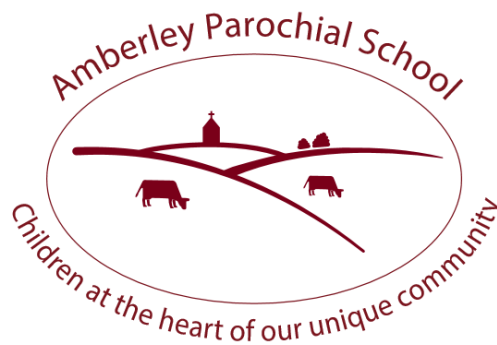


Supporting Children in School with Medical Conditions Including Epi-pen Advice



February 2018

Confirmation of ratification by Governing Board:

Governor: C.Atherton **Date:** Feb 2018

Headteacher: S Cale **Date:** Feb 2018

Review date: Feb 2019

POLICY FOR MANAGING MEDICINES IN SCHOOL

Purpose of the Policy

This policy has been drawn up by the staff and governors of Amberley Parochial School with reference to the guidance: 'Managing Medicines in Schools and Early Years Settings' produced by the DCSF, 'Supporting pupils at school with medical conditions' December 2015, and in accordance with the legislation section 100 of the Children and families Act 2014 and in consultation with parents from the school.

Aims

This policy aims to provide clear guidelines for ensuring that children with medical needs receive proper care and support and is understood and accepted by staff, parents and children of Amberley Parochial School.

As a church school we identify Christian Values that underpin the whole school and the wider community. These values inform our school's vision, aims and ethos. The values that relate particularly to this policy are compassion, respect and trust.

Children with Medical Needs

The governors and staff recognise that children with medical needs have the same right of admission to a school as other children and that the school should plan strategically over time to increase access for such pupils. Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities.

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 well, for example children with well-controlled epilepsy or cystic fibrosis. 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.

Roles and Responsibilities

The Governors

At Amberley Parochial School it is the responsibility of the governors to:

- Agree and regularly review the Health & Safety Policy which includes reference to the managing of medicines in schools.
- Ensure the policy for Supporting Pupils with Medical Conditions is developed and implemented.

- Enable the Head teacher and staff to support children with complex health needs.
- Ensure they have adequate Employers' Liability Insurance.
- Ensure proper procedures are in place and monitor the school's agreed policy.
- Ensure staff are aware of procedures and are properly trained.
- Work with the Head teacher in developing an effective policy
- Ensure that children with medical conditions are supported to enable full participation in all aspects of school life where possible.

The Head teacher

At Amberley Parochial School it is the responsibility of the Head teacher to:

- Put the agreed policy into practice and develop detailed procedures where necessary.
- Take responsibility for day to day decisions.
- Ensure all stakeholders are aware of the policy
- Agree procedures, support and if necessary Individual Health Care Plans with the parents of children with medical needs.
- Ensure any medicines are stored according to the policy guidelines.
- Liaise with health services.
- Ensure all staff are aware of their roles and responsibilities and are adequately trained.
- Arrange back up cover if staff are absent.
- Ensure all staff know what to do in an emergency.
- Ensure that school staff are appropriately insured to support children with Individual Healthcare Plans.

Teachers and Support Staff

It is the responsibility of the teachers and support staff to:

- Ensure they are kept well informed of a child's medical needs and how to support them including receiving suitable and sufficient training.
- Know what to do in an emergency.
- Liaise with relevant health professionals and agencies.
- Administer any medicines according to the school's policy.

Parents

It is the responsibility of the parents of children with medical needs to:

- Keep the school well informed about their child's needs.
- Work with the Head teacher to reach an agreement on how medicines are administered.
- Provide consent where appropriate in writing.
- Keep children at home if they are too unwell to attend school.
- Provide medicines in the original container, clearly labelled and with clear written instructions.
- Inform the school when there are changes to a child's medication.
- Endeavour to administer short term treatment at home where possible.
- Be involved in the development and review of their child's Individual healthcare plan.

Pupils

- Be involved in discussions about their medical support needs and contribute to the individual healthcare plan where appropriate.

Administering Medicines

1. Short term medical needs: (Occasional tablets, lotions and non-prescribed medicines)

- Medicines such as antibiotics and lotions should only be brought to school when it would be detrimental to the child's health if it were not administered.
- Staff should never administer 'Calpol' or other non-prescribed medication. These can be given to children before they leave for school in the morning by parents/carers and again at the end of the day. If children really cannot cope for the day without such medication, then they should stay at home to recover.
- Any medication, where possible, should be administered before and after school where possible.
- Products containing aspirin should not be given to children under 16.
- Cough sweets are not permitted at school. If a child cannot last the day without cough sweets, they should be kept at home to recover.
- Where it is deemed to be necessary to administer prescribed medicines for short term illnesses written consent will be required from parents.
- Only medicines prescribed by a GP, nurse, dentist, pharmacist or paediatrician can be administered.
- Parents must provide the prescribed medicine in the original container, clearly labelled with the child's name and dosage.
- If a child refuses to take a prescribed medicine staff will not force them and parents will be informed.
- Only the schools trained staff may administer medicines and records will be kept of any medication given, the amount and the date and time. The trained staff will have received appropriate up-to-date Administration of Medicines in Schools training.
- If children are old enough they will be encouraged to take the prescribed medicine themselves under supervision from the agreed member of staff.
- Staff administering prescribed medicines must check the name on the prescription, the prescribed dose, the expiry date and the written instructions on the container.

