



## **Pinewood Infant School and Foundation Unit**

### **Managing Children with Medical Conditions & Medicines in School Policy**

**Summer 2017**

Adopted by the: Strategic and Pupil committee

Date of meeting: Summer 2017

Review date: Summer 2019

All staff, governors, parents/carers and members of Pinewood Infant School and Foundation Unit will be made aware of and have access to this policy.

#### **Introduction**

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. The governing body of Pinewood Infant School and Foundation Unit will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' April 2014'.

Staff do not have a statutory duty to give medicines or medical treatment. However medicines will be administered to enable the inclusion of pupils with long-term medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

#### **Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at Pinewood Infant School and Foundation Unit are managed appropriately. They will be supported with the implementation of these arrangements by the head teacher and school staff.

The leads for the management of medicines at Pinewood Infant School and Foundation Unit are Rachel Otter and Claire Reville. In their duties staff will be guided by their training, this policy and related procedures.

#### **Implementation monitoring and review**

All staff, governors, parents/carers and members of the Pinewood Infant School and Foundation Unit will be made aware of and have access to this policy. This policy will be reviewed bi-annually and its implementation reviewed as part of the Head Teacher's annual report to governors.

## **Definitions of Medical Conditions**

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in Pinewood Infant School and Foundation Unit activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

## **The Role of Staff at Pinewood Infant School and Foundation Unit**

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice and the Pinewood Infant School and Foundation Unit SEND Policy.

If a child is deemed to have a long-term medical condition, Pinewood Infant School and Foundation Unit will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. Pinewood Infant School and Foundation Unit, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

School procedure for the administration of prescription and non-prescription medicine is that all medicine given MUST be witnessed by a second member of staff. Then both staff members sign the Record of the Administration of Medicine (appendix c). At Pinewood Infant School and Foundation Unit, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

## **Procedures to be followed when notification is received that a pupil has a medical condition**

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting at Pinewood Infant School and Foundation Unit, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Pinewood Infant School and Foundation Unit mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, Pinewood Infant School and Foundation Unit will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. Pinewood Infant School and Foundation Unit will ensure that arrangements give parents/carers and pupils confidence in Pinewood Infant School and Foundation Unit ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need. Pinewood Infant School and Foundation

Unit will ensure that arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Pinewood Infant School and Foundation Unit will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. Pinewood Infant School and Foundation Unit will make sure that no child with a medical condition is denied admission or prevented from attending because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Pinewood Infant School and Foundation Unit does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts some degree of challenge may be necessary to ensure that the right support can be put in place. Following the discussions an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in Pinewood Infant School and Foundation Unit should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

#### **Individual Health Care Plans (IHCP) (Appendix template A)**

Individual Health Care Plans will be written and reviewed by a designated staff member but it will be the responsibility of all members of staff supporting the individual children to ensure that the plan is followed. The class teacher will be responsible for the child's development and the inclusion team are responsible for ensuring their medical conditions are supported at school. Individual Healthcare Plans will help to ensure that Pinewood Infant School and Foundation Unit effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. Pinewood Infant School and Foundation Unit, health care professional and parents/carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached the Head Teacher is best placed to take a final view.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan.

This shows a template for the Individual Health Care Plan and the information needed to be included. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by designated staff member with support from parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with Pinewood Infant School and Foundation Unit.

Pinewood Infant School and Foundation Unit will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that Pinewood Infant School and Foundation Unit assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

An Individual Health Care Plan should include;

- the medical condition, its triggers, signs, symptoms and treatments
- 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 this is used to manage their condition, dietary requirements and environmental issues e.g. crowded/noisy conditions, 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 tests, use of rest periods or additional support in catching up with lessons, counselling sessions, the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies)
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional and cover arrangements for when they are unavailable
- who in Pinewood Infant School and Foundation Unit needs to be aware of the child's condition and the support required
- arrangements for written permission from parents/carers for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments
- where confidentiality issues are raised by the parents/carers or child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be Pinewood Infant School and Foundation Unit responsibility to write or review.

### **Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime.

Occasionally a GP may prescribe that a medicine has to be taken during the school day.

Parents/carers may call into the school and administer medicine to their child, or they may request that a family member or friend comes to school to administer the medicine if it is to be administered four times a day. Only medicines to be taken four times a day and which are for a long-term or re-occurring illness will be administered by school staff.

