

St Joseph's Catholic Primary School



In God's love we learn and grow

Supporting Pupils with Medical Conditions Policy

Start Date:	Review Date:	Adopted:
October 2021	October 2023	October 2021



St. Joseph's Catholic Primary School, Jarrow Supporting Pupils with Medical Conditions



Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

Rationale

We recognise that some pupils may have a medical condition that could limit access to education, if not managed. At St. Joseph's we are committed to assisting every child in their right to achieving their full potential.

The purpose of this policy is to provide standards to facilitate the appropriate administration of prescribed medication to children at St. Joseph's Catholic Primary School. It is increasingly common for some children to be on medication, be it for short-term or long-term use. Antibiotics and painkillers are ubiquitous and there is a rising number of children being prescribed with inhalers, not always for asthma. Children are presenting with food/other allergies and they require specialist medication – usually in the form of an EpiPen. There has been a perceived increase in the need for the administration of seizure medication and drugs to control ADHD/ADD.

The aim of this policy is to provide guidelines to staff, parents and governors on the following:

- Procedures for managing prescribed medication in a care plan/acute medication request
- Roles and responsibilities for administering/supervising the administration of medication
- Record keeping
- Refusal to take medication
- Trips/Off site visits
- Sports
- Parental Responsibility
- Storage
- Over the counter medicines
- Illnesses/accidents in school



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Procedures for administering prescribed medication in a care plan/acute medication request

Children with long-term conditions must have a care plan (Med01) in place. For children with complex medical conditions the school nurse will take the lead in agreeing a care plan in consultation with the parent/carer and the school. Children with other recognised medical conditions will usually have their care plan drawn up by school with the parent/carer.

In line with the School Nurse's policy coming into effect from September 2020 please note the following changes:

- The School Nurse will provide a care plan when a child starts at St Joseph's Catholic Primary School.
- Care plans will no longer be updated annually. If there are any changes to the Care Plan it is the responsibility of the parent/carer to inform school.
- It remains the responsibility of the parent/carer to provide school with medication and to ensure that any such medicine is within date.

At St. Joseph's we appreciate that asthma, diabetes, anaphylaxis and seizures are some conditions, which may require urgent medical attention hence our commitment to the completion of care plans that will be reviewed annually – unless circumstances dictate otherwise. It is the sole responsibility of the parent/carers to advise school if their child has any diagnosed condition when they register the child to attend our school or as soon as the condition is diagnosed.

A care plan will be prepared as outlined above. School will retain the original and a copy given to the parent/carer. In those instances where the school nurse has prepared the care plan the nurse will keep the original and copies sent to school and the parent/carer.

NB all care plans/acute medication forms will include whether the parent/carer gives permission for the child's condition/illness to be shared with staff.

The school will continue to check School only (i.e. not provided by the School Nurse) Care Plans annually but It remains the responsibility of the parent/carer to inform school of any changes to the plan, including changes in dosage of medication.

Should medicine need to be administered in school a medicines form must be completed. The medicine will only be accepted if it has been dispensed by a medical



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practitioner/pharmacist and bears the child's name, dosage and frequency of administration. Only labels printed by a hospital/pharmacist can be accepted – labels handwritten by parents will not be accepted. (Medicines without labels or in the name of another family member will not be accepted. It is illegal to recycle any medicines or to give one person's medication to another, no matter what the circumstances. However Emergency Services can ask that medicine be administered in the instance of an emergency but **it is still illegal**. Any medication that is administered will be recorded on form Med04.

On no account should children bring medication into school themselves. It must be brought in by an appropriate adult and handed to a member of staff. The medicine must be in its original container, which clearly identifies the medicine/drug and the expiry date. It will be kept in a lockable cabinet in the school office or in the fridge (school office); if the office is unattended the office will be locked.

It must be stressed that if a parent/carer fails to provide school with medication that they have previously informed school is vital, such as Epipen or antihistamines (especially for children with severe allergies) this will be treated as a safeguarding issue and appropriate action will be taken.

Roles and responsibilities for administering medication

The governing body recognises that administering medicine is not part of a teacher's professional duties and that all staff may volunteer or be asked to administer medicine but they cannot be required to do so. Teaching and support staff may administer/supervise the administering of medicine as described in a care plan/acute medication request. Members of staff administering/supervising the administering of medicine will check the following:

- Child's name
- Prescribed dose
- Expiry date
- Refer to any instructions provided by the parent/carer on Med02

Should staff be in any doubt they will not administer the medication but seek advice from the parents and Head Teacher.

Record Keeping

An appropriate adult must deliver all medicines brought into school to the school office. Form Med02 (for medicines in a care plan) or Med03 (for acute medication) must be completed before staff can accept any medicine. The Head Teacher or in her absence a member of the Senior Management Team is required to authorise the acceptance of medicines. Each time medicine is administered it will be recorded on the child's personal



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record (Med04). The Local Authority will determine how long records should be kept after a child leaves the school.

Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England clearly states that accurate records must be kept when administering medication. Wherever possible a second adult should be witness to the administering of medication. (Controlled drugs become prescribed drugs after dispensing) If a child is able to administer his/her own medicine, this should be undertaken in the presence of an adult and recorded on the child's individual record.

Asthma inhalers will usually be kept in the child's classroom. The exception being where it is deemed that the child is responsible enough to manage its own medicine. The safety of other children remains paramount. Therefore it must be recorded in the care plan that the parent/carer/Medical professional believes the child is responsible NB A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. (See *DfE guidelines on storing medicines or Managing Medication in Childcare Settings p11*)

Refusal to take medicine

If a child refuses to take medication the parents/career will be informed and a note annotated on the medicine record file. In the case of refusal of the administration of a life-saving medication such as Epipen immediate advice will be sought from the Emergency Services.

