

MEDICATIONS AND MEDICAL CONDITIONS IN SCHOOL POLICY

This policy is informed by the Christian values which are the basis for all of CDAT's work and any actions taken under this policy will reflect this.

'Blessed are those who act justly, who always do what is right'

Psalm 106:3

School Name: St Matthew's C of E Primary School

Date agreed by LGB	Review Date	Signed Chair of LGB
January 19	Spring 21	

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1. Purpose

Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting young people with medical conditions.

In writing this policy St Matthew's has followed the current DfE guidance 'Supporting pupils at school with medical conditions' (December, 2015), the SEND code of practice (January, 2015), 'Automated external defibrillators (AEDs) A guide for schools' (June, 2017) and 'Guidance on the use of emergency salbutamol inhalers in schools' (March, 2015), 'The Early Years Foundations Stage' (March, 2017); and finally, Stockport Metropolitan Borough Council's document 'Supporting Pupil's Medical Conditions in Schools Policy (February, 2018).

2. Scope of the policy

This policy applies to all employees at St Matthew's.

St Matthew's will ensure that arrangements are in place to support young people with medical conditions. In doing so they will ensure that young people, as far as is reasonably practical, can access and enjoy the same opportunities as any other young person.

St Matthew's will ensure that staff are properly trained to provide the support that young people need.

A copy of this policy will be handed out to new staff as part of their induction.

The Principal at St Matthew's has overall responsibility for ensuring updates to training for staff.

3. Reason for review

This policy is reviewed annually for audit purposes - this is to ensure that the contents and processes are still relevant and current.

4. Aims

The aim is to ensure that all young people with medical conditions, in terms of both physical and mental health, are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

5. Staff responsibilities

Administration of medication by staff at St Matthew's is on a voluntary basis; however, staff at St Matthew's 'in an emergency situation...are required under common law duty of care to act like any reasonably prudent parent/carer' (SMBC, 2018).

Staff must:

- Record all medication received onto the premises
- check consent forms have been received before administering medication
- check and make an inventory of the contents, labelling, dosage etc. of any medication sent into school

All staff will complete compulsory epilepsy, asthma diabetes and anaphylaxis awareness training on an annual basis.

Prior to administering medication, appropriate staff will receive any/all necessary training, by the relevant person or body. For example, the school nurse for those children who may have complex needs and children with an Individual Health Care Plan (IHP).

If staff become aware of a child misusing their medication, whether this is prescribed or not, we will immediately seek medical advice by calling the local A&E. In such circumstances children will be subject to the school's disciplinary procedures.

The early year's unit is more stringently regulated around medication and administration of first aid than Year 1 and above, as the children are younger and smaller and, as such, all EYFS staff are paediatric first aid trained or emergency first aid trained, as stipulated in the DfE requirements (March, 2017).

6. Parental responsibilities

Supporting a young person with a medical condition during school hours is not the sole responsibility of one person. The school will work in partnership with parents to ensure that the needs of their child are met effectively.

Parents should:

- provide St Matthew's with sufficient and up-to-date information about their child's medical needs upon changes occurring
- ensure all medication, especially inhalers, is provided to school (see section 10)
- take responsibility for completing the necessary consent forms before their child is to be administered **ANY** medication
- ensure that any medication sent into St Matthew's is up-to-date, with the prescription label attached, showing the correct dosage, with their child's name and the expiry date. St Matthew's will **NOT** administer any item that is not labelled with a child's name
- notify school immediately of any medicine changes and stoppages of any current medication
- collect and dispose of any unused or out of date medications, when they are notified by a relevant member of staff

Parents are also responsible for providing external companies or parties with relevant medical information about their child before the child attends any sort of out of school club.

St Matthew's will not be responsible for ANY illness or injury that is beyond its control in such circumstances.

7. Young person's medical condition and individual health care plans (IHP)

All young people who have medication will have an individual health care plan (IHP) in place that is shared with the relevant staff throughout school.

An IHP details exactly what care a young person needs in school and may include the following: physiotherapy programme, speech and language, OT etc.; when they need it and who is responsible for supplying it and administering it.

IHPs will be shared with staff so St Matthew's can ensure that the appropriate care is given to a child and that children are assisted in taking their medication, both on and off the school premises.

In certain circumstances, medication will be administered by an adult of the same gender and witnessed by a second adult. This will be agreed and documented in the IHP as directed by the DfE and other documents as outlined in section 1.

See Appendix 1 for full information about what constitutes the need for an IHP.

8. Storing and recording of medication

All medication will be stored in a designated area.

