

Supporting Pupils with Medical Conditions



This policy is in line with the Ethos and Values of
Blackburn Central High School

Document Control

This policy has been approved for operation within Blackburn Central High School

Date approved	12 th October 2015
Approved by	Curriculum & Standards Committee
Date of next review	Autumn 2017
Review period	2 Year
Policy status	Statutory
Owner	RKE

School Responsibilities

- Policy Development, Implementation and Review - School Governing Body/HT
- Individual Health Care Plans - School SENDCO/School Nurse
- Training and Information - School SENDCO/CPD Co-ordinator
- Supply Teachers Briefing - School SENDCO
- Risk Assessments - RA Co-ordinator/SENDCO
(Outside of school visits, activities, holidays, outside of normal timetable)
- Staff Cover Arrangements - School Cover Supervisor
- Administration of Medication - Please see attached School/Staff Disclaimer
(appendix 3 a/b/c)

1) Introduction

This policy has been drawn up according to 'Supporting pupils at school with medical conditions; Statutory guidance for governing bodies of maintained schools and proprietors of academies in England' April 2014 – See appendix 2.

The aim is to ensure that pupils with medical conditions will be properly supported so that they have access to education including school trips and physical education.

2) Roles and Responsibilities

Parents have the prime responsibility for their child's health and are required to provide the school (via the SENDCO) with sufficient, up-to-date information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need.

In consultation with the family, advice will then be sought from those health professionals involved with the child, in order to determine the level of support needed on a daily basis when their child attends school.

This could include:

- a General Practitioner (GP) or Paediatrician
- the School Nurse
- a specialist voluntary body

For those children who attend hospital appointments on a regular basis, special arrangements may also need to be considered.

3) Pupils with Long Term or Complex Medical Needs

a) Special Arrangements

Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will need to be made.

In some cases this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and /or the provision of specialist aids will need to be considered.

b) Individual Health Care Plans

A written, individual health care plan will be developed for such children, to clarify for staff, parents and the child, the support that will be provided.

This will include the following details:

- the pupil's medical condition, its triggers, signs, symptoms and treatment;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where it is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil'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;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure pupils can participate;
- what to do in an emergency, including whom to contact and contingency arrangements.

Those who may need to contribute to a Health Care Plan include:

- The school health service, the child's GP or other health care professionals (depending on the level of support the child needs)
- The Head teacher and SENDCO,
- The parents/ carers (and the child, if appropriate)
- The class teacher, care assistant or teaching assistant
- Support staff who are trained to administer medicines or trained in emergency procedures.

The school will agree with parents how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's particular needs. In most cases this will take place at the annual statement review; however, some plans will need to be reviewed more frequently. Each child's needs will be judged individually, as children vary in their ability to cope with poor health or a particular medical condition.

Communicating Needs

Health Care Plans for individual children are on the O: drive under Healthcare Plans where they are clearly accessible to all staff involved in caring for the child.

Further copies and full medical records are stored in the child's file and the SENDCO file.

4) Staff Training

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school and when medical needs change.

Arrangements are made with appropriate agencies e.g. School Nurse to update staff training on a regular basis. All Teaching and Support staff attend Epi-pen, Epilepsy and Asthma training annually. Staff are also invited to attend specialist training e.g. Using the defibrillator. A list of first aiders and defibrillator trained staff is displayed around the school.

A record of those attending training will be taken by school and signed by the school nurse or training provider.

5) Educational Visits

Every effort is made to encourage children with medical needs to participate in safely managed visits. Consideration is always given to the adjustments which need to be made to enable children with medical needs to participate fully and safely on visits. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of Individual Health Care Plans should be taken on visits in the event of the information being needed in an emergency. Arrangements for taking any necessary medicines will need to be made and if necessary an additional member of the support staff, a parent or another volunteer might be needed to accompany a particular child.

If there is any concern about whether the school is able to provide for a child's safety or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service or the child's GP.

6) Residential Trips

Parents of children participating in Residential trips will need to complete the school consent form giving details of all medical/dietary needs. All medication which needs to be administered during the course of the visit should be handed directly to the bus escort who will then pass it to the school office in accordance with the school's guidelines before leaving the school at the start of the trip.

7) Sporting Activities

All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their

individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.

Any restrictions on a child's ability to participate in PE will be recorded in their Individual Health Care Plan. This will include a reference to any 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.

8) Administering Medication

Staff must not give prescription medicines or undertake health care procedures without appropriate training. Teachers' conditions of employment do not require them to give, or supervise, a pupil taking medicines. The school will endeavour to ensure that there are sufficient members of support staff who are employed, appropriately trained and willing to manage medicines. *The type of training necessary will depend on the individual case.* They should also be aware of possible side-effects of the medicines and what to do should they occur.

Parents should inform the school and complete a 'Request for School to Administer Medications' form about the medicines that their child needs to take and provide details of any further support required. Staff should make sure that this information is the same as that provided by the prescriber. Forms need to be completed at the beginning of each academic year and if any changes are made to medication during the year.

