

Plymouth CAST Multi Academy Trust

Supporting Pupils at School with Medical Conditions and Administration of Medication

Policy

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This policy requires the following approvals:

	✓	Date Approved	Date for Review
Education and Standards Committee	✓	28/01/22	January 2024
Local Governing Board			

Introduction

Our vision for children and young people with special educational needs and disabilities and those with temporary or life-long medical conditions is the same as for all children in our academies. We aim to provide outstanding education to all children and young people and full access to the life of the school. We are fully inclusive in our provision in terms of social background, ability, ethnicity, disability, religion, gender, or sexuality. We strive to ensure access for all to educational excellence in preparing young people for their futures, seeking to continually improve levels of attainment and progress for all, and secure the highest levels of achievement appropriate to the individual learner.

Key Points (Supporting Pupils at School with Medical Conditions Statutory guidance for Governing Bodies of Maintained Schools and Proprietors of Academies in England DfE 2015)

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education
- The Local Governing Board must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- The Local Governing Board should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- The Local Governing Board should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need
- In supporting pupils at school with medical conditions, The Local Governing Board must have due regard to the Equalities Act 2010, and the SEND Code of Practice

St Mary's Catholic Primary School, Falmouth.

1. The staff of St Mary's Catholic Primary School wishes to ensure that students with medical needs receive proper care and support. Our intention is to ensure that students with medical conditions should have full access to education including Physical Educations, educational visits and extra-curricular activities. The governing body will ensure that staff are supported and trained and competent before they take on the responsibility of supporting students with medical conditions.
2. The school's insurance will cover liability relating to the administration of medication.
3. Sarah Shailes will be responsible for ensuring the following:
 - Procedures to be followed when notification is received that a student will be attending who has a medical condition (including transitional arrangements between schools, re-integration or when students' needs change; arrangements for staff training or support) St Mary's Catholic Primary School will ensure all children joining at normal transition times will have arrangements in place to manage their medical condition by the beginning of that term.

- Any child joining the school mid-term, will have necessary paperwork and arrangements in place as soon as they start. In other cases, such as a new diagnosis or a child moving to St Mary's mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
 - Procedures to ensure that all staff, including supply/temporary staff receive all necessary information about the pupils' condition and its management/IHCP
All school staff, including temporary or supply staff (and volunteers if and when appropriate), are aware of the medical conditions at this school and understand their duty of care to children in an emergency. The school will follow the below procedures:
 - All staff receive training in what to do in a medical emergency and this is refreshed annually.
 - All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff have access to protective clothing and suitable disposal equipment to safely deal with spillages of blood or other bodily fluids, including the changing of dressings.
 - All children with a long-term medical condition at this school have an IHCP, which explains what help they will need in an emergency. The IHCP will accompany a child should they need to attend hospital. Parental permission will be sought and recorded in the IHCP for sharing the IHCP with emergency care settings. IHCPs should be developed in the context of assessing and managing risks to the child's education, health and social wellbeing and to minimise disruption.
 - Procedures for ensuring that all necessary information about the pupils' condition and its management/IHCP, including any required medication, is included in the risk assessment and planning for educational visits, off-site activities, on-site extra-curricular activities, and activities taking place outside the normal school day/term such as holiday clubs etc.
St Mary's Catholic Primary School will:
 - Make sure that a trained member of staff is available to accompany a child with a medical condition on an off-site educational visit/on-site extra-curricular activity. The needs of the child, associated risks and how these are to be managed will be included in the risk assessment for the visit. These risk assessments will consider that all children with medical conditions are included. Relevant consultations will take place with parents and pupils and advice from the health care professionals will ensure that pupils can participate safely.
 - Procedures for asthma inhalers/spacers. See below
 - Procedures for adrenaline auto-injectors. See below
 - Procedures for any other medical equipment required by a pupil, See below
4. The above procedures will be monitored and reviewed by Sarah Shailes and Sue Marshall
 5. Where identified as being necessary, Individual Healthcare Plans (IHCP) will be developed between St Mary's Catholic Primary School, healthcare professionals and parents so that the steps needed to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. The IHCP will include:

