



# Colliers Green CofE Primary School

Colliers Green, Cranbrook, Kent. TN17 2LR

## Document Control Sheet

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## Document History

<b>Date:</b>	<b>Summary of Changes:</b>
July 2024	Policy updated with current details.

## **Supporting children in school with medical needs and the administration of medicines in School Policy.**

At Colliers Green Primary, we will help to ensure that children with medical conditions can:

- Be healthy;
- Stay safe;
- Enjoy and achieve.

The school policy ensures that all staff understand their duty of care to children. In particular, staff understand their duty in the event of an emergency, and know what to do when one occurs. The school aims to manage and understand all its pupils' medical conditions to the best of its ability, knowing that some are potentially life threatening. It understands the importance of medication and care as directed by healthcare professionals and by parent(s) or carer(s).

### **The Legal and Contractual Position**

Schools have a statutory duty to support pupils with medical conditions under section 100 of the Children and Family Act 2014. The Department of Education documents, 'Supporting Pupils at School with Medical Conditions' and 'Statutory Framework for the Early Years Foundation Stage' explain the legislative requirements and good practice guidance with regards to medicine management in schools. The purpose of this document is to outline Colliers Greens policy and related procedures for the management and administering of medicines.

A child's mental and physical health should be properly supported in school, so that the pupil can play a full and active role in school life, remain healthy and achieve their academic potential. The administration of medicines is primarily the responsibility of parents and carers. Wherever possible, medicine should be given to children before or after school. If children require medication for infections and illnesses, it is appropriate for the school to ask if the child should be attending school due to the possibility of spreading infections to others.

### **By implementing this policy, we intend to achieve the following objectives:**

- To safeguard the health and wellbeing of pupils and enable regular attendance for pupils who require medicines during the school day
- To set expectations and standards for the management and administering of medicines in school.
- To identify roles and responsibilities with regards to medicine management
- To take account of statutory responsibility and ensure staff work in compliance with legislation.
- To provide staff and parents with guidance and information
- To reduce the risk of medication errors occurring.

## Administering Medicines in School.

### Guidelines for Parents/Carers

1. Parents are asked, if possible, to notify the school before sending in medication, this can be done by voicemail/email or Studybugs.
2. Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
3. Where possible, the need for medication to be administered at school should be avoided, Parents/carers are therefore (if they are able) asked to arrange the timing of doses accordingly.
4. Medicines will only be administered if written parental consent is provided.
5. Parents/Carers have the responsibility to dispose of any unused or expired medication.
6. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
7. Parents are responsible for completing the necessary paperwork e.g. request for administration of medication.

Parents who do not provide this support should be aware that we may not be able to fully support their child's medical condition in school.

### Prescription Medicines.

1. Prescription medicines (if agreed by the school) should be received from and returned to a **responsible adult only (not an older sibling)**. A form should be completed by the parent to consent to the school staff administering medication
2. Labelled medicine should normally be received and returned **Daily**.
3. Parents of pupils requiring medicine daily on a long term-basis should make arrangements with the school.
4. It is the responsibility of the parent to provide medicine, which is
  - Clearly labelled in its original container
  - Clearly labelled with the child name (i.e. prescriptions only)
  - Clearly labelled with the child's date of birth
  - Clearly labelled with the dose required.
  - Prescribed by a doctor.
5. Written instructions should be received from the parent or carer and medicine should not be administered without these.

### Non-prescription Medication.

1. Non-prescription medicines will not be administered without written consent from the parent of the pupil. (this could initially be by email or study bugs)

2. All non-prescription medicines must be in date and supplied in their original packaging and container with manufacturer's guidance leaflet included. Staff will consider guidance from the manufacturer and parents before administering medicines.
3. Please label all non-prescribed medicines with your child's name. Please ensure that you sign the consent form at the end of the day.
4. Non-prescription medicines, e.g., for pain relief, should not be administered without first checking maximum dosages and when the previous dose was taken.
5. A child under 16 should **never** be given medicine containing **aspirin** unless prescribed by a doctor.

**Please Note:** We are unable to administer homeopathic or herbal medicines without specific instructions from a medical professional.

