

Supporting Pupils with Medical Conditions



WICKFORD
PRIMARY SCHOOL



Approved by:	[Mrs L Ramet]	Date:	[October 2023]
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Wickford Primary School recognises that most pupils at some time have a medical condition that may affect their participation in school activities. Other pupils may have medical conditions that, if not properly managed, could limit their access to the curriculum. The policy at Wickford Primary School is to recognise these children and offer support so that they are able to take part in the full curriculum.

Policy Implementation

The Headteacher has overall responsibility for the policy implementation and ensuring it is implemented effectively. This includes:

- Ensuring that sufficient staff are suitably trained.
- Ensuring all relevant staff are made aware of children's medical conditions.
- Making cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- Briefing supply teachers.
- Risk assessments for school visits and other school activities outside of the normal timetable.
- Monitoring individual healthcare plans.

Procedure to be followed when notification received that a pupil has a medical condition

For children starting at this school, arrangements should be in place in time for the start of the relevant school term.

If a child is diagnosed with a new medical condition or when a child is moving to this school mid-term, arrangements will, if possible, be put in place within 2 weeks.

Individual Healthcare Plans

Individual Healthcare Plans ensure that the school effectively supports any pupil with a medical condition.

The Headteacher is responsible for the development of all healthcare plans providing clarity about what needs to be done, when and by whom.

Plans should capture key information and actions that are required to support the child effectively

- Medical condition, its triggers, sign, symptoms, treatments etc.
- The pupil's resulting need, including medication (dose, side-effects and storage) and other treatments.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed.
- Who will provide the support.
- Who in the school needs to be aware of the child's condition. Where confidentiality issues are raised by the parent/carers/child, the designated individuals to be entrusted with information about the child's condition.
- Arrangements for written permission from parent/carers for medication to be administered by a member of staff.

- 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
- What to do in an emergency, including whom to contact, and contingency arrangements.
- All pupils who require an inhaler, epipen or regular medication must have a care plan signed by a relevant medical professional which must be updated annually.
- Plans will be reviewed annually or earlier if evidence is presented that the child's needs have changed. These must be authorised by the child's doctor or other relevant medical professional.

Roles and Responsibilities

A child with a medical condition will not be the sole responsibility of one person.

Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parent/carers and pupils will be critical.

Governing body – will ensure that there are arrangements in place to support pupils with medical conditions in school and ensure that the policy for supporting these pupils is developed and implemented. They will ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. They will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher – will ensure that the school's policy is developed and effectively implemented with partners including ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. He will ensure that all staff who need to know are aware of the child's condition and will ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. He has overall responsibility for the development of individual healthcare plans and will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. He will ensure contact is made with 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.

School staff - school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses - the school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which requires support in school. Wherever possible, they should do this before the child starts at the school. They should support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

Pupils – they should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Parents/carers – should provide the school with sufficient and up-to-date information about their child's medical needs. Parent/carers should be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities –Local authorities provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

Staff training and support

The Headteacher is responsible for ensuring training methods are met and that these are reviewed at performance management reviews and remain up to date. Additional training may be required as changes occur.

Any member of school staff providing support to a pupil with medical needs will receive suitable training. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The child's role in managing their own medical needs

After discussion with parents/carers, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Children in Upper School should be allowed to carry their own asthma pumps in school and can access their medicines for self-medication quickly and easily via the school office.

In Lower School asthma pumps are stored in classes and spares and medicines are held in the school office.

Children who can take their medicines themselves or manage procedures must have an appropriate level of supervision.

Policy on Managing Medication in School

Some medications may be harmful to anyone for whom they are not prescribed. The school recognise their duty to ensure the risks to the health of others are properly

controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH)

There is no legal duty that requires school staff to administer medication; this is a voluntary role. The Head accepts responsibility for any member of staff, who volunteers to have proper guidance by the school nurse, in the giving or supervising of children taking prescribed medication.

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

The office staff, Headteacher and Deputy Head are nominated to administer any medication sent into school.

No child will be given prescription or non-prescription medicines without their parent/carer's written consent.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to the school inside an insulin pen or a pump.

Dealing with Medicines Safely

All medication must be brought into school by an adult must be handed into the school office, whereby it will be appropriately documented and stored in a recognised medication cabinet. Only prescription medication can be administered.

Under exceptional circumstances, with written permission from the parent/carer and the agreement of the Headteacher, Piriton may be administered for children who suffer from hay fever.

The school will administer, with written parent/carer permission, Calpol where necessary and where parents/carers have been notified beforehand.

Large volumes of medication should not be stored. Where possible the parent/carer should be asked to bring in the required dose every week/month.

The supplied medicine container should be labelled with the name of the pupil, the name and dose of the drug and the frequency of administration.

Where a pupil needs two or more prescribed medicines each should be in a separate container. Pupils should know where their own medication is stored.

Medication should never be transferred from its original container.

