



# Supporting Pupils with Medical Conditions

(Including the Policy for Administration of Medicines in school)

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## Section 1 - Introduction

Cardinal Langley RC High School recognises that pupils will at some time need to take medication at school due to short-term health conditions or long-term or complex medical conditions. Whilst parents/carers retain responsibility for their child's medication, the school has a duty of care to the pupils whilst at school.

### Responsibilities:

Cardinal Langley RC High School takes responsibility for the administration of medicines during school time, having taken due consideration of guidance from Rochdale School Safety Team and the DfE: *Supporting pupils at school with medical conditions (2015)*.

The Headteacher and the Governing Body will implement the Cardinal Langley RC High School policy and will ensure that procedures are understood and adhered to, that training is provided and that there is effective communication and consultation with parents, carers, children, first-aiders and health professionals concerning pupils' medical needs.

There is a named first aid tutor who holds a valid *First Aid at Work Certificate* and who manages the first aid training and provision in school. There are also other named first aid support staff and curriculum staff who hold a valid *First Aid at Work* or *Paediatric First Aid* Certificate.

Any designated member of staff will be responsible for administering prescribed medication in school during normal school hours, following any specific training dependent upon the medication.

All staff will have available to them:

- Advice and information on common childhood illnesses and medical conditions via NHS direct leaflets.
- First aid training to ensure that they feel confident when dealing with minor and major injuries and medical conditions (as above, each medical condition will require further, specific training)
- Information and training on any complex medical conditions a child may have, with access to the child's medical/health-care plan by a health professional and in conjunction with parents

### Staff indemnity

Cardinal Langley RC High School fully indemnifies all staff against any claims for any alleged negligence, providing they are acting within their conditions of service and following the school's guidelines.

The indemnity covers situations where an incorrect dose is administered or where any other mistake in this policy is made. Cardinal Langley RC High School will meet any claims in these circumstances.

## **Section 2 – Supporting Pupils with Medical Needs**

- 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 written parental consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the child or young person to involve their parents/carers whilst respecting their right to confidentiality.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- 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. Where relevant, they should know who holds the key to the storage facility. 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/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- 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. Monitoring arrangements may be necessary. 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. Staff administering medicines should do so in accordance with the prescriber's instructions. A record of all medicines administered to individual children should be kept, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered at school should be recorded also.

### **Records:**

On admission of a pupil to the school, all parents/carers will be required to provide information giving full details of:

- Medical conditions
- Allergies
- Regular medication

- Emergency contact numbers
- Name of family doctor/consultant
- Special requirements (e.g. dietary)

At the beginning of each academic year all parents/carers will be required to update a medical form (appendix 2).

### **Short-Term Medical Needs**

A pupil may need to take medication during school hours for a short period of time; for example, to complete a course of antibiotics. If a child requires short-term medicines, a medication and consent form must be completed by a parent/carer (appendix 3). The designated first aider will then record the dosage and time the medication was given to the pupil. Once the course of medication is complete, the medication is disposed of by returning it back to the parents/carers for disposal (or, if not picked up, it will be dropped off at a pharmacy) and the medicine form filed.

### **Non-Prescription Medication**

Non-prescribed medicines should not be issued to pupils without the consent of the parent/carer.

If a pupil suffers regularly from acute pain, such as headaches/migraine, the parent/carer will be required to complete a medicine consent form. The medication will be stored in a locked cupboard in the medical/first aid room. If the pupil requires the medication, the designated first aider must contact the parent/carer for permission and to find out when the last dose was taken before giving the pupil the medication. The designated first aider must supervise the pupil taking the medication and then record the dosage and time it was given to the pupil.

### **Long-Term Medical Needs**

If a pupil has or develops a long-term medical need, the parent/carer must inform the school. A written health care plan will be designed involving a meeting with the parent/carer, principal first aider and a relevant health care professional (school nurse or community children's nurse, for example). The medical/health-care plan will include:

- Details of a pupil's condition
- Recognising signs and symptoms
- Special requirements
- Medication and any side-effects
- What to do and who to contact in an emergency

### **Administering Medication**

No pupil under the age of 16 should be given medication without the consent of the parent/carer.

The designated first aider giving medicine to a pupil should check and record:

- The pupil's name
- Written instructions provided by the prescriber
- Written instructions provided by the parent/carer
- Prescribed dose
- Expiry date

The first aider must complete and sign the *Record of Medication Administered in School* (appendix 3) each time they give medication to a pupil.

## **Self-Management**

The school recognises that it is good practice to support and encourage pupils who are trusted to take responsibility to manage their own medicines. Children who do self-medicate must inform the Pupil Services staff member and be instructed to go into the medical/first aid room. Each child's medication is contained in a storage box, labelled with the child's name on and accessible on a shelf in the medical/first aid room for the child to administer their own medication. Children will access the medical/first aid room only when instructed by the Pupil Services staff member to ensure privacy and supervision.

There may be circumstances where it is not appropriate for a child of any age to self-manage. In this instance, the principal first aider, school nurse and parents/carers will meet to carry out an assessment to assess when the child is ready to self-medicate. An action plan will be completed to provide information about how and who will supervise the child whilst administering their medication.

## **Refusing Medication**

If a child refuses to take medicine, staff should not force them to do so, but should record the details on the *Record of Medication Administered in School* (appendix 3) and contact the parent/carer immediately. If the refusal of taking medication results in an emergency, the emergency services should be contacted by the first aider or first available member of staff. The first aider will deal with the emergency until the paramedics arrive.