**Any member of staff giving medicines should check:**

1. Child's Name
2. Prescribed dose
3. Expiry date
4. Any other written instructions (as provided by prescriber)

If in any doubt staff should check with parent or health professionals before being taking further action. If staff has any concerns administering medicine to a particular child the issue should be discussed with Headteacher, Senco, parent or health professional.

**Ensuring the correct dosage is given to the right child**

1. The identified member of staff (agreed) who will administer medicines will also be responsible for ensuring that all doses are recorded on the permission list. This list will record the name of the child, the date when administered, the time when administered, the name of the medicine, the dosage given and they will record their signature.
2. The school should **never** accept medicines that have been taken out of the container as originally disposed, nor make changes to dosages on parental instructions.
3. No child under 16 should be given medicines without their parents' consent either written or signed on a medical plan.

**Storage Arrangements.**

Medicines should be stored in a secure location **(In Office)** Medicines that require refrigeration should be stored, clearly labelled in a sealable plastic container in the refrigerator. **(The fridge is upstairs in the main school house)**

Children should know where their own medicines are stored.

**Asthma Inhalers**

School staff are aware that, although it is a relatively common condition, asthma can develop into a life-threatening situation.

Children who have asthma **will not** have an Individual Healthcare Plan unless their condition is severe or complicated with further medical conditions

Where parents or carers inform the school of the need of asthma inhalers and spacers to be used by pupils, the inhaler will be kept with the child in class.

Inhalers should always be self-administered by all pupils. (Younger children may be given support to hold inhalers or spacers where necessary by the identified member of staff, but the administration must be completed by the pupil).

Pupils should have immediate access to inhalers. Although inhalers may be misused, the risks associated with delay in access are much greater than those of misused by pupils. For this reason, older students should keep their own inhaler with them and for younger children it would be appropriate for inhalers to be given to the class teacher.

If pupils are having trouble in managing their inhalers their parents and the school nurse should be informed so that they can act to support the child in the correct use of an inhaler.

### **Other medical procedures**

From time to time other medical procedures may be required to be carried out for pupils who have complex medical needs e.g. insulin injecting diabetics, those requiring epi-pens etc. Teaching and non-teaching staff may volunteer to undertake these medical procedures. Appropriate training will need to be given to these staff who volunteer to undertake the task.

### **Sending children home due to illness.**

- The class teacher and office staff will make a decision (sometimes in consultation with the parent) as to whether a child should be sent home, and the office will then contact a parent or carer and arrange for the child to be collected.
- The school follows National Health Service Guidance [<http://www.nhs.uk>] on the length of time a child is required to stay home after a contagious illness. We recognise the importance of protecting all children from infection, particularly those with reduced immunity and/or heightened risk due to a medical condition.

### **Emergencies**

All staff should know how to call the emergency services (999) and know who is responsible for carrying out first-aid and administering of medication in the school. A pupil who is required to be taken to hospital by ambulance should always be accompanied by their parent or a member of staff who should remain until the parents/carers arrive.

Where a child has an individual healthcare 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 the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

### **First Aiders**

At Colliers Green we have trained first aiders in each classroom, they are trained in Full Paediatric First Aid and Emergency First Aid at work. These qualifications are valid for three years. See First Aid policy.

- Staff keep an accident book where all significant accidents are recorded.
- A full list of all trained First Aiders is available in the office.
- First Aid kits are also available in the school office.

- Any child who suffers an accident involving their head will be given a printed bump letter to take home at the end of the day in order to inform parent(s) or carer(s).

In the office for **Emergency** use, we have a **life vac** which is a lifesaving apparatus developed for resuscitating a choking victim. Instructions for use are in the office, all staff will be advised to become familiar with said instructions. [www.lifevac.co.uk](http://www.lifevac.co.uk)

### **Defibrillator**

At Colliers Green we also have **An Automated External Defibrillator** (AED or 'defibrillator') this is a machine that is placed externally on the body and is used to give an electric shock when a person is in cardiac arrest i.e., when the heart suddenly stops pumping blood around the body. Modern defibrillators are simple and safe to operate and use. Once attached, the defibrillator will automatically analyse the individual's heart rhythm and, if required, apply a shock to restart it or advise that CPR should be continued. The DofE has supplied schools in England with Mediana A-15 defibrillators. The Mediana A-15 has both visual and voice prompts to guide the rescuer through the entire process from when the device is first opened.

All our First Aiders have been trained in the use of the defibrillator.