The Head Teacher or a member of the leadership team must first agree the administration of the medicine if it is for a re-occurring or long-term illness. The parent/carer or guardian must supply the medicine in the original pharmacist's packaging clearly labelled including details for administration and possible side effects to the school office. Parents/carers must complete a 'Parental Agreement for Setting to Administer Medicine' form (Appendix B).

### **Inhalers**

Inhalers are kept in the child's classroom, labelled with the child's name and dosage information. If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge or the First Aider.

It is the parent's/carers responsibility to ensure the medication is within the 'use by' date and replaced when necessary.

### **Epi-pens**

Each child should have 2 have two Epi-pens which are kept in the office in a clearly labelled separate cupboard. Epi-pens are stored in boxes with a photo of the child on the outside. The majority of adults in school have received training by the school nurse to enable them to administer the epi-pen in emergencies. This training is updated every year.

### **Non-prescription Medicines**

In general non-prescription medicines are not administered at school and pupils should not bring them to school for self-administration. Only non-prescription travel sickness medication, anti-histamine and paracetamol/ibuprofen based medicines will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental Agreement for Setting to Administer Medicine' form (Appendix B) and the appropriate protocol for the administration of that medicine. Medication must be suitable for the pupil's age, supplied by the parent/carer (not the school) and in its original packaging, with manufacturer's instructions. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents/carers must certify this is the case – a note to this effect should be recorded on the consent form. The medication will be stored and administration recorded as for prescription medicines.

Sunscreen is not a medicine and children are welcome to use this on sunny days to protect against sunburn. However the sunscreen should be clearly labelled with the child's name and children must self-administer. Emollient creams for eczema can be self-administered. Staff are not permitted to apply any cream.

A parent/carer or guardian may attend school to administer additional doses if necessary.

Antihistamine can only be administered where a GP/Consultant has recommended or prescribed antihistamine for the treatment of a mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes,) The school can administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are

monitored for signs of further allergic reaction. During this time pupils must never be left alone and should be observed at all times. ***If the pupil has an adrenaline auto-injector in school and their symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then their adrenaline auto injector will be administered without delay and an ambulance called. If the child does not have an adrenaline auto-injector and their symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms an ambulance will be called.*** Piriton can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact with equipment that might cause harm i.e. P.E. Science, Design and Technology.

### **Mild Allergic Reaction**

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. Antihistamine will be administered for mild reactions as detailed above.

### **Severe Allergic Reaction**

An adrenaline auto injector should be used immediately in a severe reaction (see Pupils Individual Health Care Plan for details). If in doubt about the severity of an allergy reaction, administer the adrenaline auto injector and call an ambulance immediately.

### **Hay fever**

Piriton for the treatment of hay fever, parents/carers should administer antihistamine before the pupil starts school, it is not necessary for schools to administer antihistamine for the treatment of hay fever.

These non-prescription medications will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental Agreement for Setting to Administer Medicine' form (Appendix B). Medication must be suitable for the pupil's age, supplied by the parent/carer (not the school) and in its original packaging, with manufacturer's instructions. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents/carers must certify this is the case – a note to this effect should be recorded on the consent form. The use of antihistamine will be detailed on the pupils Individual Health Care Plan. The medication will be stored and administration recorded as for prescription medicines. The school will inform the parent /carer the time and dose of the non-prescription medication that has been administered, at the end of each day.

### **Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access. Controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

### **Pupils with Long-term or Complex Medical Needs**

Parents or carers should provide the Head Teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/carers, Head Teacher, school nurse, First Aiders and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHP) (Appendix A) or Educational Health and Care plan (EHC). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition.

### **Admissions**

When the school is notified of the admission of a pupil with medical needs the class teacher and the lead for Managing Medicines will complete an assessment of the support required. This might include the development of an IHP and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place. There is a template letter for contacting parents in (Appendix D).

### **Impaired mobility**

Providing the approval of the GP or consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school. Safeguards and restrictions will be necessary on PE, practical work or playtimes to protect the child or others. A risk assessment will need to be completed before the child returns to school. This will usually be completed within 24 hours of notification of the impaired mobility.

### **Pupils taking their own medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication, but this will always be supervised by a member of staff. Appropriate arrangements for medication should be agreed and documented in the pupil's Individual health care plan and parents/carers should complete the relevant section of 'Parental Agreement for Setting to Administer Medicine' form (Appendix B).