- a) The student's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. Also, it must include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as crowded corridors and travel time between lessons
 - b) Specific support for the student's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
 - c) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional
 - d) Cover arrangements and who in the school needs to be aware of the student's condition and the support required including supply staff
 - e) Arrangements for written permission from parents for medication
 - f) Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable
 - g) The designated individuals to be entrusted with the above information
 - h) Procedures in the event of the student refusing to take medicine or carry out a necessary procedure
 - i) Arrangements for the regular review of the IHCP
6. Sarah Shailes will have the final decision on whether an Individual Health Care Plan is required.

Students with asthma

7. St Mary's Catholic Primary School has decided to hold an emergency inhaler and spacer for the treatment of an asthma attack.
8. Sarah Shailes and Sue Marshall will be responsible for ensuring the following:
 - Instructing all staff on the symptoms of an asthma attack
 - Instructing all staff on the existence of this policy
 - Instructing all staff on how to check the asthma register
 - Instructing all staff on how to access the inhaler
 - Making all staff aware of who are the designated staff and how to access their help
9. Sarah Shailes and Sue Marshall will be responsible for ensuring that designated staff:
 - Recognise the signs of an asthma attack and when emergency action is necessary
 - Know how to administer inhalers through a spacer
 - Make appropriate records of attacks
10. Sue Marshall and Sarah Shailes will be responsible for the storage, care and disposal of asthma medication.

11. Sue Marshall and Zoe Thomason will be responsible for ensuring that there has been written consent from parents for the administration of the emergency inhaler and spacer. The emergency inhaler/spacer will only be available for students who have been diagnosed with asthma and have been prescribed reliever inhaler AND for whom parental consent has been given. This information shall be recorded in the student's IHCP plan.
12. Sue Marshall will be responsible for the supervision of administration of medication and for maintaining the asthma register.
13. Sue Marshall and Zoe Thomason will be responsible for ensuring parents are informed in writing when the emergency inhaler/spacer has been used.
14. Sarah Shailes and Sue Marshall and Lucy Titheridge will be responsible for working with health professionals, parents and the pupil to establish whether the pupil needs to have independent access to an inhaler at all times. If this is the case, it must be reflected in the care plan, including the safe storage and notification and recording of use.
15. **Students with anaphylaxis**
16. St Mary's Catholic Primary School has decided to hold an emergency adrenaline auto-injector for the treatment of an anaphylaxis attack for pupils who have been diagnosed with anaphylaxis and prescribed an auto-injector.
17. will be responsible for ensuring the following:
 - Instructing all staff on the symptoms of an anaphylaxis attack
 - Instructing all staff on the existence of this policy
 - Instructing all staff on how to check the pupil medical register
 - Instructing all staff on how to access the auto-injector
 - Making all staff aware of who are the designated staff and how to access their help
18. St Mary's Catholic Primary School will be responsible for ensuring that designated staff:
 - Recognise the signs of an anaphylaxis attack and when emergency action is necessary
 - Know how to administer the auto-injectors
 - Make appropriate records of attacks
19. Sue Marshall and Sarah Shailes will be responsible for the storage, care and disposal of the adrenaline auto-injector.
20. Sarah Shailes and Sue Marshall will be responsible for ensuring that there has been written consent from parents for the administration of the emergency auto-injector. The emergency auto-injector will only be available for students who have been diagnosed with anaphylaxis and have been prescribed an auto-injector AND for whom parental consent has been given. This information shall be recorded in the student's IHCP plan.