### **Individual Health Care Plans.**

Individual healthcare plans provide clarity about what needs to be done, when and by whom, in order to support a child's medical condition. An individual healthcare plan might be appropriate if a medical condition:

- is long-term and complex;
- fluctuates;
- is a recurring condition; or
- there is a high risk that emergency intervention will be required.

Based on medical evidence and consultation with the parents and health care professionals, a decision should be taken on whether a healthcare plan is a proportionate response to the child's medical condition. The head teacher takes the final decision as to whether an individual healthcare plan is suitable. An example of a condition that usually requires an individual healthcare plan is diabetes.

If a decision is taken to go ahead with an individual healthcare plan, those individuals consulted on the appropriateness of the plan would be invited to assist in drafting its contents. The individual healthcare plan must be reviewed *at least* annually, or earlier if evidence is presented that the child's needs have changed.

### **What should the Individual Healthcare plan include?**

The individual healthcare plan should include the following information:

- the medical condition, its triggers, signs, symptoms and treatments;
- precisely what help the child needs to manage their condition, what they can do themselves and what they need from another (including supervision);

- who in the school needs to be aware of the child's condition, which staff will be available to provide support to the child, and the level of training and proficiency required of the staff member;
- the written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil;
- any specific support needed around the child's educational, emotional and social needs, e.g. management of absences, support for catching up with lessons or any counselling arrangements;
- what to do in an emergency situation, including whom to contact;
- the pupil's practical medical requirements, including managing their surroundings where it affects them e.g. noisy rooms;
- the plans that need to be put in place for exams (if appropriate), school trips (including overnight) or other school activities outside of the normal school timetable;
- where a child has a Statement of Special Educational Needs (SEN) or an EHCP, how the individual healthcare plan should be linked to or become part of that Statement or Plan;
- where a child has SEN but does *not* have a Statement of SEN or an EHCP, mention of the child's SEN in their individual healthcare plan;
- how to manage queries about confidentiality and which individuals those rules can be breached in favour of;
- the date that the individual healthcare plan is to be reviewed (at least annually), who can alter the plan, which parts can be altered, and the process for reviewing the plan.

### **Record Keeping**

Parents should tell the school or setting about the medicines their child needs to take. They should provide details of any changes to the prescription or support required.

For all medicines administered written records must be kept each time medicines are given and parents should be informed of the time it was given. Parents should always be informed if their child has been unwell at school.

### **Educational Visits**

A risk assessment for educational visits should include a section on medical needs and medicines to be taken. Staff should allocate a designated person.

A copy of any medical care plans should also be taken. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely

Staff to ensure that all necessary medicines i.e. Inhalers are clearly labelled and taken on the trip.

## **Safety Management**

All staff should be responsible for safe storage of medicines. Inhalers can be carried by children if agreed by the headteacher and parents.

All medicines are harmful to anyone who takes them without medical advice.

All children are regularly informed that they must not take any medicine which they find and medication should be handed to an adult.

## **Disposal**

Staff should not dispose of medicines. Parents are responsible for ensuring expired medication is returned to the pharmacy.

Sharp boxes should be used to dispose needles.

Sharp boxes can be obtained by parents from their GP.

Collection and disposal of sharp boxes should be arranged with local authority's environmental services.

## **Hygiene and Infection Control.**

All staff should be familiar with normal precautions for avoiding infections. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of equipment.

## **School Medical Register.**

We keep a centralised register of all children with medical needs. This can be found in the office and the office staff have responsibility for keeping the register up to date.

## **Data protection.**

We will only share information about a child's medical condition with those staff who have a role to play in supporting that child's needs. In some cases, e.g. allergic reactions it may be appropriate for the whole school to be aware of the needs. In other cases, e.g. toileting issues, only certain staff involved need to be aware. We will ensure we have written parental permission to share any medical information.

## **Complaints.**

For details on how to make a complaint around medical issues in school please follow our school complaints procedure available from the office or our website.

## **Further Information.**

This policy should be read alongside our broader school policies on the equality and inclusion of all learners and our policy on safeguarding and well-being— both available on the school website.

This policy has been developed following the guidance on Supporting Pupils at School with Medical Conditions, issued by the Department for Education:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>- Any updates to this guidance will be sought and incorporated into the policy in future.