Trips/Off Site Visits

An appropriate adult (ideally a First Aider) will be responsible for the transportation of medicines off site, unless the child is responsible to carry his own. Documentation must be completed by the parent/guardian prior to any trip/visit. All medication with documents should be given to school at least 48hours before the scheduled trip. If it is a residential trip the parent should provide 2 inhalers/Epipens/seizure medication to ensure the child has an adequate supply of medicine to hand.

Sports

If medication is taken before or during sporting activities this must also be recorded on the individual record.



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Parental Responsibility

It is the ultimate responsibility of the parent/carer to:

- Inform school of any known medical condition
- To inform school of any medication that is only taken at home
- To provide school with medication in its original container labelled as above
- To ensure school has a supply of medicine to be taken in school, including emergency provision only
- To collect medicines at the end of the day/school term

Storage

Medicines will be kept in a lockable cupboard in the school office or in some instances in the fridge (school office). If the office is unattended it will be locked. Inhalers will usually be kept in the child's class. Medicines should not remain on school premises during school holidays.

Over the Counter Medicines

A medicine is described as any substance that can be taken in by or put on the body. Over the counter remedies such as 'medicated sweets or lozenges' can be categorised as sweets or medicines. At St. Joseph's sweets are not allowed in school; if it was decided that a medicated lozenge was an un-prescribed medicine it would be necessary to have a medicine form completed by the parent to allow their child to have the lozenge. However, in doing this the person giving the child the lozenge would, by default, become a prescriber of medicine. Staff are not licensed or insured to be prescribers of medicine. **It is recommended that the responsible procedure would be to allow the child to have the lozenge under the supervision of an appropriate adult during class-time.**

School will not administer over the counter medicines, this includes, paracetamol, hayfever treatments, mouth ulcer remedies or sun lotions and lip balms. All such remedies should be given at home by the parent/carer or if the parent attends school, at an appropriate time to do so. Should the parent administer any over the counter medicine in school this will be recorded on the child's individual record. Non-prescribed medicines should normally be limited to a 24-hour period and in all cases not exceed 48 hours. If symptoms persist, medical advice should be sought. Should staff notice that this guidance is neglected, staff must remind parents of such guidance.



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A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. (DfE Statutory Guidance April 2014) Salicylate salts acid can be found in some topical oral pain relief products and should be contraindicated in children and young people under the age of 16 years. MHRA 2009 <http://www.mhra.gov.uk>

Procedures for Illness or Accidents in School

Asthma

If a child presents with any symptom of asthma such as shortness of breath, wheezing or change in colour staff will monitor/assist the child in taking the prescribed medication. The child will be monitored and if necessary a second dose of medication may be given. If the medication does not appear to be working or has little effect staff will either contact medical help/parent/carer. Should staff consider medical intervention is required this will be called for prior to contacting parents. A member of staff (preferably a First Aider) will stay with the child throughout and appraise medical professionals on arrival of the situation and any medicine administered.

In January 2016 the School Nursing Service advised that should a child need to use an inhaler within 4 hours of a dose parents must be informed. This could be an indication that the condition is not being correctly managed.

Diabetes

Children with diabetes will be treated as per any instructions provided by the medical profession/parents/carer.

Anaphylaxis

It is recognised that any child might spontaneously present with anaphylaxis. Should this happen medical help will be called for as soon as possible.

If it is known that a child suffers from allergies procedures will be followed as in the child's personal care plan.

Migraine

In the instance of migraine/suspected migraine parents/carers will be notified as soon as



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possible. Every effort will be made to make the child comfortable and where possible the child will be removed to a quiet, dimly lit area in the care of staff (2) until an appropriate adult arrives to collect him.

Minor Ailments/Injuries

Minor ailments/injuries will be treated whenever possible by a First Aider. Parents will be contacted if it is perceived that the child would benefit from medical treatment or they need to be taken away from school to recuperate.

Head Injuries

Parents/carers will be informed should their child suffer a head/facial injury. This could be by text message, telephone call or by a note home depending upon the severity of the injury; this provides the opportunity for medical treatment to be sought if the parent/carer desires.

Illnesses that require short-term medication

Children on occasion need to take prescribed medication on a short-term basis. If medication is required to be taken **3** times a day this should be fitted into the home routine. *Should this not be possible, our school will aim to accommodate the regime required by the parent.*

Should medicine be required **4** times a day school staff might agree to medicate the child or supervise the child self- medicating, providing the carer has completed the appropriate forms. The alternative is the parent/carer makes provision to come into school at lunchtime to administer the medication to their child. **T**

Treatment Room

The School Premises (England) Regulations 2012 Regulation 5 states that maintained schools must have accommodation appropriate and readily available for the treatment and caring of sick or injured pupils.

Dual use of a room is accepted provided:

- It must contain a washing facility
- Is reasonably near a toilet
- Medical use takes priority
- It must not be teaching accommodation



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- Medication should be given in private

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 of the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH)

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for returning medication to the pharmacy for safe disposal. They should also collect medicine at the end of each half-term. Medication should not be left in school during holiday periods. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal. 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 Local Authority's Environment Services. At St. Joseph's we do not have a sharps box; Epipens are the only sharps currently in use. If an Epipen is administered an ambulance would be called and the Epipen would be given to the appropriate healthcare professional.

Training

Currently 2 members of staff are trained in both First Aid and Paediatric First Aid; a further 1 is trained in First Aid only and 6 in Paediatric First Aid only. Mrs Toward holds a Level 1 accreditation certificate in ***Managing Medication in Child Care Settings***.

At St. Joseph's we will do everything we can to ensure children do not miss out on their right to an education due to a condition or illness.