Controlled drugs are securely stored in a locked location, where named staff members only have access.

Records will be kept of all medicines administered to young people by the medication team/personnel.

The school business manager is responsible for the correct storage of all medication on the school premises.

Paracetamol is not administered at school; however, there are exceptions to this rule and these will be identified in an IHP, if administration is agreed by the school's health care professionals.

General prescribed medications will **NOT** be administered unless it is to be given four or more times a day. Medication that is to be administered three times a day can be given at home without the need for school to administer.

9. Defibrillators

Please refer to the instruction on the defibrillator itself, the DfE guidance 'automated external defibrillators (AEDs): A guide for schools' (June 2017) and your most recent medical training (if applicable). If unsure how to operate, call 999 and follow their instruction.

10. Asthma inhalers

St Matthew's follows the DoH's 'guidance on the use of emergency salbutamol inhalers in schools' (March, 2015), along with advice from the school nurse and other health care professionals.

Each child needing an inhaler in school will have an inhaler plan.

Children who have been admitted to hospital within ANY 12-month period will require the school to hold an IHP. These are written together by parents, the school nurse and a member of staff.

All staff will be aware of those children that need inhalers and they will follow the school protocol and the child's inhaler plan.

All inhalers must be provided with a spacer to allow for a full dose to be administered with each puff given.

11. Anaphylactic shock and epi-pens/Jext

Epi-pens are required in anaphylactic circumstances and are unique to the person requiring it.

Children who require an epi-pen (or similar i.e. Jext pen) will require an IHP.

Anaphylactic shock is an allergic reaction to something. This could be a variety of things, just like a food allergy.

12. Appendices

- 1 – Individual health care plans
- 2 – Medical conditions information pathway
- 3 – Residential visit information
- 4 – Legislation links and further advice

Appendix 1 – Individual health care plans

Drawing up individual health plans

This school uses an IHP for children with complex health needs to record important details about the individual child's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the IHP if required.

Examples of complex health needs that may generate an IHP following discussion with the school nurse and the school, are:

- diabetes
- gastrostomy feeds
- a tracheotomy
- anaphylaxis
- a central line or other long term venous access
- severe asthma that has required a hospital admission within the last 12 months
- epilepsy with rescue medication.

An IHP, accompanied by an explanation of why and how it is used, is sent to all parents/carers of pupils with a complex health need. This is sent:

- at the start of the school year
- at enrolment
- when a diagnosis is first communicated to the school
- at transition discussions
- upon a new diagnosis.

An IHP is completed during a meeting with parents, the school nurse and a member of school staff. The plan is stored in the locked first aid cupboard.

A copy of the finalised plan will be given to parents/carers, the school and the school nurse.

School IHP register

IHPs are used to create a centralised register of pupils with complex health needs. An identified member of school staff has responsibility for the register at this school. School should ensure that there is a clear and accessible system for identifying pupils with health plans/medical needs such as names being flagged on the SIMs system. A robust procedure should be in place to ensure that the child's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the school's record system.

The responsible member of school staff follows up with the parents/carers and health professional if further detail on a pupil's IHP is required or if permission or administration of medication is unclear or incomplete.

Ongoing communication and review of IHPs

Parents/carers are regularly reminded to update their child's IHP if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Each IHP will have a review date.

Parents/carers should have a designated person to direct any additional information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

Storage and access to IHPs

Parents/carers are provided with a copy of the pupil's current agreed IHP annually.

IHPs are kept in a secure location at school and updated when necessary.

When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of the IHPs and needs of the pupils in their care.

St Matthew's will ensure that all staff protect pupils' confidentiality.

St Matthew's will inform parents/carers that the IHP would be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This is included on the IHP.