### **Staff Training**

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epi-pens), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. See 'Staff training record – Supporting pupils with medical conditions' (Appendix E).

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. See 'Record of the Administration of Medicine' (Appendix C).

### **Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, epi-pens etc) are kept in a locked cupboard. Medicines are always stored in the original pharmacist's container. In the event that a pupil requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and epi-pens are kept in the office in a clearly identified container. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons and educational visits.

Medicines that require refrigeration are kept in the Staffroom, clearly labelled in an airtight container.

### **Record Keeping**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent/carer or guardian will be informed if their child has been unwell during the school day. For record sheets see 'Record of the Administration of Medicine' (Appendix C).

### **Emergency Procedures**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP, the emergency procedures detailed

on the plan are followed, and a copy of the IHP is given to the ambulance crew. Instructions for calling an ambulance are displayed prominently by the telephone in the school office.

### **Medicines on Educational Visits**

Staff will administer prescription medicines to pupils with long-term conditions when required during educational visits. Parents/carers should ensure they complete a consent form (Appendix F) and supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication and anti-histamine for a mild allergic reaction) cannot be administered by staff and pupils must not carry them for self-administration.

Pupils with long-term medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents/carers and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

### **Complaints**

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head Teacher. If the issue cannot easily be resolved the Head Teacher will inform the Governing Body to seek resolution.



Appendix A

## Individual Care Plan

Name of school:

PINEWOOD INFANT SCHOOL

Child's name:

Class:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

### **Family Contact Information**

Mothers Name:

Mobile Phone:

Landline:

Name:

Relationship to child:

Mobile Phone:

Landline:

### **Clinic/Hospital Contact**

Name:

Phone no:

### **Doctors**

Name:

Phone no:

Who is responsible for providing support in school?

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Dear Parents/Carers

Whilst we are not legally obliged to administer medicines in school, we do understand the difficulties for parents/carers when children need them but are not ill enough to be kept at home. School is able to administer certain prescribed and non-prescribed medication as long as the following conditions are met;

**Prescribed Medication**

- All prescribed medication is in its original container/bottle
- The dosage is as per prescription instruction
- Parents/carers accept that no member of staff can be held responsible should the medicine not be given

**Non-Prescribed**

- Has your child ever suffered any side effects before from the medication..... being administered today..... YES/NO

If yes please give

details.....

- The medication is suitable for children (i.e. children's paracetamol)
- School will only be responsible for the administration of 1x daily dosage of medication

School has the right to refuse to administer the medication.

**I give for permission for school to administer medication to my child.**

Child's Name:..... Class:.....

Medical Condition/Illness:..... Name of Medication:.....

Date dispensed:..... Dosage and Method:.....

Times required e.g. play times, lunch, P.E. (please indicate):.....

Special Precautions:.....

Self- administration YES/NO (delete as appropriate)

Procedures to take in an emergency:.....

Contact Telephone Number/s:..... /.....

I have read and agree to the conditions set out above;

Signed:..... Parent/Carer Date:.....

Relationship to child:.....





**School Aim**  
*To make learning irresistible*

Head Teacher: Miss Rachel Otter  
Pinewood Infant School  
Pinewood Avenue  
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Nottingham  
NG5 8BU

Email: [office@pinewood.notts.sch.uk](mailto:office@pinewood.notts.sch.uk)  
Website: [www.pinewood.notts.sch.uk](http://www.pinewood.notts.sch.uk)

Dear Parent/Carer

Developing an Individual Healthcare Plan for your Child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents/carers, pupils and the relevant healthcare professionals who can advise on your child's case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for / / . If this date is not convenient for you, please contact me to arrange another date as soon as possible.

The meeting will involve (**insert the names of attendees**). Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting, as soon as possible.

Please feel free to contact either myself, or another member of staff involved in plan development or pupil support if you have any concerns or questions.

Yours sincerely

Claire Reville  
Deputy Head Teacher

Appendix D





Appendix E

### Staff training record- Administration of Medicines

Staff name	
Type of training received	
Date of training completed	
Training provided by (person and company)	
Profession and title	

I confirm that (insert name of member of staff) has received the training above and is competent to carry out any necessary treatment.

I recommend that training is updated (insert frequency of update).

Signed: \_\_\_\_\_ (trainer)

Date: \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

Please return the completed form to the school office.