- It is preferable to have another member of staff witness any administering of prescribed medication.
- If staff are in any doubt about a prescribed medicine they should not give it to the child but check first.
- Parents/carers must inform the school of any possible side effects from any prescribed medication given.

2. Long term medical needs: (e.g. Diabetes, epilepsy, cystic fibrosis)

- Sufficient information must be received from parents in order to provide medicines for long term medical needs. This includes:
 - Details of the condition
 - Special requirements
 - Side effects from medication
 - What constitutes an emergency
 - Action to take in an emergency
 - What not to do in an emergency
 - Immediate contacts
 - The role staff play in supporting the child.
- In the case of long term needs the parents and staff will need to draw up a Health Care plan following DCSF guidelines.
- Records must be kept of all medicines administered along with written consent from parents.
- Emergency procedures need to be clear in the Healthcare plan as well as an identified member of staff to take responsibility in an emergency.

Individual Health Care Plans

It is the responsibility of the SENCO to draw up the Healthcare Plan in conjunction with the parents and Healthcare professionals. The child will be involved wherever appropriate. These plans will be reviewed annually or earlier if the child's needs change. The Health Care plan will be developed with due regard to managing risks to the child's education, health and social well-being and minimising disruption. The detail in the plan will vary according to the child's condition, the complexity of the condition and the degree of support needed. The plans will be accessible to all those who need to refer to them but remain confidential.

An Individual Healthcare plan should help the school support a child with a medical condition especially in the case where there is a high risk that emergency intervention will be needed or conditions are long term and complex. However not all children will require one and the school, parents and healthcare professional should agree based on evidence if a healthcare plan would be inappropriate or disproportionate.

Where a child has SEN but does not have a statement or EHC plan their special educational needs should be mentioned in their individual Healthcare Plan. Where a child has a statement or EHC Plan the individual care plans should be linked or become part of the statement or EHC Plan.

See Appendix A for Flow chart for identifying and agreeing the support a child needs.

When recording information on the Individual Healthcare Plan the school will consider:

- The medical condition and its triggers, signs, symptoms and treatments.
- The child's resulting needs including medication and other treatments
- Specific support for the child's educational, social and emotional needs including how absences will be managed.
- The level of support needed including in emergencies. If the child is self-managing their medication the plan should clearly state this with arrangements for monitoring.
- Who will provide support and their training needs and cover arrangements when they are unavailable and who in school needs to be aware of the child's condition and support needed.
- Arrangements for the administration of medicines with written permission from the parents.
- Separate arrangements for school trips or activities outside the usual timetable to ensure the child can participate.
- What to do in an emergency including who to contact.

Managing Medicines on the school Premises

- Large volumes of medicines should not be stored at the school.
- The school will only store, supervise and administer medicines prescribed for individual children.
- Medicines must be stored according to the product instructions.
- Medicines must be in the original container, clearly labelled and not accessible to children.
- Children with long term medical needs must know where their medicine is, who has the key and who is responsible for it. If the child is competent to manage their own medicines they should have easy access to their own medicines
- Emergency medicines should not be locked away. E.g. Epi-pens and inhalers.
- Children who are old enough to do so should be responsible for their own inhalers. **(Refer to appendix 2)**
- Younger children should know where their inhaler is kept in the classroom. Inhalers should always be available to them.
- Inhalers must be clearly marked with the child's name.

Disposal of medicines

- Staff should not dispose of unused medicines. Parents must collect it from the school and dispose of it safely.
- If required sharps boxes will be made available for the disposal of needles.

Record Keeping

- Written records should be kept of all medication administered to children.

Hygiene and infection control

- DCSF guidelines will be adhered to when dealing with medicines in schools.

Offsite Visits

- The school will determine whether additional supervision is required for children with long term medical needs whilst risk assessing a school visit.
- It is preferable for a parent or support worker to accompany a child with medical needs during an offsite visit if this is appropriate.
- Supervising staff need to consider arrangements for administering medicines before arranging the visit.
- A copy of a child's health care plan must be taken on the school visit with emergency procedures and contact details.

Sporting Activities

- The school recognises that sporting activities need to be flexible enough to accommodate children with medical needs.
- Risk assessments of sporting activities will be taken as necessary in line with the school's health and safety policy.