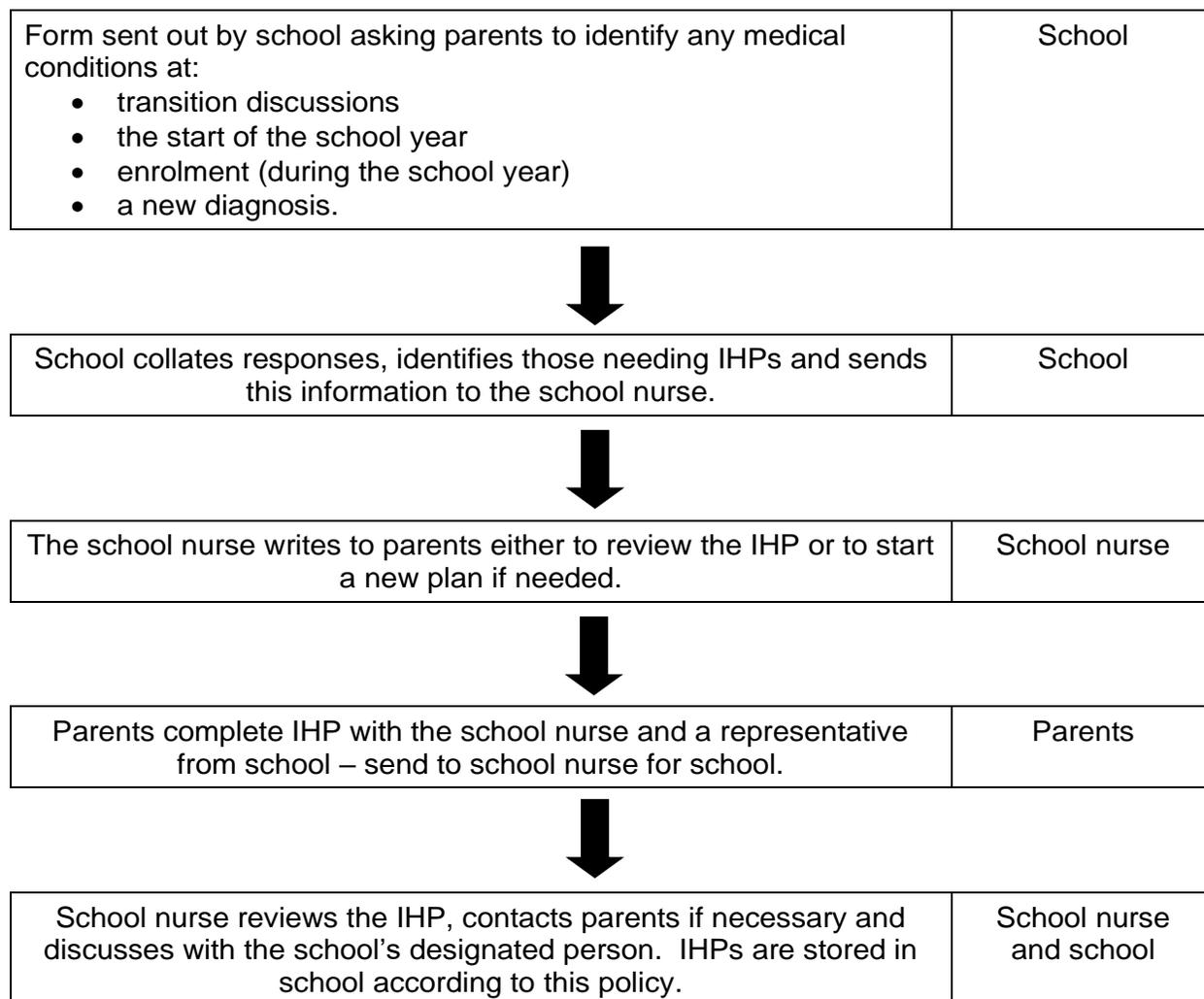
The information in the IHP will remain confidential unless needed in an emergency

Use of IHPs

IHPs are used to:

- inform the appropriate staff about the individual needs of a pupil with a complex health need in their care
- identify important individual triggers that bring on symptoms and can cause emergencies for pupils with complex health needs
- ensure the emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in an emergency.

Appendix 2 – Medical conditions information pathway



Appendix 3 – Residential visit information

Residential visits

Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health, and provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours

All residential visit forms are taken by the relevant staff member on visits where medication is required. These forms are accompanied by a copy of the pupil's IHP.

All parents/carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to supervise administration of medication at night or in the morning if required.

The residential visit form also details what medication and dosage the pupil is currently taking at different times of the day. A copy of the IHP and all equipment/medication must be taken on off-site activities.

Appendix 4 – Legislation links and further information

Introduction

- Local authorities, schools and governing bodies are all responsible for the health and safety of pupils in their care.
- Areas of legislation that directly affect a medical conditions policy are described in more detail in *Managing Medicines in Schools and Early Years Settings (2005)*. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005 and Equality Act (2010). These acts make it unlawful for service providers, including schools, to discriminate against disabled people. Other relevant legislation includes the Education Act 1996, the Care Standards Act 2000, the Health and Safety at Work Act etc. 1974, the Management of Health and Safety at Work Regulations 1999 and the Medicines Act 1968.
- This section outlines the main points from the relevant legislation and guidance that schools should consider when writing a medical conditions policy.

