



Kirkstall St Stephen's

**Supporting Pupils with
Medical Conditions
Policy**

February 2021

This school is committed to safeguarding and promoting the wellbeing of all children, and expects our staff and volunteers to share this commitment.

Kirkstall St Stephen's Primary School

Name of Policy

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Rationale

This policy supports the whole school vision, and ethos statement, ensuring a consistent approach throughout all areas of school and our mission to ensure all children are cherished, challenged and valued as children of God.

KSS School Mission Statement

We are cherished, we are challenged, we are children of God

Our Vision

We are cherished – we aim to create a caring environment where all children and staff feel welcome, valued, supported and respected.

We are challenged- through a stimulating and challenging learning environment, where achievements are recognised but it is also safe to fail, increasing our resilience.

We are children of God – we recognise the value of each and every individual, encouraging everyone's unique spiritual development and potential.

Our Ethos Statement

Our school ethos is represented by the KSS Values Tree; showing children's growth as a tree planted firmly into God's sustaining love and rooted in our school values of: trust, justice, perseverance, respect, thankfulness and forgiveness.

This is based on Psalm 1:3.

They are like trees that grow beside a stream,
that bear fruit at the right time,
and whose leaves do not dry up.
They succeed in everything they do.

Aim of the Policy

Kirkstall St Stephen's is committed to reducing the barriers to sharing in school life and learning for all its pupils. This policy sets out the steps we will take to ensure full access to learning for all its children who have medical conditions and are able to attend school. This policy has been developed using the guidelines taken from Leeds City Council Health and Safety Handbook for Schools (PG505 – Section A – supporting pupils with medical conditions in school V4) that forms part of the Leeds City Council Health and Safety File, it includes procedures for supporting children with medical needs including managing prescribed medication.

Objectives

- To outline the roles and responsibilities for the administration of prescription medicines.
- To explain our procedures for managing prescription medicines which may need to be taken during the school day.
- To explain our procedures for managing prescription medicines on school trips.

Equal Opportunities

The Equality Act 2014 requires that the body responsible for a school must not discriminate against a disabled person. Any child with medical needs who is also disabled will be protected under this act. At Kirkstall St Stephen's we are committed to treating all pupils and adults equally. We are committed to inclusivity regardless of the medical needs of pupils and staff

Provision

Legal advice states that it is a matter for the Head teacher's discretion whether or not to administer medicines to pupils. We are a caring staff and recognise that from time to time pupils do have additional medical needs. We also acknowledge that pupils may need to take long term medication during the school day. Some children with medical needs are protected from discrimination under the Equality Act 2010.

The School Premises Regulations 2012 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured children. It must contain a washbasin and be reasonably near a water closet. At Kirkstall St Stephen's any child requiring medical or dental treatment will be examined and treated in our accessibility toilet or mezzanine 2.

Under the DFE guidance 'Supporting pupils at school with medical conditions' (2015) school procedures for managing medicines on school premises will reflect the following details:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in an emergency
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication should never be administered without first checking maximum dosages and when the previous dose was taken.
- Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should only accept prescribed medicines if these 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 schools inside an insulin pen or a pump, rather than in its original container
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be

always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips

- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharp boxes should always be used for the disposal of needles and other sharps. Parents are responsible for disposing of their child's sharp box and providing school with a replacement.
- 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. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.
- school staff may administer a controlled drug to the child for whom it has been prescribed. School accepts responsibility for members of staff who volunteer to give, or supervise children taking, prescribed medicine during the school day.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom, **this information should be stored in a file in the school office**. Any side effects of the medication to be administered at school should be noted in school.

Short term medical needs

Medicines should only be taken to school when essential; where it would be detrimental to a child's health if the medicine was not administered during the 'school day'. At some time during a child's school life they may need to take medication, e.g. to finish a course of antibiotics or apply a lotion, and to minimise the amount of time a child is away from school, it may be necessary to continue the treatment of antibiotics or lotion after the child returns to school to finish the specific course of medication.

Where this happens it is advised that the PARENT requests that the prescription is such that the child does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose. The school policy should encourage PARENTS to request such a prescription.

Medicines must be provided in an original container (as dispensed by the pharmacist) and include the prescriber's instructions for administration. Any medication brought into school must be clearly marked with the name of the child and the recommended dosage. It must be kept secure, unless there are valid reasons for the child to keep that medication with them (e.g. asthma inhaler).

