GREEN GATES PRIMARY SCHOOL



Supporting Children with Medical Needs Policy

Written: November 2019

Review: November 2021

This policy is to be read in conjunction with Statutory Framework for the Early Years

Foundation stage (DfE 2012), Supporting pupils at school with medical conditions (DfE 2014) Section 100 of the Children and Families Act (2014) Safeguarding policy, Health and Safety policy, First Aid Policy and Education Visits policy.

RATIONALE

Children with medical needs have the same rights of admission to a school, or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however, have longer term medical needs and may require medicines on a long-term basis to keep them healthy, for example children with well-controlled epilepsy or ADHD. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

1. AIMS

The aim of this policy is to outline the responsibilities of Green Gates Primary School and parents’ responsibilities in relation to medicines in school.

2. TYPES OF MEDICATION

(to be stored in **a classroom as appropriate or in a separate container in the fridge – see 7. Storing Medicines)**

* Short term – e.g. antibiotics / hay fever relief
* Long term – e.g. ADHD medication, inhaler
* Emergency – e.g. Epipen, Piriton, other anti-histamines

Staff medication should also be stored securely.

3. IF A PARENT WISHES A CHILD TO TAKE A PERSCRIBED MEDICINE DURING SCHOOL TIME THEY SHOULD:

* Arrange with the Headteacher or School Business Manager to come into school to administer the medicine themselves if they so wish,

**or**

* Complete a school medicine form, requesting permission of a member of staff to administer the medicine
* Deliver the medicine together with the form to the school office where it will be kept securely. It also needs collecting by the adult and not the child.
* Permission should never be taken over the telephone or after medication has been given.
* We have made the decision that we will allow parents/carers to administer none prescribed medicines to their own children.

4. ANY PERSCRIBED MEDICINES BROUGHT INTO SCHOOL FOR STAFF TO ADMINISTER SHOULD:

* Be in date and in the ***original container / packaging***, showing the patient’s label as provided by the Pharmacist, with no alterations to the label evident, (labels with no Pharmacist’s logo should not be accepted. If in doubt, phone the Pharmacist) together with a clean medicine spoon or measuring cup and be clearly labelled with:

o Contents i.e. name and type of medicine
o Child’s name
o Date
o Dosage (Variations in dosage **cannot** be made on parental instruction alone)

o Prescribing doctor’s name

* Never be ground-up, split open or chewed
* If medication states ‘as directed’, ‘as required’ or ‘no more than 4 times a day’ etc, it should never be administered without first checking when the previous dose was taken and also checking the maximum dosage. Parents must inform the prescribing NHS doctor, nurse, dentist or pharmacist that any future medication must state specific dosage.

5. RECORDS

Clear records of medication brought into and administered in the school for individual children are maintained. The school will keep a daily record of all medicines administered. Only one child at a time should be in the room for medication.

6. ADDITIONAL INFORMATION

* If a child **refuses** to take the prescribed medication, school staff will **not** force them to do so. In this event staff will inform parents immediately. If necessary the school will call emergency services.
* If the parent and school agree the child is capable of carrying and managing their own medication e.g. asthma inhaler, topical cream/lotion etc. they must complete the form to indicate this.
* Cough sweets / throat lozenges etc. are **not** medicines and are not allowed in school.
* **Any** misuse of medication should **always** be reported to the parent/carer; ie, if a child brings in and gives out Grandma’s medication.

7. STORING MEDICINES

* The Head Teacher is responsible for making sure that medicines are stored safely.
* Large volumes of medicines should not be stored.
* Staff will 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.
* Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, and the frequency of administration. This should be easy if medicines are **only** accepted in the **original** container as dispensed by a pharmacist in accordance with the prescriber’s instructions.
* Where a child needs two or more prescribed medicines, each should be in a separate container, and recorded on a medical form.
* Non-healthcare staff should **never** transfer medicines from their original containers.
* Children should know where their own medicines are stored.
* All **emergency medicines**, such as asthma inhalers and adrenaline pens, should be readily available to children and should **not** be locked away. These will be stored in the classroom along with the relevant medical form.
* Other non-emergency medicines should be kept in a secure cabinet in the School Business Manager’s office or where they are not accessible to children. The keys for which will be held in the agreed location in that office.
* A few medicines need to be refrigerated. They can be kept in a separate container within the refrigerator.
* In the event of educational visits, medicines should be stored in a bag or box and kept under the supervision of an adult.
* When no longer required, medicines should be returned to the parent to arrange for safe disposal.

8. CHILDREN WITH ASTHMA

**Medication**

Across school, children’s inhalers and spacers are kept in the classrooms so they can have immediate access to their inhalers and spacers as required.

Children only use their inhalers and spacers under adult supervision and they are stored securely but not locked away. All staff will let children take their own medication when they need to.

Parents are asked to ensure that the school is provided with in-date inhalers, but school will complete a general check every month and inform parents when inhalers are due to go out of date. Medication should be labelled as detailed in the Supporting Pupils with Medical Conditions Policy.

**PE Lessons**

Taking part in sports is an essential part of school life. The class teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children to take their inhaler with them to the location of the PE lesson. If a child needs to use their inhaler and spacer during the lesson, they will be encouraged to do so.

