necessary. The office staff will liaise with parents/guardians to gain further information about a child's medical needs and then inform the SENDCO and Headteacher. Arrangements will be made to complete a care plan with parents/guardians and medical professionals/other agencies as required. The school's medical needs register will be updated and all staff who need to know will be informed of the child's medical needs.

### **Care plans**

Care plans will be written for pupils with long-term medical needs following local authority guidelines and in collaboration with specialist medical staff as required e.g. epilepsy nurse, diabetes nurse.

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan - see Form F642f. A short written agreement with parents may be all that is necessary - see Form F624b - Parental/Headteacher Agreement for School/Setting to Administer Medicine.

It is important for staff to be guided by the child's GP or paediatrician. Staff should agree with parents how often they should jointly review the health care plan.

Staff should judge each child's needs individually as children vary in their ability to cope with poor health or a particular medical condition.

In addition to input from the school health service, the child's GP or other health care professionals, those who may need to contribute to a health care plan include: the headteacher; the parent or carer; the child (if appropriate); and, class teacher.

The care plan can include:

- Details of a child's condition.
- Special requirements, e.g. dietary needs, pre-activity precautions, and any side effects of the medicines.
- What constitutes an emergency.
- What action to take in an emergency.
- What **not** to do in the event of an emergency.
- Whom to contact in an emergency.
- The role the staff can play.

Copies of care plans are kept in the SEND folder for each class, in children's individual folders in the school office, and in a centrally held folder in the school office.

Health care plans are monitored annually by the SENDCO, who also oversees the writing of them by class teachers.

Consideration for how to reintegrate children back into school after periods of absence will be made on an individual basis.

For children who are new to the school, and have a medical condition, the Headteacher, office manager and SENDCO will arrange for their needs to be planned for as required prior to arrival.

### **Administering medicines**

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children may require medicines on a long-term basis, e.g. children with well-controlled epilepsy. Others may require medicines in particular circumstances, e.g. children with severe allergies who may need an adrenaline injection.

It only requires one parent to agree to or request that medicines are administered. Where parents disagree

over medical support the school should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

Any member of staff who agrees to accept responsibility for administration of medicines should be aware of possible side effects of the medicines and what to do if they occur. In Reception it is usually the Key Person.

No child will be given medicines without their parent's written consent. Consent forms for administering medicine are kept in the office (and a copy is given **to the** teacher for children in **Reception**). Here is a link to the form: <https://www.edmunddemoundeford.co.uk/request-forms/>

Any member of staff giving medicines to a child should check:

- The child's name; prescribed dose; expiry date; written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a relevant health professional.

Staff will sign FormF624c - Record of Medicine Administered to an Individual Child each time they give prescription medicine to a child. Staff who work with Reception children are also to write in the home communication book that medicine has been administered.

## Types of medicine

### **Prescribed Medicines and Controlled Drugs**

Medicines should only be brought to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

We can only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

We can never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin).

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and this guidance document.

We will look after any controlled drugs, because it is agreed that it will be administered to the child for whom it has been prescribed.

We keep controlled drugs in a locked non-portable container in the school office (not epipens - these are kept in the class medical bags) and only office staff and the Headteacher have access. A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

### **Non-Prescription Medicines**

We understand that some surgeries will no longer see children for minor ailments and are requesting that they go to the pharmacist instead to get advice and medication if required. We understand that this may cause some difficulties for parents/carers so we are currently willing to offer the following service for NON-PRESCRIPTION MEDICINES.

- The medicine should be handed into the office by a responsible adult and the relevant form completed. The headteacher will decide if the medicine is able to be administered by staff or not.
- Here is a link to the form: <https://www.edmunddemoundeford.co.uk/request-forms/>
- The medicine should be collected from the office by a responsible adult.
- Children must not carry medicines themselves for self-administering during the day.
- We will not give paracetamol or ibuprofen routinely.

**A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.**

### **Self-Management**

All emergency medicines such as asthma inhalers and adrenaline pens are kept in the classroom. Other medication will be locked in the school office or kept in the staffroom fridge as appropriate. It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. However, they will be closely supervised.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child. Health professionals need to assess, with parents and children, the appropriate time to make this transition. However, there may be circumstances where it is not appropriate for a child of any age to self-manage.

If children can take their medicines themselves, staff may only need to supervise. The Headteacher will decide whether individual children may self-administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber regarding the individual child. A parental consent form (Form F624d- Request for Child to Carry their Medicine) should be used in these circumstances.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept safely. However, children could self-administer if it is agreed that it is appropriate, by the Headteacher.

### **Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so, but should consult the Headteacher (or Deputy in her absence). The Headteacher should decide what to do about their refusal in individual cases. It might be decided to phone home to see if they would like to come and give it to the child or to seek advice from other medical professionals or to leave the child without medicine but try to encourage them to take it. Parents should be informed of the refusal on the same day. Care Plans for individual children might well indicate parents' wishes in the case of refusal to take medicine.

### **Record Keeping**

Parents should tell the school/setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

In all cases it is necessary to check that written details include: name of child; name of medicine; dose; method of administration; time/frequency of administration; any side effects; expiry date.

Parents should be given Form F624b - Parental/Headteacher Agreement for School/Setting to Administer Medicine to record details of medicines in a standard format. This form confirms, with the parents, that a member of staff will administer medicine to their child.

Schools/settings must keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. Form F624c - Record of Medicine Administered to an Individual Child must be used.

### **Storing, accessing and disposing of medicines**

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Where a child needs two or more prescribed medicines, each should be in a separate container.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Other non-emergency medicines should generally be kept in a secure place not accessible to children. As a general rule a child's epipen will be held in the classroom and carried with them and a second in the office, inhalers kept in the classroom and carried with them, Ritalin etc in the office locked away, creams in the office and antibiotics in the staff room fridge. Other medicines will be assessed for storage by the Headteacher

A few medicines need to be refrigerated. These will be kept in the fridge in the staff room. There is therefore restricted access to that refrigerator holding medicines.

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. Parents are responsible for checking that medicines are in-date. The office staff will endeavour to also check the dates termly.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the district council's environmental services.

### **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment - use the sanitary bin in disabled toilet.

### **Emergency Procedures**

A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available. Staff should never take children to hospital in their own car; it is safer to call an ambulance.

Individual health care plans should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency.

### **Confidentiality**

All staff should always treat medical information confidentially. However, all staff have access to medical information for children in order to be able to provide for their needs.

### **First Aid**

A list of current first aiders, including paediatric first aiders and first aiders at work, are displayed in the disabled toilet and by the first aid kits in the KS2 corridor and KS1 art room.

### **Activities beyond the usual curriculum**

Reasonable adjustments will be made to ensure pupils with medical needs are able to participate fully and safely in trips and clubs. We consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures. Where an adult has been specifically trained for a child's specific needs they should accompany them on the visit. Where risk assessments are required parents/guardians and other medical professionals will be consulted as required.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit they should seek parental views and medical advice from the school health service or the child's GP.

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Some pupils are at risk of severe allergic reactions. These risks will be minimised by not allowing anyone to eat on vehicles.

### **Complaints**

Any complaints in reference to the way that the school has treated a child with medical conditions should be made in accordance with the schools' complaint procedure, which can be found on the website and outside of the school office.