Schools should never administer medications that have been removed from their original containers/packaging.

Long term medical needs

Schools must have sufficient information about the medical condition of any child with long-term medical needs.

The parent or guardian should supply such information either prior to a child attending school or as soon as the condition becomes known.

Schools should allow children who are competent to do so to manage their own medication from an early age, although parents must give their consent and the child should be supervised when taking it. It is at the Headteacher's discretion as to what medication may be carried by a child in school.

Any teacher who may come into contact with such a child should be provided with suitable and sufficient information regarding the child's condition and the medicine they are taking.

Individual Health Care Plans (IHCP)

To ensure that each child with medical needs receives the appropriate support in school, and that all persons who may come into contact with the child have access to sufficient information, the Headteacher should ensure that a written IHCP is drawn up. This should be done in conjunction with the parent and School Medical Officer or GP etc and the SENCo. It should give details of the child's condition, daily care requirements, emergency action to take and when to take it, who is responsible in an emergency (including reserves) and any follow up care that may be needed.

Input into the IHCP should be sought from everyone with whom the child is likely to have contact – e.g. class teacher, school staff who have agreed to administer medication, school health service.

The plan should be provided to all staff that will have contact with the child including, for example, lunchtime supervisory assistants. As the medical information contained within the plan is confidential, the level of information provided to various staff should be carefully planned so that, for example, a Lunchtime Assistant knows what to do in an emergency but is not party to the specific reason for doing it if the parent or child does not want their medical condition to be generally known.

The plan should also identify what particular training needs will be required for anyone volunteering to administer medicine.

The plan should reflect not only the physical needs of the child but the emotional needs as well. However, the Headteacher must not make value judgements about any medication prescribed, even though the child may appear to be unable to cope with taking the medicine. In those instances, the Headteacher will need to discuss his/her concerns with the child's parent and/or health care professionals.

The plan should always identify what action should be taken in the event of the unexpected, e.g. an injury. If a child who accesses medication in school requires hospital or clinical

treatment as a result of some incident then the IHCP and the medication should go with them to hospital, or ensure that the parent takes them.

If the IHCP does not account for all the foreseeable risks of harm to the child or those administering the care to the child then there should be an IPRA in place.

Please note that it is a legal requirement to have an IPRA in place under the Management of Health and Safety at Work Regulations 1999.

- School should always establish a written record of the details of any child with special medical requirements at the earliest opportunity; if possible this should be done before the child starts or returns to school. This should be in the form of an Individual Health Care Plan (IHCP), an example of which can be found in appendix 1 of this document.
- Any instructions to the school should be in writing and should be clear, specific and include as much detail as necessary and proportionate to the health care needs of the child.
- The parents' agreement to the IHCP should be signed and they will be provided with a copy of the plan.
- Any changes to an IHCP must be agreed with the child's parents and should be recorded in writing
- In cases where children have short term and relatively straight forward medical needs it might be sufficient to record the information in an abbreviated form of the IHCP, e.g. on a consent form of the school's own design. Please note that any plan relating to the health care needs of a child is by default an IHCP.
- If any medical problems arise which are not covered by a child's IHCP, or any instances where the details on the IHCP are found to be unclear, the school should contact the child's parent or guardian, or seek medical advice before taking any further action unless doing so would put the child at risk in which case emergency/first aid procedures should apply.
- School staff **must not** make clinical decisions about CHILD's care.

Record Keeping

Only those prescribed by a doctor will be given at school after the parent has completed a 'parental consent form' (which is available from the school office or the school website). All medicines should be in the original packaging and not dispensed into another bottle.

Each time a child is given any medication a record must be made, including the date, time, what was administered and, if necessary, details of any problems, which the person administering the medication should sign.

Controlled drugs should be administered by 2 persons both of whom must complete the administration of medication record.

Head teacher's responsibilities

The head teacher is responsible for implementing the school's policy and procedures. Where staff volunteer to assist, the head teacher must ensure that they receive suitable and sufficient information, instruction and training to be able to undertake this function in a safe and effective manner. This also applies to staff who volunteer to be reserves to cover for absence.