**Emergency Asthma Kit**

Since October 1st 2014, schools have been able to keep an emergency asthma kit in school. The school has 4 emergency kits for use in an emergency when the child’s own inhaler is not in school, lost, broken, empty or out of date. Each kit includes the following:

* A salbutamol metered dose inhaler;
* At least two plastic spacers compatible with the inhaler;
* Instructions on using the inhaler and spacer;
* Instructions on cleaning and storing the inhaler;
* Manufactures information;
* A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
* A note of the arrangements for replacing the inhaler and spacers;
* A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
* A record of administration.

Mrs Barwell is responsible for maintaining the emergency kits.

For more details, see the school’s separate Asthma Policy.

9. CHILDREN WHO MAY REQUIRE EMERGENCY MEDICAL TREATMENT

* All emergency treatment is stored safely in the child’s classroom and is accessible to an adult.
* All pupils will have individual health-care plans drawn up by parents and school, which must be adhered to.
* Staff are alerted to pupils with severe conditions
* As with other medicine, a record should be kept each time the inhaler is used and parents informed.
* Whole school medicine awareness training is carried out by the school nurse. New staff are informed as part of their induction.

10. INDIVIDUAL HEALTH CARE PLANS

* Individual Healthcare Plans help to ensure that pupils with medical conditions are supported effectively and give clarity about key information and actions that are required to support the child effectively.
* Individual Healthcare Plans should be written for every child who has medication in school (except for short term antibiotics).
* Individual Healthcare Plans will be accessible to all who need to refer to them, while preserving confidentiality.
* Individual Healthcare Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional where necessary. This may include presentation of documentation related to the child’s condition, and should indicate which professionals are involved.
* Governors should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child’s needs have changed.
* Where the pupil has a special educational need identified in a EHC plan, the individual healthcare plan is linked to or becomes part of the EHC plan.
* Where a pupil is returning to school following a period of hospital education or alternative provision school will ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

The format of the Educational Healthcare Plan may vary dependent on the child’s needs. However, the following information should be considered:

* The medical condition, its triggers, signs, symptoms and treatments
* The pupil’s resulting needs, managing the condition, medication and other treatments
* Specific support for the pupil’s educational, social and emotional needs if required
* The level of support needed
* Who will provide this support, their training expectations, proficiency to provide support and cover arrangements for when they are unavailable
* Who in the school needs to be aware of the child’s condition and support required, and is there consent to inform others?
* Arrangements for written permission from parents and the Head Teacher for medication to be administered and the signed consent form is to be attached to the Healthcare Plan
* Separate arrangements or procedures required for school trips or other school activities outside of the normal 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
* Essential facts should be included e.g. name, date of birth, address, names of parents/carers, contact telephone numbers, emergency contact person and telephone number, doctor’s name, nature of medical difficulty, the key facts about how the pupil is affected by his/her medical condition, details of the medication prescribed and the treatment regime, the name and contact number of key personnel (e.g. staff, paediatrician, school doctor), steps to be taken in an emergency, details of personnel and equipment that will be required, procedures to be taken to administer the treatment or medication, where the medication will be kept and who can access it, when and how often the care plan will be reviewed and who will be in involved in that process.
* Staff should review: training required, risks involved, cautions or requirements, additional guidelines if there is a need to lift or move a child, who is responsible for drawing up and monitoring the plan, and cultural or religious beliefs that could cause difficulties for the child or staff.
* **An Individual Healthcare Plan should:**
	+ Give correct factual information
	+ Give information that enables staff to correctly interpret changes within the child’s condition and action required
	+ Be kept where it can be easily accessible and taken with the child on educational visits etc.
	+ Be accurate, accessible, easy to read, and give sufficient detail that the staff know exactly how to deal with the child’s needs

**11. CONTROLLED DRUGS**

**The Head Teacher or Deputy Head Teacher must be informed if controlled drugs are being stored on school premises.**

* Controlled drugs, such as Ritalin, Rectal Diazepam, Midazolam, are controlled by the Misuse of Drugs Act. Therefore it is imperative that controlled drugs are strictly managed between the school and parents.
* No more than a week’s supply of controlled drugs should be kept in school at any one time and the amount of medication handed over to the school should always be recorded.
* Controlled drugs should be stored in a locked drawer and only specific, named staff allowed access to it. Each time the drug is administered, it must be recorded, including if the child refused to take it.
* The person administering the drug will receive appropriate training from the school nurse or an alternative appropriate health professional, prior to administering any medicines, if necessary.
* The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.
* As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should **not** be thrown away.

**12. HYGIENE AND INFECTION CONTROL**

* All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.
* Staff will have access to protective disposable gloves and should take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.
* All staff will be familiar with the Health Protection Agency guidelines for responding to children who are ill or infectious.

**Unacceptable Practice**

**Governing bodies should ensure that the school’s policy is explicit about what practice is not acceptable**. Although school staff should use their discretion and judge each case on its merits with reference to the child’s individual healthcare plan, it is not generally 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 parents; or ignore medical evidence or opinion, (although this may be challenged);
* 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 unaccompanied or with someone unsuitable;
* Penalise children for their attendance record if their absences are related to their medical condition e.g. 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 parents, 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 should have to give up working because the school is failing to support their child’s medical needs.
* Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.