

Administering Medicines and Supporting pupils with medical conditions policy

St Mary's Catholic Primary School



With Jesus as our guide

We promise to care for one another

To work hard

To build a community in Christ's Love

Approved by:	St Mary's Governing Body	Date:
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Policy Statement

St Mary's Catholic Primary School is an inclusive community that welcomes and supports pupils with medical conditions. We understand that children can suffer from long term, short term, chronic and acute illnesses and will provide for all pupils without exception or discrimination. This includes both physical and mental health conditions. St Mary's School provides all children with any medical condition the same opportunities as others at school, enabling them to play a full and active role in school life, remain healthy and achieve their academic potential. We will help to ensure they can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained

- › Making staff aware of pupils' conditions, where appropriate
- › Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- › Providing supply teachers with appropriate information about the policy and relevant pupils
- › Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is the Headteacher Priscilla Jordan

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The St Thomas Aquinas CMAT/ governing board

The CMAT/ governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- › Make sure all staff are aware of this policy and understand their role in its implementation
- › Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- › Ensure that all staff who need to know are aware of a child's condition
- › Take overall responsibility for the development of IHPs
- › Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- › Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- › Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines. However, if administration of medication such as calpol is needed for a short period of time, the SLT or class teacher will only administer this, if the school's medical form has been filled in by the parent. The medical forms are stored in the school office.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- › Provide the school with sufficient and up-to-date information about their child's medical needs, including filling in the administering medicines form.
- › Be involved in the development and review of their child's IHP and may be involved in its drafting
- › Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

Short term illnesses: please also see the NHS website for advice.

Vomiting and diarrhoea

Children with [diarrhoea](#) or [vomiting](#) should stay away from school for 2 days (48 hours) after their symptoms have gone.



Fever: If your child has a fever, keep them off school until the [fever](#) goes away.

If your child has [chickenpox](#), keep them off school until all the spots have crusted over.

This is usually about 5 days after the spots first appeared.

Impetigo

If your child has [impetigo](#), they'll need antibiotic treatment from the GP.

Keep them off school until all the sores have crusted over and healed, or for 48 hours after they start antibiotic treatment.

Encourage your child to wash their hands regularly and not to share towels, cups and so on with other children at school.

Scarlet fever

If your child has [scarlet fever](#), they'll need treatment with antibiotics from the GP. Otherwise they'll be infectious for 2 to 3 weeks.

Your child can go back to school 24 hours after starting antibiotics.

Slapped cheek syndrome (fifth disease)

You don't need to keep your child off school if they have [slapped cheek syndrome](#) because once the rash appears, they're no longer infectious.

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

3.7 Administering Medication

This will be administered by a member of the SLT. If the SLT are not on the premises, this can be administered by the class teacher. The school medication form must be filled in. Pupils must not bring in medication and keep it in the classroom or the cloakroom.

Medication will only be received in school if it has been prescribed by a doctor or on the written request of a parent.

Only reasonable quantities of medication should be supplied to the school, (for example, a maximum of four weeks supply at any one time)

Each item of medication must be delivered in its original container and handed directly to the receptionist

Where the student travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the student, including medication for administration during respite care

Each item of medication must 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

The school will not accept items of medication which are in unlabelled containers

Unless otherwise indicated all medication to be administered in school will be kept in a locked medical cabinet or in the fridge of the medical room.

On request the school will provide parents/carers with details of when medication has been administered to their child

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 child to carry their medication with them in school.

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 the student's need for medication. Parents are responsible for ensuring emergency medication stored in school is in date. The Health and Safety Co-ordinator will regularly monitor that stored medication is in date, taking action as appropriate.

Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service.

The school will make every effort to continue the administration of medication to a student whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a student on a school trip if appropriate supervision cannot be guaranteed.

Where there is a need for a student to have pain relief in school, one of the senior First Aiders, with the consent of parents or guardians may consider the use of paracetamol/ Calpol. The First Aiders will follow set guidelines for administration of this medication.

An example of when paracetamol/ Calpol could be given is when a pupil has a headache, but does not have any pain relief on them in school, a parent is contacted and agrees that they can have paracetamol, but they are unable to attend school to provide the medication.

ASTHMA

Medication

Asthma sufferers carry their own medication. Medication is NOT held centrally unless a parent makes a specific request, nor is it administered by the school.

Treatment

Preventers: These are taken daily at home am & pm to make the airways less sensitive to the triggers. Generally speaking preventers come in brown (sometimes white) containers.

Relievers: These medicines, sometimes called bronchodilators quickly open up narrowed airways and help the student's breathing difficulties. Generally speaking relievers come in blue containers.

RELIEVER MEDICATION SHOULD BE CARRIED BY THE STUDENT AT ALL TIMES INCLUDING DURING ACTIVITIES SUCH AS CROSS-COUNTRY RUNS /PE

Children with asthma learn from their past experience of attacks; they usually know just what to do and will probably carry the correct emergency treatment. As asthma varies from child to child it is impossible to give rules that suit everyone, however the following guidelines may be helpful:

During an attack

a) Ensure that the reliever medicine is taken promptly and properly:

b) Make sure an adult stays with the pupil

if in doubt contact a qualified First Aider

c) Stay calm and reassure the student:

- listen to what the student is saying and to what he/she wants: the student probably has been through it before
- loosen tight clothing around the neck
- offer the student a drink of warm water

- try tactfully to take the student's mind off the attack don't put your arm around the student's shoulder as this is restrictive

d) Help the student to breathe:

- Encourage the student to breathe deeply and slowly
- Most people with asthma find it easier to sit upright or to lean forwards slightly
- The student may want to rest his/her hands on the knees to support the chest
- Make sure that the student's stomach is not squashed up into the chest
- Lying flat on the back is not recommended

IF THE RELIEVER HAS NO EFFECT AFTER 5-10 MINUTES CALL AN AMBULANCE.