Prescribed medication should only be accepted if they are:

- In date
- Labelled
- In the original container as dispensed by the pharmacist
- Include instructions for administration, dosage and storage
(The exception to this is insulin which must still be in date but will be inside an insulin pen or pump rather than in its original container).

The dosage and administration will always need to be witnessed by a second adult.

If paracetamol is to be given then parents/carers must be contacted prior to administering the tablet to check when the last one was given and to inform them that a tablet has been administered.

9) Controlled Drugs

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.
- It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed
- A child who has been prescribed a controlled drug may legally have it in their possession.
- Any member of staff may administer a controlled drug to the child for whom it has been prescribed. The same procedures should be followed for recording the administration of a controlled drug as for prescribed medicines. *(See above)*
- Controlled drugs should be stored in a locked container and only staff who administer the medicines should 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 (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

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.

10) Record Keeping

Staff should complete and sign a record each time they give medicine to a child.

These are kept in the blue file in the office. The record requires the following information to be completed:

- Date
- Time
- Name of pupil
- Medication
- Dose
- Signature of staff
- Adverse reaction (if necessary)

11) Storage of Medication

The Head teacher is responsible for making sure that medicines are stored safely. 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 and in the original container in which dispensed.

Staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds the key and is able to administer them.

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 be kept in a secure place not accessible to children.

Some medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

12) Refusal to take medicine

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and parents should be informed of the refusal on the same day.

If a refusal to take medicines results in an emergency, then the usual emergency procedures should be followed.

13) Pupils with Short-Term Medical Needs

If children are unwell and unable to cope with a busy school day, they should not be sent to school. If they become ill during the day, parents/carers will be contacted by the school office in order that the child can be taken home.

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics.

However such medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the school day.

Staff must not give prescription medicines or undertake health care procedures without appropriate training.

If the child has any infectious or contagious condition, they should not come to school.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Appendices:

- Appendix 1 - Parental consent/permission forms for medication
- Appendix 2 - DFE Guidance 2014 – Supporting pupils at school with medical conditions; Statutory guidance for governing bodies of maintained schools and proprietors of academies in England
- Appendix 3 – Consent Forms and School Declaration

Appendix 1 – Parental Consent/Permission Forms for Medication

Blackburn with Darwen NHS Primary Care Trust

Section 2 Request for School to Administer Medication

**Parents to complete, if they wish the school to administer medication.
Children are not permitted to carry their own medication except inhalers**

Name :

D.O.B :

.....

Medication Details

1. Name of medication
 2. Duration
 3. Expiry Date
 4. Container has child's name displayed
-

Directions

1. Dose/route of administration (eg oral, inhaler, local, topical, rectal)
.....
2. Time of dose.....
3. Special precautions
4. Side effects
5. Self-administration

Parental Consent

I understand that I must deliver the medicine personally (to agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Signature (s) :
.....

Date : **Relationship to pupil :**

Appendix 2 – DfE Supporting pupils at school with medical conditions (April 2014)

Go to the following link on the DfE website. Alternatively a paper copy can be accessed via the school

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

Appendix 3a



2014 – 2015

School Declaration for Administration of Medicines

The School Governing Body understand that administering medication is not part of a Teachers'/Support Staff professional duties and therefore we respect the agreement and decision made by each individual member of staff.

Whilst there are risks when administering medication, with suitable and sufficient training, these should be minimal in comparison with the risk to the pupil if medication is either delayed or not given in a life-threatening situation.

Liability, should anything go wrong, will only arise where there has been negligence i.e. failure to exercise reasonable care. In such cases it would be the employer who would be vicariously liable for any claim arising out of negligence of an employee.

When administering medication, there is a legal requirement to exercise reasonable care to avoid injury. Staff who administer or oversee the administration of medication would be considered to be discharging their duty of care 'in loco parentis' i.e. the degree of care exercised as that undertaken by the average careful parent/carer in the same circumstances.

The Headteacher will accept responsibility in principle for members of schools staff giving and supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so.

If you are happy to undertake the administering of medications to BCHS pupils, please complete and sign the staff declaration staff form. Thank you.

Chair of Governors:

Date :

Appendix 3b



Staff Declaration for Administration of Medicines

As a staff member at BCHS, I am willing to volunteer to administer medication to pupils as and when required during the school day, following relevant school training.

I also understand that some pupils will require medication to be administered on external school visits, trips, activities, sporting events and out of hours activities such as school residential and after school clubs.

I have read the school declaration stated above and understand the Employer (the School Governing Body) will be liable for any failure to exercise reasonable care.

I will not disclose details about a pupil's medical condition without the consent of the parents and, where appropriate, the pupil.

Name of Staff : -----

Signed by : -----

Date : -----

OPT OUT

As a staff member of BCHS, I am unwilling to administer medication to pupils.

Name of Staff : -----

Signed by : -----

Date : -----