21. Sarah Shailes and Sue Marshall will be responsible for the supervision of administration of medication and for maintaining the pupil medical register.
22. Sarah Shailes and Sue Marshall will be responsible for ensuring parents are informed when the auto-injector has been used.
23. Sarah Shailes will be responsible for working with health professionals, parents and the pupil to establish whether the pupil needs to have independent access to an adrenaline auto-injector at all times. If this is the case, it must be reflected in the care plan, including the safe storage and notification and recording of use.
24. We keep controlled drugs stored securely, but accessible, in a non-portable container with only named staff having access. Staff can administer a controlled drug to a pupil once they have had specialist training, where applicable.
 - We will store medication that is labelled and in its original container. Medication will only be accepted where it is in its original container, complete with a dispensing label including the child's name and instructions for administering from a qualified healthcare professional. The exceptions to this are insulin and adrenaline (auto-injector), which although must still be in date, will generally be supplied in an injector pen or pump.
 - We check all medication held in school on at least a termly basis and all medicines which will expire before the end of the following term will be returned to parents and replacements requested.
 - The school disposes of needles and other sharps in line with local policies. Sharps boxes are held securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

THE ADMINISTRATION OF MEDICINE

25. The Deputy Head will accept responsibility in principle for members of school staff giving or supervising a student taking prescribed medication during the day, where those members of staff have volunteered to do so.
26. Any parent/carer requesting the administration of medication will be given a copy of this policy.
27.
 - Prescribed medication will be accepted and administered in the establishment
 - Non-prescription medication will only be accepted and administered in the following circumstances: Medicines bought 'over the counter' will not be administered. Medicines will only be administered at school when it would be detrimental to the child's health not to do so and where it is not clinically possible to arrange doses to be taken solely outside of school hours. **Therefore, this school will normally only administer medication in cases where a child has been instructed to take 4 doses of the prescribed medicine per day.**
28. Prior written parental consent is required before any medication can be administered.

29. Only reasonable quantities of medication will be accepted (no more than one week's supply).
30. Each item of medication should be delivered in its original dispensed container and handed directly to the Zoe Thomason or Sue Marshall authorised by the Deputy Head Teacher.
31. Each item of medication should be clearly labelled with the following information:
 - Student's name
 - Name of medication
 - Dosage
 - Frequency of dosage
 - Date of dispensing
 - Storage requirements (if important)
 - Expiry date (if available)
32. The school will not accept items of medication which are in unlabelled containers or not in their original container.
33. Unless otherwise indicated, all medication to be administered in the school will be kept safely locked in the medical fridge if required to be stored at a controlled temperature. If not, they are locked in a secure cupboard. The fridge and the medical cupboard are located in the Medical Room.
34. Staff administering medicines will record and sign each time a medicine is administered. Written records of all medication administered to every pupil will be held by the school in a secure location and may be made available to parents on request.
35. If a pupil refuses their medication, staff will record this, report to parents as soon as possible and follow the protocol laid down in the IHCP.
36. If the school fails to administer an agreed medication, Sue Marshall will check the IHCP to establish and take any required action, ensure that it is recorded, and that parents are informed.
37. Where it is appropriate to do so, students will be encouraged to administer their own medication - if necessary, under staff supervision. Parents/carers will be asked to confirm in writing if they wish their student to carry their medication with them. In the event of a drug which is prescribed but not emergency medicine such as Methylphenidate (Ritalin), students may not be allowed to carry these. Any such arrangements must be detailed in the IHCP, action to be taken if another child takes the medication.
38. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.
39. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the school's Nurse Service and/or specialist teams such as the paediatric diabetic

team; community asthma team; CAMHS etc. In pre-school settings arrangements will be made through Primary Care Health Visitors.

40. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.

41. Local School Health Service and Other Contact Details

Cornwall Council: Together for Families

Health Visiting and School Nurse advice line

T- 01872 322779

Email- [@hvsnadvice@cornwall.gov.uk](mailto:hvsnadvice@cornwall.gov.uk)
www.cornwall.gov.uk/schoolnursing

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