The head teacher should ensure that an IHCP for each child with medical needs is drawn up in conjunction with the parent and school medical officer or GP. Where there is concern that a child's needs may not be able to be met by a school, or the parent's expectations appear unreasonable, the head teacher should seek further advice from the school nurse, the child's GP, LCC and other medical advisers.

The head teacher is responsible for making sure that medicines are stored safely.

Teachers and other school staff responsibilities

A teacher who has a child with medical needs in their class should understand their role in supporting that child and be conversant with the IHCP even if they will not be the key person administering medication.

All staff should be able to access emergency plans.

Other school staff such as lunchtime assistants or support staff who may, at certain times, be responsible for children with medical conditions should be provided with support and advice proportionate to the complexity of the medical need.

Information and advice should also be provided to the school's first aiders if the child's medical condition has implications for any first aid treatment which may be given.

All school employees who look after children should be aware of the school's policy and should be informed what the school's general procedures are in relation to any CHILD with medical needs

PARENT'S SECTION

The prime responsibility for a child's health rests with the parents; they are responsible for making sure their child is well enough to attend school. If a child becomes unwell at school they should be collected as soon as possible.

The parent provide the school with full information about the child's medical needs. this should be undertaken in conjunction with the child's GP/paediatrician/other clinicians, as appropriate. Where a child is acutely unwell it is advised that the parent keep him/her at home.

What happens if you consider your child is well enough to attend school, but needs medication?

Children on medication, if necessary, should be kept at home until the course of treatment is complete. However, the school realises that there are circumstances when children attending school need to be given medicine during the school day.

We are mindful of hazards involved in the storage and administration of medicines and tablets during the school day at the request of parents. Whenever possible, parents should accept the administering of medicines as their own responsibility.

Parents should be aware that school staff may agree to give medicine but cannot be requested to do so.

There may well be occasions when, for whatever reason, the request from parents for staff to administer medicine cannot be met.

For reasons of health and safety as few medicines as possible should be brought to school. Only those prescribed by a doctor will be given at school after the parent has completed a parent consent form (which is available from the school office or on the school website). All medicines should be in the original packaging and not dispensed into another bottle.

Medicines should be clearly labelled with the child's name, class, date and directions for giving the medicine.

We would ask that medicines be kept at home wherever possible. For instance, where it is to be taken "three times a day" it is possible for a child to have a dose immediately before school, another after arriving home from school and a last one at bedtime.

Where medicine needs to be taken more often or at a specific time of the day, it would be preferable for a parent to come into school to administer it. Otherwise, staff may be prepared to give it, providing the above procedures are followed.

Children are not allowed to administer medicines themselves unless supervised by one of the delegated First Aiders. This does not apply to inhalers which are to be kept with the children in class to be taken as required, supported by an adult if necessary. An adult must be aware that a child has taken their inhaler. Under no circumstances should parents include medicines with packed lunches. With the exception of inhalers, children must hand all medicines to a member of staff on arrival at school.

We will require prior written agreement from a parent for any medication to be given to a child in school. A "Parental consent form" can be found in the school office or on the school website.

Disposal

It is the responsibility of the parent to dispose of any medication that is finished with or is out of date.

Record Keeping

Parents should tell the school about the medicine that their child needs to take and provide details of any changes to the prescription or the support required. Parents will complete a "Parental agreement form" for school to administer medicine. Staff will complete and sign the record sheet each time they give medicine to a child.

Inhalers

Many children in school are asthmatic and need inhalers. Children who use them need a named inhaler for school (GP's will prescribe these). Again, inhalers can only be kept in school when parents have filled in the appropriate form from the school office or on the school website. It is the parent's responsibilities to regularly check the condition of inhalers and make sure they are in date ensuring inhalers are replaced when necessary. Inhalers must be taken on all school visits/trips. Inhalers can be taken as required by the child supported by an adult if necessary an adult must be aware that a child has taken their inhaler. Inhalers should be stored in the child's classroom.

Parents must complete an asthma IHCP

Epi Pens

Epi Pens will be administered in school if required by staff that have volunteered and have received training. Parents must complete the appropriate form at the office and a care plan must be in place. We would encourage any parent whose child may need an Epi Pen to have two in school in case one does not work. They must be stored carefully following the recommendations as they can be easily damaged.

Parents must complete an allergy IHCP

Non prescription medicine such as painkillers

The UK Medicines Control Agency has recommended that child under 16 should not be given aspirin, because of its links with Reye's syndrome, the rare but potentially fatal disorder found almost exclusively in children and adolescents. Staff will not administer non

prescription medicine in school. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the Child's GP.

