

# HOLY ROSARY CATHOLIC PRIMARY SCHOOL

*“Together as a family, we love, learn and grow in  
the presence of God”*



**MEDICINE POLICY**

## **SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS (INCLUDING MEDICINE POLICY)**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. Further guidance can be found in the DfE publication "Supporting pupils at school with medical conditions" dated September 2014.

### **Aims**

To ensure pupils with medical conditions are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

### **Procedure**

Whenever we are notified that a pupil has a medical condition we will ensure that:-

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual health care plans are monitored
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

When a child joins Holy Rosary School, or a new diagnosis is given, arrangements should be in place as soon as possible.

Any pupil with a medical condition requiring medication or support in school should have an Individual Healthcare Plan (IHP) which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate, a record of the child's medical condition and any implications for the child will be kept in the child's individual record.

### **Individual Healthcare Plans**

It would be the role of the Deputy Headteacher, the SENCO and Class Teacher to ensure that an IHP is put in place. It may include:-

- information about the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency and cover arrangements
- who in the school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the Headteacher 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
- where confidentiality issues are raised by the parent/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.

An IHP may be reviewed annually or if circumstances change – see Annex A.

## **Legality**

There is no legal duty for any member of the school staff to administer medicines or to supervise a child taking it. It is not part of a teacher's professional duties, however they may take into account the needs of their pupils. Medicines can be administered by any member of staff willing to do so.

Parents or Guardians have prime responsibility for their child's health and it is essential that they provide the School with information about their child's medical condition. Under no circumstances must any medication be administered without parental approval.

The governing body, Headteacher, school staff, health professionals, parents and pupils are aware of their roles and responsibilities to support pupils with medical conditions.

## **Long term medical needs**

It is important for the school to have sufficient information regarding the medical condition of any pupil with long term medical needs. IHPs may be drawn up for such pupils, involving the parents and the relevant health professionals. Children who return to school after long term illness must receive support from the school enabling them to be fully involved in school life, to ensure effective reintegration. Staff training may be required to cater for individual needs.

## **Managing medicines on school premises**

Medicines may only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

All medication to be administered in School must be accompanied by the Parent's or Carer's written consent. Medicine forms are available in the office for this purpose. The parent/carer should complete the Medicine Form and the member of staff administering the medicine should complete and sign the 'Record of Medicine Administered' section every time a child receives medication. If a child refuses medication the parent will be informed.

Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container, as dispensed by a pharmacist, clearly labelled with the child's name, dosage and contents, and 'in date'. 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.

Parents are encouraged to ask about medicines being provided in dose frequencies which enable it to be taken outside school hours. For example, if a medicine needs to be taken three times a day that could be in the morning, after school and at bedtime. Separate arrangements would need to be made for children attending after-school club.

Non-prescribed medicines should not normally be administered in school. If rare circumstances occur to necessitate this, the parent or carer should make an appointment with the Headteacher prior to possible permission being given.

If parents wish to come into School to administer medication to their children, the School will provide facilities for them.

All emergency medicines, eg asthma inhalers and epi-pens, should be readily available and not locked away. If the medication must be kept refrigerated, proper arrangements should be implemented to ensure that it is both secure and available whenever required.

## **Asthma**

Children with asthma will be able to keep their reliever (blue) to hand in the classroom all day – see the Asthma Attack Guidance on the 'Be Safe' notice boards. It is not usual for the preventer inhaler (brown) to be in school as these are usually used out of school hours. Inhalers should be clearly labelled with the child's name. When an inhaler is required to be kept in school, parents are asked to complete a "Parental Request" form which is kept in the school office.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies. We have a supply of "emergency" inhalers in school – one is kept at each of the "first aid areas".

An emergency salbutamol inhaler can only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty)

## **Epilepsy**

Regular medicine should not need to be given during school hours.

## **Diabetes**

Individual needs will be discussed and appropriate staff training will take place.

## **Self-Management**

At Holy Rosary we consider it good practice to allow children, who are able to do so, to manage their own medication. If children can take their medicine themselves, staff may only need to supervise.

## **Defibrillator**

The school has acquired two defibrillators and staff have been trained in its use. They are located in the school office.

## **Storage of Medicines**

Medicines are to be kept in a safe and secure place, generally the staff room fridge or cupboard. Children should know where their medicines are kept and be able to access them when required.

## **School Trips**

Staff supervising educational visits should be aware of any medical needs and relevant emergency procedures, as it may be necessary for different arrangements to be made. Should this be the case advice should be sought and an agreement reached with the Headteacher. Where necessary, individual risk assessments should be conducted.

A qualified first aider will accompany pupils on school trips and will ensure that the appropriate medication is taken on the visit.

## **Sporting Activities**

Most pupils with medical conditions can participate in PE and extra-curricular sport. Any restrictions on a child's ability to participate in PE should be recorded in their IHP. If restrictions apply, individual risk assessments should be conducted. Some pupils may need to take precautionary measures before or during exercise and may need to be allowed immediate access to their medicines (eg asthma-inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.

## General

The advice from the Health Protection Agency recommends that children be kept away from school 48 hours from last episode of diarrhoea or vomiting. However, the school adopts a “common sense” approach and recommend that children be kept away from school for **at least 24 hours** after the last episode of diarrhoea or vomiting. This is to limit the spread of infection.

It is school policy that staff are not to administer eye drops or skin creams.

It is school policy not to administer the first dose of any medicine (in case of any adverse reaction).

Medicines will be returned to parents/carers when no longer required. Long-term medicines, ie asthma inhalers, allergy medicines, will be returned to parents/carers at the end of the school year.

## Emergency situations

As part of general risk management processes, if an emergency occurs Holy Rosary will contact parents and ring 999. Where a child has an Education Healthcare Plan, this may 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 may know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

## Unacceptable practice

Every effort is made at Holy Rosary to ensure that children are cared for. Staff may use their discretion whenever and wherever possible and seek advice from a member of the SMT. Each case will be considered on its own merit, however it is generally not acceptable to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues - no parent may feel they have to give up work to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.