Review

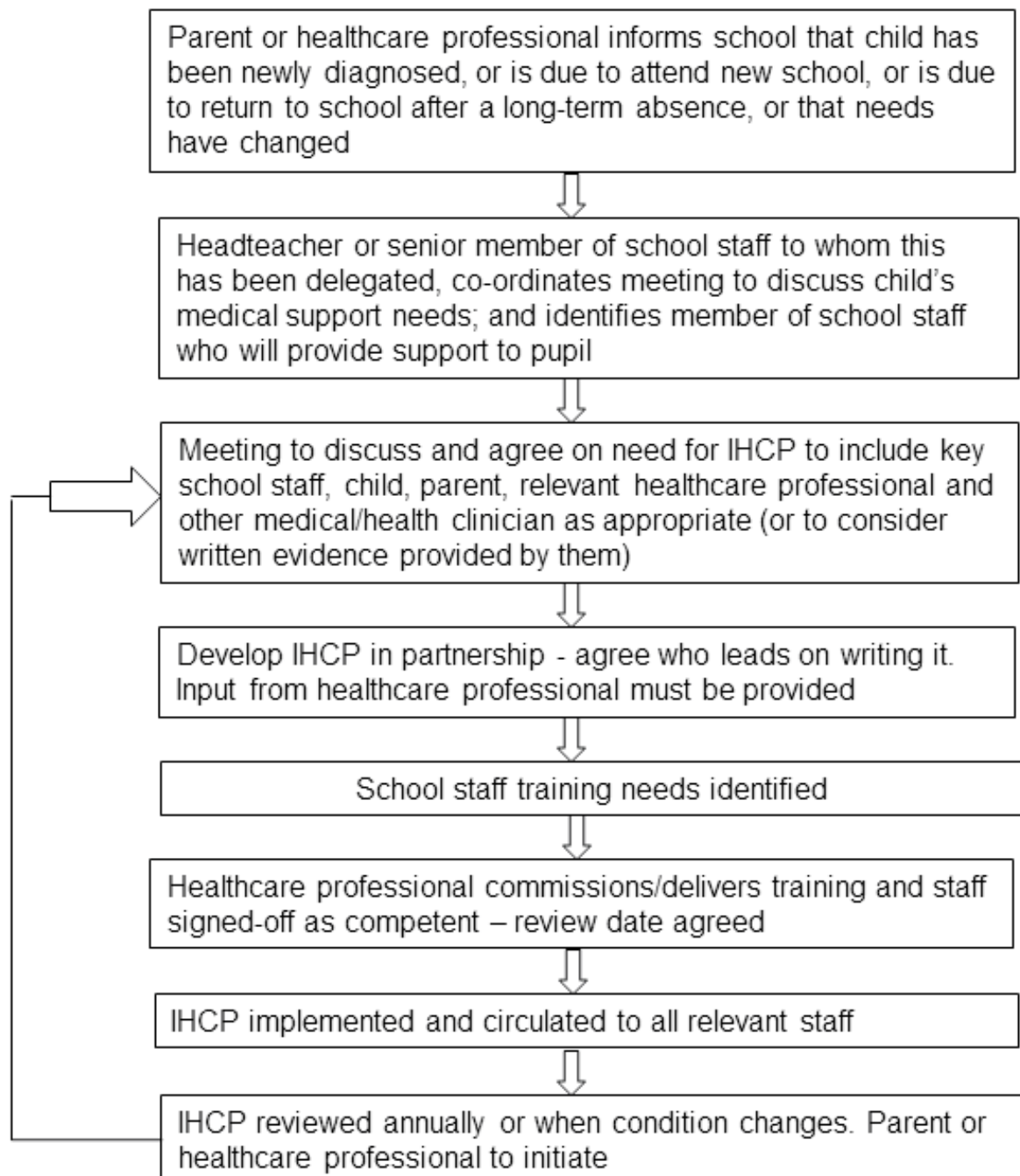
This policy will be reviewed annually by the staff and governors of the school.

Complaints

- Any complaints concerning the support provided for children with medical conditions should be made in conjunction with the procedure set out in the Amberley Parochial School complaints policy

Appendix 1

Model Process for developing Individual Healthcare Plans



Appendix 2

ASTHMA - Procedures

This should be read in conjunction with the asthma pack for schools from Asthma UK at www.asthma.org.uk.

1. Asthmatic children must have immediate access to blue inhalers (relievers).
2. Children must be encouraged to take charge of and use their inhalers from an early age
3. In The Foundation Stage and KS1 named inhalers will be kept in a bag hung on a hook where children can easily access them.
4. All inhalers must be clearly marked with the child's name.
5. In the case of severe asthmatics, a spare inhaler is kept in the school.
6. In the case of a severe asthmatic there must be clear agreement and procedures about what to do in the event of a severe attack.
7. Teachers with asthmatic children in their class must be trained using materials from Asthma UK.
8. Parents of severely asthmatic children must give asthma management plans to the school.
9. Inhalers must be taken to the Common and Church and on all school visits.
10. Particular care needs to be taken in PE and cold weather.
11. Children who suffer from asthma should not be forced to do PE if they feel unwell.