Children with Long Term or Complex Medical Needs

It is important that school has sufficient information about the medical condition of any child with long term or complex medical needs. These may be severe allergies or chronic conditions. The school will develop a written health care plan for such children, involving parents and relevant health professionals.

Trips and Outings

School will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits. Planning arrangements will include necessary steps to include children with medical needs and risk assessments for such children. It may be that additional supervision is needed for a particular child. Arrangements for taking any necessary medicine will need to be considered. Party leaders supervising visits should always be aware of any medical needs and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. As previously stated, Asthma inhalers must be taken on trips with children.

Risk Assessment and Management Procedures

All medicines may be harmful to anyone for whom they are not appropriate. Where the school agrees to administer any medicines the risks to the health of all others need to be properly controlled and managed. This duty is set out in the Control of Substances Hazardous to Health regulations 2002 (COSHH). Large volumes of medicines will not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored in accordance with the product instructions and in the original container in which dispensed. Staff should 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. Where a child needs two or more prescribed medicines each should be in a separate container.

Non-emergency medicines will be kept in a secure place not accessible to children. Emergency medicines, such as inhalers, should be readily available to children and not locked away. Parents are responsible for collecting medicines disposing of them when they are no longer needed.

Parents/carers of children with identified medical conditions will be informed of any infectious diseases in school which may affect their child's health. It may be necessary for the child to stay off school for a period of time. In such cases school will provide work for the child to ensure continuity of their education. Supply teachers and new members of staff will be informed of this policy during their induction.

Refusal

If a child refuses their medication, parent will be contacted immediately. We cannot force a child to take their medication.

SCHOOL STAFF SECTION

Administration of Medicine in School

The school's Policy on administering medicines, in line with Education Leeds Policy Guidelines (PG 505) is that unless so directed by the terms of their employment contract, no member of staff may be compelled to be responsible for the administration of medication to a child.

Those who undertake this role and/or provide support to a child with medical needs require sufficient training, information and instruction from their Head teacher and the child's parents. Training and advice can be obtained from the school nursing team and specialist nursing teams, e.g. diabetes nursing team, etc.

Where a child has an ongoing medical condition, the parents and child (if appropriate) will be asked to help complete a "Health Care Plan" with the SENDCo. A copy will be kept in the Medical File.

When a child needs medication, but is considered well enough to attend school, the parent must fill in a "Parental Agreement for School to Administer Medicine" prior to their child attending school. The form will stay within the Medical File and medicine will be stored in the Main Office. Details of medicines given will be listed in the "Record Of Medicines Administered To All Children" which can be found in the Medical file.

The requirements for any member of staff giving medicine to check:

- a. the child's name;
- b. that there are written instructions and consent provided by the parent or doctor;
- c. the prescribed dose and the expiry date of the medicine.

If staff are in doubt they should not give the medication until these things have been checked and the full details known.

Controlled drugs should be administered by 2 persons both of whom must complete the administration of medication record.

Asthma Inhalers

Advice suggests that children should keep inhalers with them whenever possible. Children will have their inhalers in the classroom under the supervision of the adults.

Parents must complete an asthma IHCP (found on staff share in the PG505 folder) this must be kept with the child's inhaler.

Epi Pens

Advice states that where possible two pens should be in school in case the first does not work. It also states they must be carefully stored, close to where the child is. In extreme cases the pen may need to be with the child at all times and this would be arranged and identified on a care plan.

Both AAI and inhalers required for critical emergency use should be kept as close to the location of the CHILD as possible. If the CHILD moves to different locations in the school these devices should be moved with the individual, e.g. PE activities on a school field, after school clubs, assemblies, so that rapid access can be achieved in an emergency

Parents must complete an allergy IHCP (found on staff share in the PG505 folder) this must be kept with the child's epi pen.

School trips

Children with medical needs should be encouraged to participate in school trips as long as the safety of the child, other children and/or staff is not placed at significant risk.

It may be necessary for a school to take additional measures for outside visits. This may include:

- additional appropriately trained staff;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets.

When planning trips and visits which will include a child with medical needs, all persons supervising the trip should be made aware of the child's medical needs and any emergency procedures that may be needed.

