Supporting Children with Medical Conditions Policy

Waltham St Lawrence Primary School

Governors' Committee Responsible	**Full Governing Board**
Status	**Statutory**
Review Cycle	**Every Two Years**
Date Written/Last Review	**September 2024**
Date of Next Review	**September 2026**

Our mission is to provide inspiration and opportunities for all children to achieve their potential and become confident, independent individuals
with key skills for lifelong learning

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

1. Introduction

The staff and governors of Waltham St Lawrence Primary School are wholly committed to pursuing a policy of inclusive education that welcomes and supports pupils with medical conditions. This policy is designed to support the management of medication and medical care in school and to support individual pupils with medical needs.

This policy is drawn up under consultation with a wide range of local key stake holders within the school and health care setting and complies with the DfE guidance "Supporting Pupils at School with Medical Conditions" February 2014 and the Children's and Families Act 2014.

2. Rationale and Aims

To provide a clear policy that is understood and accepted by all staff, parents and pupils, providing a sound basis for ensuring that children with medical needs receive proper care and support in school, and that for such children attendance is as regular as possible.

This policy includes:

- A clear statement of parental responsibilities in respect of their child's medical needs whilst at school medicines
- Roles and responsibilities of staff administering medicines or supervising the administration of medicines
- Procedures for managing prescription medicines which need to be taken during the school day
- Procedures for managing prescription medicines on trips and outings
- Written permissions from parents for any medicines to be given to their child
- Circumstances in which children may take non-prescription medicines
- Assisting children with long term medical needs
- Staff training in dealing with medical needs
- Record keeping
- Safe storage of medicines
- The school's emergency procedures
- Risk assessment and management procedures
- Management of medical conditions

3. Roles and Responsibilities

Parents or carers have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed. This should be done on admission to the school or when their child first develops the medical need.

If the child has a more complex medical condition, parents/guardians should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.

It is the child's parent/carer's responsibility to make sure that the child is well enough to attend school.
Parents should keep any child at home when they are acutely unwell in order to reduce the spread of infection. This is to protect other children with medical conditions such as asthma and diabetes, for whom illness can produce complications.

Teachers and Other Staff will have access to information on children's medical conditions and action to take in an emergency, provided the parents have given consent for this. Teachers will take all reasonable care to accommodate medical needs in their lesson planning.

At WSL we recognise that there is no legal duty which requires school staff to administer medication, this is a voluntary role. While teachers have a general professional duty to safeguard the health and safety of their

pupils and to act in 'loco parentis', that is, to act as any reasonable parent would, this does not imply a duty or obligation to administer medication.

Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

The policy of the school is not to administer medication or medical care unless the pupil has a medical condition which, if not managed, could prove detrimental to their health or limit access to education. The Headteacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication including controlled drugs or medical care during the school day only where it is absolutely necessary.

4. Prescribed Medicines

Prescribed 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.

Medicines prescribed 'three times a day' should be administered by the parent/carer before school, after school and at bedtime. However, the school recognises that there may be circumstances where school staff are required to administer medication as stipulated by a doctor. Parents/carers are required to provide a letter from a doctor and to complete (and sign) a consent form if this is the case. Alternatively, parents/carers may come to school to administer the medication themselves if they so desire.

Exceptions to this are pupils on Health Care Plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. A record is kept of any doses used and the amount of the controlled drug held.

School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.

This school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and which are presented in the original container dispensed by a pharmacist and include the pupil's name, prescriber's instructions for administration and dosage.

Medicines will be stored in a cupboard in the School Office or fridge during the day where necessary. Controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.

The parent/carer should make arrangements to collect the medicine form the school at the end of the day unless alternative arrangements are made with the school staff.

Medicines will not be handed to a child to bring home unless agreed (see self-management below).
Emergency medications such as Epi-pens and asthma inhalers should be readily available in a clearly labelled container in each classroom. Pupils should know where their medicine is stored - they should not be locked away.
Parents/carers are responsible for checking expiry dates on their children's medicines and replacing as necessary.

5. Non-Prescribed Medicines

Non-prescribed medicines will only be administered where parents/carers have completed and signed a consent form.

Staff will never administer medicines containing aspirin unless prescribed by a doctor.

Staff will never administer medicines containing Ibuprofen to children who are asthmatic.

6. Refusal of Medicine

If a child refuses to take medicine, we will not force them to do so, but should note this in the records and follow agreed procedures, i.e. will contact the named contact on the medicine consent form and parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, then our emergency procedures will be followed.

7. Self-management

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 and schools should encourage this. 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. There is no set age when this transition should be made. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, the parents/carers and children, the appropriate time to make this transition.

8. Safety Management

All medicines may be harmful to anyone for whom they are not appropriate. Where a school or setting agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

9. Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff will always wear protective disposable gloves and take care when dealing with open wounds or other body fluids and disposing of dressings or equipment to prevent cross contamination.

10. Disposal of waste

Clinical waste will be disposed of appropriately.

11. Long-term Medical Needs

Where a pupil has a chronic illness, medical or potentially life-threatening condition, the school will initiate a health care plan to meet individual needs and to support the pupil. This will be drawn up by health care professionals in consultation with the child's parents/carers and will contain the following information:

- Definition and details of the condition
- Special requirements, e.g. dietary needs, pre-activity precautions
- Treatment and medication
- What action to take/not to take in an emergency
- Staff training where required
- The role the staff can play
- Consent and agreement

12. Known Medical Conditions

A photograph of all children within a class with any known medical condition will be kept in each classroom.

A photograph of all children and details of needs will be placed in the staffroom and in the kitchen to ensure that all staff and Caterlink chef have access to the information.
When supply staff are asked to cover a classroom, it will be the responsibility of the member of staff showing the supply teacher to the room where the list is held.

13. Disposal of Medicines

Staff should not dispose of medicines. Parents/carers 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 day/term/year. Parents will be reminded by the school that any medicines that have not been collected should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the safe disposal of needles. Parents/carers should obtain these from their child's GP and return to a pharmacy for safe disposal.

14. Emergency Procedures

In the event of an emergency, the office staff are usually responsible for calling emergency services at WSL. Staff should never take children to hospital in their own car; it is safer to call an ambulance. Every effort will be made to contact a parent so that they may accompany their child to hospital. If a parent is unable to get to School, a member of staff will accompany a child taken to hospital by ambulance, and will stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

15. Co-ordinating information

Coordinating and sharing information on an individual pupil with medical needs will be done with parental consent to ensure child's safety. A medical register is kept with details of name, year group, medical conditions and treatment for all pupils with a medical condition.

16. Confidentiality

The Head Teacher and staff will treat medical information confidentially. Where necessary, the Head Teacher will agree with the parent, who else should have access to records and other information about a child.

17. **Drawing up a Health Care Plan**

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.
An Individual Health Care Plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or Paediatrician. Parents should arrange for the GP/Paediatrician to review the plan at least once a year and provide the school with an up to date version.

18. School Trips and Educational Visits

This school actively encourages children with medical conditions to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable pupils with medical conditions to participate fully and safely in visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose.

Accompanying staff will be aware of any medical needs and relevant emergency procedures signed by the parent on the Consent Form. A copy of Health Care Plans will be taken on all visits as well as emergency medication e.g. EpiPens and inhalers that may be required. Prescribed medication will be administered, provided the relevant paperwork has been completed.

Travel sickness medication is administered in the same way as other medication at WSL – parents should fill in a form, medication should be in the original packaging, the adult administering should make a record and another adult should witness the administration.

19. Sporting Activities

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. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their health care plan. The school is 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.

20. Staff training

Waltham St Lawrence Primary School holds training on common medical conditions as and when required. This is delivered by the school nurse or relevant health care professional. A log of staff training is kept and reviewed annually to ensure new staff receive training.

Staff training is provided to support the administration of emergency medications such as Epi-pens or Insulin. The school keeps a register of staff who have undertaken the relevant training. Only staff who have received this training should administer such medications.

Most staff are trained and appointed First Aiders (at least one in each class) and Paediatric First Aiders. Training is reviewed regularly and updated every three years.

21. Managing Medical Conditions

Asthma
This school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve their potential in all aspects of school life.

Children with asthma need to have immediate access to reliever inhalers when they need them. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and Waltham St Lawrence Primary School will encourage this.

Children who are able to use their inhalers themselves will be encouraged to do so. If the child is too young, staff will make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during Physical Education, sports activities and educational visits.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the School if required. Children should have a reliever inhaler with them when they are in School.

The School's environment endeavours to be asthma friendly, by removing as many potential triggers for children with asthma as possible, i.e. spray deodorants / perfumes etc.

Head Injuries
Pupils who sustain a head injury MUST be reviewed by a First Aider in school. If a pupil has a visible wound, swelling or adverse reaction, parents/carers will be informed and are welcome to assess their child personally. Where there are no residual effects, the pupil can remain in school whilst being observed. A head injury advice sheet must be completed and sent home with a routine accident record slip. A text will also be sent to notify the parent/guardian.

Diabetes
Children with diabetes will be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Children with diabetes should bring an 'emergency snack box' containing glucose tablets, biscuits/chocolate or a sugary drink to School. This is to be kept in the School Office. A record will be completed for diabetic pupils detailing blood sugar count, time, amount of insulin administered & name of staff member giving/supervising injection.

Anaphylaxis

"Epinephrine stops anaphylaxis very well. Anaphylaxis can be fatal if not treated quickly and properly, and epinephrine is the first line of defence. Many children who are prone to anaphylaxis carry automatic injectors of epinephrine - the most common brand is an **EpiPen** - in case of an anaphylactic reaction".

Two **EpiPens** or adrenaline devices will be held in school for each child identified as having an acute allergic or anaphylactic reaction. One of these will be kept in the Office, along with emergency procedures and that child's Individual Health Care Plan. Further information will be posted around the school premises to ensure Individual Care Plans are visible to all staff at any given time.

We have one child requiring EpiPens at the moment, EpiPen provided by the family is stored in the School Office and staff have recently been trained through First Aid Course and know the procedures regarding this medication.

Parents have a duty and responsibility to notify the school if their child has any of the above conditions and should provide details of any treatment and support they may require in school. Relevant health care professionals will liaise between parents/carers and school personnel to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment. An individual Health Care Plan will usually be compiled, detailing the course of action to be taken.