## **Record-Keeping**

It is the parent/carer's responsibility to inform school regarding any medication that their child needs to take and any changes to their child's prescription. First aiders must ensure that a medication and consent form is completed by the parent/carer (*Appendix 3 - Record of Medication Administered in School*) and that the medication from the prescriber is cross-referenced with this medication form (appendix 3). Medicines should always be provided in the original container, as dispensed by a pharmacist, and include the prescriber's instructions. The details that must be checked by the first aider are:

- Name of the child
- Name of the medicine
- Dosage
- Method of administration
- Time/frequency of administration – the last dose at home
- Any side-effects
- Expiry date

Records offer protection and evidence that first aiders have followed agreed procedures; therefore, all records of children that have taken medicines should be transferred onto the *Record of Medication Administered in School* (appendix 3) and filed until the child reaches their 21<sup>st</sup> birthday.

## **Section 3 – Arrangements for Pupils with Medical Needs on Educational Visits**

### **Educational visits**

The school encourages children with medical needs to participate in safely-managed visits. The staff member managing the visit should liaise with the Educational Visits Co-ordinator (EVO) and the principal first aider to complete a risk assessment for individual children to participate fully and safely on the visit. The EVO will also assess if a supervisor is required to accompany a child on the visit. The completed risk assessment and medical/health-care plan must be taken on the visit. If the EVO or principal first aider are concerned about whether they can provide for a child's safety, they should seek medical advice from the school nurse.

### **Sporting Activities**

Children with medical conditions can participate in physical activities and extra-curricular sports, with sufficient flexibility to allow a child to take their medication. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. PE staff must be aware of the child's medical needs and, if required, PE staff and the child should have access to their medicines in the event of an emergency. It may be necessary for PE staff to carry out an individual risk assessment depending on the nature of the child's medical condition.

## **Section 4 – Dealing with Medicines Safely**

### **Storing Medicines**

Large volumes of medicines should not be stored on the school site. Staff should only store, supervise and administer medicine that has been prescribed for an individual child and with the prescribed container clearly labelled with the child's name, the name and dose of the medicine and the frequency of administration. If a child needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines out of their original container. Medicines should be stored strictly in accordance with the product instructions, paying particular note to temperature, and in the original container in which it was dispensed.

Children should know where their own medicines are stored and that they are stored correctly and safely. Children who self-medicate on a daily basis have access to their medicines which are stored in the medical/first aid room. All emergency medicines, such as Asthma inhalers and Adrenaline pens, are stored in the main admin office so they are readily available to children in the event of an emergency. Medicines which require storage in a fridge are stored in the medical/first aid room.

### **Access to Medicines**

Children who self-medicate on a daily basis have access to the medical/first aid room during break and lunch time under the supervision of a first aider. An individual child's medication is stored in the child's own container, clearly labelled with the child's personal details. Children are informed about the importance of hygiene and tidying away their medication after use. Medicines are only accessible to those to whom they are prescribed.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Parents also need to collect medicines at the end of each term. 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. These are stored in the medical/first aid room. Collection and disposal of the boxes is carried out once a month by PHS.

### **Hygiene and Infection control**

Trained first aid staff are familiar with normal precautions for avoiding infection and follow basic hygiene procedures – this is also reinforced through staff first aid training. All staff have access to protective disposal gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings or equipment. Small blood and bodily fluid spillages are wiped with a hard antibacterial wipe and larger spillages are cleaned via the caretaking team. Used disposal gloves, dressings or equipment are disposed of in a bio-hazard bag and placed in a PHS bin.

### **Emergency Procedures**

If a child has a medical emergency during school hours, the staff member alerts a first aider based in the main administration office. The first aider assesses the child and contacts 999 for an ambulance. A member of staff must always accompany a child who is taken to hospital by ambulance and must stay until the parents/carers arrive. Staff should never take children to hospital in their own car (this applies to any staff member, not just first aiders). The first aider who is first to the incident is responsible for any decisions on medical treatment when parents/carers are not available. Individual health care plans include instructions as to how to manage a child in an emergency.

## **Section 5 – Drawing up a Medical/Health-Care Plan for Pupils with Medical Needs**

### **Purpose of a Medical/Health-Care Plan**

The main purpose of an individual medical/health-care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan.

An individual plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the child's GP and the school nurse when writing a medical/health-care plan. The plan must be reviewed annually or more frequently if there are any changes to a child's medical condition. To collate the information, a meeting will be organised with the child's parent/carer, school nurse and the principal first aider.

### **Who can complete a Medical/Health-Care Plan?**

The additional needs co-ordinator, SENCO and pastoral officer are the nominated persons to co-ordinate and complete a medical/health-care plan for a pupil. External agencies will be invited to attend an initial meeting if required to support the individual's medical condition.

### **Information for staff and others**

All staff who may have contact with a pupil with a medical condition will be emailed a copy of the child's care plan. Staff training will be given, depending on the pupil's medical condition, by the school health team. Medical/health-care plans are also available on SIMS, attached to an individual's personal details.

### **Staff Training**

A medical/health-care plan may reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or when dealing with an emergency. School staff should not give medication without appropriate training from school health professionals.

### **Intimate or Invasive Treatment**

In the event of administering intimate or invasive treatment, the medical/health-care plan must be followed. Because of the nature of the treatment, two staff members, one the same gender as the pupil, must be present for the administration of intimate or invasive treatment. This minimises the potential for accusations of abuse. Staff should protect the dignity of the pupil as much as possible, even in emergencies.

### **Approval:**

Signature of Chair of Governors:



21.03.2018

Date