The location to be visited should be made aware that persons with medical needs are included in the party. Where it is unlikely that any difficulties will occur there is no need to inform the place to be visited.

If there is any doubt regarding a school trip the school should discuss the trip with the parent and also, if necessary, seek medical advice.

Sporting activities:

Most children with medical needs should be able to participate in sporting activities either as part of the curriculum or as an extra-curriculum activity.

However, some children will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards.

Any members of staff supervising children involved in P.E. and sporting activities must be aware of the relevant medical conditions and emergency procedures for any child with a medical condition who is participating in the lesson or activity either actively or as an observer. For extra-curriculum activity or after hours P.E. lessons, where a child with a medical need is participating, the level of supervision should be assessed, and it may need to be increased.

Emergency Planning

The Medical File will be kept in the office. In the file there is an emergency planning sheet which will act as a prompt if staff have to call for an ambulance.

Paediatric First Aiders

Jane Adams, Laura Sheard, Ellie Lewis, Jane Doyle, John Holdsworth and Sarah Matthews are all paediatric first aid trained.

Governors

The governing body of a school has a legal duty to make arrangements to ensure that children with medical needs are able to attend school with as little disruption as possible. This might be through staff members who volunteer to administer medication or training support staff so that they are able to manage medication. This will involve the governing body possibly employing someone whose specific role is to administer medication.

The school governing body should ensure that staff involved with administration of medication have had the appropriate training. This training should include administration of the emergency adrenaline auto-injectors and emergency inhalers. All training should be proportionate to the complexity of the administration.

Appendix 1 – definitions

Short Term Medication is medication which is needed to allow the pupil to return to the school for a few days or whose administration is for two weeks or less. An example might be completing a short course of antibiotics.

Emergency Short Term Medication is medication which parents may approve of for administration as part of a school trip. Examples might be for medication for headaches, insect bites etc.

Long Term Medication is medication required to manage a long term medical need, i.e. asthma, epilepsy etc., where the medication will be required for extended periods. Children requiring long term support will usually have a Health Care Plan.

Appendix 2 – IHCP

KSS Individual Health Care Plan

Pupil's Name	
Year group	
Address	
Date of Birth	
School	
Key Worker	
Medical Diagnosis or Condition	
Date of Plan	
Family Contact Details	
Name and Relationship	
Phone Number	
Name and Relationship	
Phone Number	
GP Details	
Hospital/ Consultant Details	

Care plan details	
Who is responsible for providing support in school?	
Describe medical needs <i>(give details of child's symptoms, triggers, signs, facilities, equipment or devices, environmental issues etc.)</i>	
Pain Management/Medication <i>Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self administered with/without supervision.</i>	
Daily Care requirements (Preventative Measures)	
Specific support for the pupil's educational, social and emotional needs.	
Arrangements for school trips	
Other information	

Emergency care	
Describes what constitutes an emergency of the pupil	
Who is responsible in an emergency <i>(state if different for off-site activities)</i>	
Describe what action to take in an emergency	

Follow up care																		
Staff who have received any training to support the needs of the child	Type of training: <table border="1" data-bbox="491 434 1294 801"> <thead> <tr> <th data-bbox="491 434 1067 488">Name:</th> <th data-bbox="1067 434 1294 488">Date:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Name:	Date:														
Name:	Date:																	
Plan developed with																		
Headteacher's signature Date:																	
Parent signature Date:																	
Plan copied to (Please tick)	<table border="1" data-bbox="491 1124 1461 1281"> <tr> <td data-bbox="491 1124 975 1178">Parents</td> <td data-bbox="975 1124 1461 1178"></td> </tr> <tr> <td data-bbox="491 1178 975 1232">Headteacher</td> <td data-bbox="975 1178 1461 1232"></td> </tr> <tr> <td data-bbox="491 1232 975 1281"></td> <td data-bbox="975 1232 1461 1281"></td> </tr> </table>		Parents		Headteacher													
Parents																		
Headteacher																		

Appendix 3 – Parental Consent Form
Parental Consent for Kirkstall St Stephen's to Administer Medicine

Child's Details	
<u>Date</u>	<u>Name of child</u>
<u>Date of birth</u>	<u>Class</u>
<u>Medical condition or illness</u>	
Medicine	
Medicines must be in the original container as dispensed by the pharmacy	
Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication.	
Signature	Date