The following Stockport guidelines/policies need to be considered:

- Stockport's STPD health and safety policies
- head teachers' toolkit
- critical incidents guidelines
- visits and journeys guidelines
- records management and retention policies
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations. (R.I.D.D.O.R)

This form can be downloaded at:

<http://intranet/smbcintr/new/content/directorates/bs/hr/shrfirst/documents/RIDDOR.pdf>

Managing medicines in schools and early years' settings (2005)

This provides guidance from the DfE on managing medicines in schools and early years' settings. The document includes the following chapters:

- developing medicines policies
- roles and responsibilities
- dealing with medicines safely
- drawing up an IHP
- relevant forms.

'Medical Conditions at School: A Policy Resource Pack' is designed to work alongside managing medicines in schools and early years settings.

Disability Discrimination Act 1995 (DDA), the Special Educational Needs and Disability Acts (2001 and 2005) and the Equality Act (2010)

- Many pupils with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.
- The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

Schools' responsibilities include:

- not treating any pupil less favourably in any school activities without material and sustainable justification
- making reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the DfES resource: *Implementing the DDA in Schools and Early Years Settings**
- promoting disability equality in line with the guidance provided by the DFE and CEHR through the Disability Equality Scheme.

**DfES publications are available through the DFE.*

The Education Act 1996

Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

The Care Standards Act 2000

This act covers residential special schools and responsibilities for schools in handling medicines.

Health and Safety at Work Act etc. 1974

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, pupils and visitors.

Management of Health and Safety at Work Regulations 1999

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

Medicines Act 1968

This act specifies the way that medicines are prescribed, supplied and administered.

Additional guidance

Other guidance resources that link to a medical conditions policy include:

- Healthy Schools Programme – a medical conditions policy can provide evidence to help schools achieve their healthy school accreditation
- Every Child Matters: Change for Children (2004). The 2006 Education Act ensures that all schools adhere to the five aims of Every Child Matters agenda
- National Service Framework for Children and Young People and Maternity Services (2004) – provides standards for healthcare professionals working with children and young people including school health teams
- Health and Safety of Pupils on Educational Visits: A Good Practice Guide (2001) – provides guidance to schools when planning educational and residential visits
- Misuse of Drugs Act 1971 – legislation on the storage and administration of controlled medication and drugs
- Home to School Travel for Pupils Requiring Special Arrangements (2004) – provides guidance on the safety for pupils when travelling on local authority provided transport
- Including Me: Managing Complex Health Needs in School and Early Years Settings (2005)
- Medical Conditions at School Website - <http://medicalconditionsatschool.org.uk/>
- Managing Medicines and Providing Medical Support in Schools and Early Years Settings UNISON - <http://www.unison.org.uk/file/A14176.pdf>

Further Advice and Resources

The Anaphylaxis Campaign

PO Box 275
Farnborough
Hampshire GU14 6SX
Phone 01252 546100
Fax 01252 377140
info@anaphylaxis.org.uk
www.anaphylaxis.org.uk

Asthma UK

18 Mansell Street
London E1 8AA
Phone 020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk

Diabetes UK

Macleod House
10 Parkway
London NW1 7AA
Phone 020 7424 1000
Fax 020 7424 1001
info@diabetes.org.uk
www.diabetes.org.uk

Epilepsy Action

New Anstey House
Gate Way Drive
Yeadon
Leeds LS19 7XY
Phone 0113 210 8800
Fax 0113 391 0300
epilepsy@epilepsy.org.uk
www.epilepsy.org.uk

Long-Term Conditions Alliance

202 Hatton Square
16 Baldwins Gardens
London EC1N 7RJ
Phone 020 7813 3637
Fax 020 7813 3640
info@ltca.org.uk
www.ltca.org.uk

Department for Education

Sanctuary Buildings
Great Smith Street
London SW1P 3BT
Phone 0870 000 2288
Text-phone/Minicom 01928 794274
Fax 01928 794248
info@dcsf.gsi.gov.uk
www.dcsf.gov.uk

Council for Disabled Children

National Children's Bureau
8 Wakley Street
London EC1V 7QE
Phone 020 7843 1900
Fax 020 7843 6313
cdc@ncb.org.uk
www.ncb.org.uk/cdc

National Children's Bureau

8 Wakley Street

London EC1V 7QE

Phone 020 7843 6000

Fax 020 7278 9512

www.ncb.org.uk

PHE Health Protection Team

0344 225 0562 Option 1

www.gov.uk/government/organisations/public-health-england