A few medications, such as asthma inhalers, must be readily available to pupils and must not be locked away. These must be clearly named. The school holds emergency inhalers for use – our policy on asthma clearly states out protocols for this.

If medications need to be refrigerated they must be kept in the medical room refrigerator.

Staff should not dispose of medicines. Medicines should be returned to parent/carers at the end of each term. Where parent/carers do not collect medication the school will arrange for the safe disposal of them.

The school office will ensure that all information concerning medication is accurate and kept up to date, that medication has not reached its expiry date and that equipment and devices are cleaned and kept in working order.

Administration of Medicines.

Medication can only be given to pupils by the nominated members of staff.

Parent/carer must give written consent before any medication can be given to the child.

A child should not attend school for 2-hours after the first dose of any new medicine, to ensure they do not react adversely.

Information about changes of medication or changes in doses must be put in writing.

Members of staff giving medicine to a pupil should check

- The pupils name
- Written instruction provided by the parent/carer
- Prescribed dose
- Expiry date

If in doubt of any of the procedures the member of staff should check with the parent/carers or school nurse before taking any further action.

Staff must complete and sign the appropriate record sheets each time they give medication to a pupil to avoid over dosage.

If a pupil refuses to take medication staff should not force them to do so. The school should inform the child's parent/carer as a matter of urgency. Refusal and action taken should be documented. Records offer protection to staff and proof that they have followed agreed procedures.

Non-Prescribed Medicines

Analgesia

Staff are not permitted to give analgesics to pupils unless they have the express written permission from a parent/carer.

Sunblock, Barrier Creams and Ointments

Written consent must be given if a parent/carer wishes any type of cream or ointment to be used by their child in school.

The parent/carer must supply the cream/ointment and it must be clearly labelled with the child's name. It should be stored in a safe place within the medical room. In some circumstances, at the headteacher's discretion, permission may be given for sun creams to be held in the classroom.

On no account should a child apply cream without parent/carer consent. Neither should a cream belonging to another child be used. The child must administer the cream themselves under the supervision of staff.

Infection Control

Children who are unwell from an infectious illness should not be in school. Once they are better they should return unless they pose a risk of infection to others.

A chart given guidance on infection control in schools, issued by the Department of Health, can be used for reference and can be found on the wall in the medical room.

An unusually high incidence of similar illness in a particular class or classes should be notified to the school nurse who in turn will notify the community infection control team.

The period when a child is most likely to transmit infection is often just before the child is obviously unwell. For this reason emphasis should be placed on good personal hygiene and environmental hygiene.

Children who seem to be so unwell that they are unlikely to benefit from schooling should be at home.

If a child has diarrhoea and/or vomiting s/he should be advised to stay at home until it has settled - at least 48 hours.

If a member of staff suspects that a child has headlice the school will contact the child's parent/carers and request that the child's head is treated before returning to school. A letter to all the other pupils in the class will also be sent asking parent/carers to check for head lice.

Emergency procedures

In the case of an emergency situation the school has a critical emergency plan.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, a member of staff will stay with the child until the parent/carer arrives, or accompany the child taken to hospital by ambulance.

In any emergency the school will contact parent/carers as soon as possible to notify them of the situation by text or phone.

Staff Health

Cuts on a staff member's skin must be covered with a waterproof dressing.

Staff should take advice from their GP about any immunisations that should be given. Responsibility for this remains with the staff member.

Good Hygiene Practices

Hand washing is the single most effective means of reducing cross infection. Any microorganisms, which have been picked up on the hands are usually easy to remove with ordinary soap and water provided that all areas of the hands are washed and dried thoroughly.

Hand washing or the use of alcohol hand gel must be practised by everyone

- Before meals
- After using the toilet
- When attending to any bodily fluids or potentially infectious material.

Unacceptable practice

Staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not acceptable practice to:

- prevent children 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 parent/carers; or ignore medical evidence or opinion,
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parent/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parent/carers to accompany the child.

Intimate Care

Clear procedures and protocols for managing the intimate care of pupils will be implemented through secure transition prior to pupils started in school.

Liability and Indemnity

All staff and pupils are insured through the local authority.

Complaints

The school has a complaints policy which is available from the School Office.

This policy was updated in October 2023 and will be reviewed annually.

Administering medicines in school

DO

- ✓ Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they're not obliged to do so
- ✓ Check the maximum dosage and when the previous dosage was taken before administering medicine
- ✓ Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it
- ✓ Inform parents if their child has received medicine or been unwell at school
- ✓ Store medicine safely
- ✓ Make sure the child knows where their medicine is kept, and can access it immediately

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DON'T

- ✗ Give prescription medicines or undertake healthcare procedures without appropriate training
- ✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions
- ✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
- ✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
- ✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers
- ✗ Force a child to take their medicine. If the child refuses to take it, follow the procedure in their individual healthcare plan and inform their parents