After an attack

Minor attacks should not interrupt a student's concentration and involvement in school activities. As soon as the attack is over encourage the student to continue with normal activities.

LCC procedures – Asthma at school (NAC leaflet), Every Breath you Take (NAC video).

DIABETES MELLITUS (TYPE 1 DIABETES)

This is a condition which is ever present in schools. The following can happen:

- Hypoglycaemia – when blood sugar levels fall below normal 4mmol/l
- Hyperglycaemia – prolonged high blood sugar level, which can lead to diabetic coma.

Hypoglycaemia (low blood sugar most common) – symptoms:

- Faintness
- Palpitations
- Strange behaviour
- Sweating
- Cold skin
- Strong pulse
- Shallow breathing

Treatment – Follow the student's Care Plan

Mild or Moderate Hypoglycaemia; below 4mmol/l

Awake with symptoms of hypoglycaemia i.e. shaky pale sweating, hungry, dizzy, don't feel well, aggressive feel faint

- Sit down, check blood glucose level. Stay with child
- Give 3 dextrose tablets (some pupils carry Jelly babies etc) or sugary drink i.e. 50 mls of lucozade or 100 mls of coke or sugary drink

- Type 1 Diabetics have emergency boxes stored in their classrooms.
- Students also carry emergency supplies with them.
- When student recovers - blood glucose rises above 4mmol/l - give starchy food, e.g. 2 biscuits or sandwich. Contact parents to check what to give them.
- In the unlikely event of a student losing consciousness call an ambulance. Severe hypoglycaemia

- If pupil is unconscious and not able to swallow do not give anything by mouth.
- Stay with the pupil put in recovery position
- Call 999

4.2.4 Hyperglycaemia (high blood sugar) – symptoms:

- Dry skin, rapid pulse
- Deep breathing, very difficult to inhale
- Smell of acetone on casualty's breath
- Treatment – rest and reassure patient, call for an ambulance.

(This usually comes on over days and so is not an acute problem) but can be serious.

ANAPHYLACTIC SHOCK

There is a sudden allergic reaction to:

- Certain foodstuffs
- Drugs
- A sting from an insect
- Latex rubber

In such cases breathing is dramatically reduced because of tightening of the airways due to swelling. They become shocked because of dilated blood vessels.

Symptoms:

- Anxiety
- Blotchy skin/rash
- Swelling of face/eyes/throat
- Seriously impaired breathing
- Rapid pulse
- Unconsciousness

5 Treatment:

- Dial 999
- If shocked, best to lie patient down
- Keep patient warm

If a member of school displays those symptoms contact a First Aider IMMEDIATELY. Medication for all known sufferers of anaphylactic shock is kept in a named box in the medical cupboard in the medical room. Some pupils have their own epi-pen which is kept in their own medical box, which is kept with them at all times. Staff receive training on using an epi-pen every three years with their first aid training.

EPILEPSY

Minor Partial Seizure – A sufferer may remain conscious with the following

Symptoms:

- Sudden 'switching off'
- Staring blankly
- Slight twitch/jerking
- Possible shouting/noise making

Treatment:

- Sit the casualty in a quiet place and observe. Remove sources of harm.
- Reassure patient
- Notify parents.

Complex Partial seizure – Where consciousness is affected

Symptoms:

- Confusion
- Unaware of surroundings
- Mumbling sounds
- Chewing movements
- Not respond when spoken to

Treatment

As above

Generalised –Tonic Colonic Seizure

In some cases a child or young person loses consciousness

Symptoms:

- May start with casualty crying out
- Casualty falls down & may go unconscious
- Rigid back
- Breathing may become difficult
- Lips may go blue
- Clenched jaw
- Convulsions
- Saliva and/or blood in the mouth
- Loss of bowel control.

Treatment:

- Observe casualty
- Loosen clothing
- Administer Emergency Medication (as per care plan)
- Place in recovery position when convulsions cease
- Call 999 if fitting continues and recovery to consciousness is slow
- Contact Parents

Quiet often after a seizure the child or young person may feel tired, be confused, have a headache and need time to sleep. Recovery times vary some may feel better after a few minutes while others may need to sleep for several hours.

4. Equal opportunities

Our school is clear 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.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SLT.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher, will consider the following when deciding what information to record on IHPs:

- 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 corridors, 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 exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil'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 pupil can participate, e.g. risk assessments
- › Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- › What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription medicines will only be administered at school:

- › When it would be detrimental to the pupil's health or school attendance not to do so **and**
- › Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- › In-date
- › Labelled
- › Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away. These will be kept in labelled boxes.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- › Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- › Assume that every pupil with the same condition requires the same treatment
- › Ignore the views of the pupil or their parents
- › Ignore medical evidence or opinion (although this may be challenged)
- › Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- › If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- › Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- › Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- › Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

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

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- › Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- › Fulfil the requirements in the IHPs
- › Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are: **RPA: arranged by the CMAT**

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures.

For academies, We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition

