



Robert Le Kyng Primary School

Policy for supporting pupils with medical needs and children with health needs

Most pupils at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. Individual schools are required to develop their own Health and Safety Policies to cover a wide variety of issues and it is suggested that in a similar way schools should develop policies and procedures for supporting pupils with medical needs, including the safe management of medication.

(The Director of Education and Cultural Services March 2002)

Teachers are not required to administer medication or to support pupils with medical needs as part of their employment contract but they may volunteer to do so. All staff may wish to discuss this with their particular Teacher Association and Local Authority regarding their indemnity policy. In some cases the contracts for non-teaching staff or special support assistants may include references to the administration of medication and/or the undertaking of medical procedures. Such contracts will of course be agreed on an individual basis.

The contents of this document concentrate in the main on medical issues but Robert Le Kyng School is aware of the wider context created by the extension of the requirements of the Disability Discrimination Act 1995 to the field of education in general and the new Disability Code of Practice. We are therefore developing this policy and putting into place the relevant procedures to ensure we are a fully **inclusive** school.

Action in Emergencies

This policy does not replace the protocol and procedures already in place in school for emergency situations. Failure to act in an emergency situation could result in a teacher or other member of school staff being found in breach of the statutory duty of care.

(See Health and Safety Policy)

Rational

Robert Le Kyng School wishes to provide a fully inclusive educational and pastoral system. To do this we need to ensure that correct procedures and protocols are in place to enable any pupil with a long-term medical condition to be able to attend school or have minimum disruption to their education.

Aims

- To ensure as little disruption to our pupils education as possible.
- To develop staff knowledge and training in all areas necessary for our pupils.
- To ensure we develop links with all outside agency support systems including hospital teachers, Swindon Borough Council Education Medical Service, Swindon Borough Council Educational Inclusion Service and specific support groups.
- To ensure safe storage and administration of agreed medication.
- To provide a fully inclusive school.

Definition

This policy relates to pupils who have a recognised medical condition, which will last longer than 15 days and will require the pupil to have a care plan protocol in school. In such cases a Swindon Borough Council Education Authority suggested protocol would generally be adopted in school with the parents' consent. Occasionally a National Health Service Plan may be used. It also includes information on the administration of medicine for short term illnesses. The use of the school's emergency inhaler is included as appendix 3.

Identification

We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as the child starts school or as soon after the medical issue arises. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

Provision and Organisation

The school will follow the guidance given by Swindon Borough Council Education Authority regarding supporting pupils with medical needs in school. This policy will be kept alongside that guidance to provide a management strategy to fully support the needs of all staff, pupils and parents. Training regarding specific conditions will be delivered as required. This is usually within the term of a new pupil beginning school but, if necessary, before they commence their education at Robert Le Kyng School. General training on awareness of medical conditions and their possible medication implications will occur annually. This will run in parallel with the schools' first aid training, which will continue to be under the guidance of the Health and Safety Policy. Pupils requiring continuous support for a medical condition will be given an Individual Health Care Plan (IHCP).

Individual Health Care Plans (IHCP)

The main purpose of an IHCP is to identify the level of support that is needed at school/centre for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school/centre can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school/centre, or as required

An IHCP will include:

- Details of the child's condition
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role of staff
- Special requirements e.g. dietary needs, pre-activity precautions
- side effects of medicines

A copy will be given to parents/carers, class teachers/childcare practitioners and a copy will be retained in the medical needs file in the office. The general medical information sheet given to all staff will indicate that the child has an IHCP.

All trained staff will ensure they are aware of the protocols and procedures for specific pupils in school through attending training provided and reading care plans devised for individual pupils.

Pupils will not be able to carry any medication or care plan specified medication. No pupil is allowed to have any non-prescription drugs in school; this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication. This approach is supported in school through our PSHE curriculum.

For pupils with a prescription inhaler for asthma, the class teacher will hold the inhaler in a class medical bag and it will be available at all times if moving around school e.g. PE lessons outside or on external school trips. There is an emergency asthma inhaler kit stored in the Main Office for use only by pupils who already have a diagnosed asthma condition and their parents have signed an emergency asthma inhaler consent form. See appendix 3 for more information.

Emergency medical supplies will remain stored in the Main Office and remain organised under the Health and Safety Policy.

Administration of medicine

The school will support arrangements for parents to administer medication to their children.

Any requests for medicine to be administered must come from a parent in writing on the school's Short Term Medication or Administration of Medicines/Treatment - Form of Consent and each request will be considered on an individual basis.

The form will include:

- name of parent and contact number;
- name of child and class;
- name of medicine;
- name of doctor who prescribed it, and contact details;
- how much to give;
- how it should be kept and stored;
- how it is to be administered;
- when to be given; and
- any other instructions.

The form will end with the following consent statement:

The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the school (LEA) policy. I will inform the school in writing of any changes to the above information. It will be signed and dated by the parent or someone with parental control.

A separate form must be completed for each medicine to be administered.

The medication must be in a container as prescribed by the doctor and dispensed by a chemist with the child's name and instructions for administration printed clearly on the label. The medication is stored either in the staff room fridge, SRP medicine cabinet or in the lockable main office cupboard.

The school will not be responsible for ensuring medication is in date. This is entirely a matter for the parents.

Prescription medicine will only be administered in school when administration is time sensitive (e.g. ADHD medication) or where 4 doses a day are needed (N.B. 3 doses a day can be administered at home).

The school will not allow in any circumstances the administration of non-prescription medicines in school. This includes cough sweets and lozenges, and painkillers (except for circumstances such as pain relief following dental treatment).

Long Term Illness

When a child is absent from school for a significant length of time due to illness the school will initially liaise with parents and appropriate professionals to monitor the situation and to see if suitable adaptations can be made to accommodate the child in school.

In the short term, the school will provide work for the child to do at home if they are able to. If the situation extends then the school will make a decision where it is appropriate, to provide education through home tutoring with the EOTAS service.

The school will continue to monitor the situation so the child can be returned to school as soon as possible once the symptoms have reduced to enable them to be accommodated in school.

Roles and Responsibility

The ultimate responsibility for the management of this policy in school is with the Head teacher and Governing Body.

The School Admin Team and Manager of the Special Needs Unit Group (SNUG) will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

School Visits

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

When the administration of non-emergency medication is required staff may exercise their voluntary right to not administer. This right may be selective on the grounds of the type of medication in question. The members of staff willing to administer the medication to a pupil

should be recorded in the individual care plan and this voluntary responsibility can be withdrawn at any time.

Other Support

Outside agencies such as:

- School Nurse Service
- Medical specialists relating to pupil
- Social Services
- SEN Advisory Team
- Specialist Support Groups
- SEN Assessment Team
- Educational Psychology Team
- Child Protection Team
- Hospital Teachers
- Home Tutors

Will be regularly contacted to support and advise school in the devising and management of this policy.

Monitoring and Evaluation

This policy will be monitored 2 yearly and updated when necessary. We will ensure new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school. This policy will also be made available on the Robert Le Kyng website. We will ask parents for annual updates regarding medical information.

Date Completed: January 2020

Review: January 2022

Completed by: S Leighfield

SHORT TERM MEDICATION

Your child will not be given medication in school unless this form is completed and signed. A separate form must be completed for each medicine to be administered. Should you wish to check that your child has received the correct medicine, please ask to see this form when you collect the medicine at the end of the day.

Child's name:	
Class:	
Illness:	
Name of medication and expiry date	
Name & contact details of doctor who prescribed medication:	

<u>Directions for Use:</u>				
Dose:				
Time:				
Side Effects:				
Self Administration:				
How it should be kept & stored:				
<u>Record of doses given</u>	Date: Time: By:	Date: Time: By:	Date: Time: By:	Date: Time: By:
Date: Time: By:	Date: Time: By:	Date: Time: By:	Date: Time: By:	Date: Time: By:
Emergency Procedures:				
Contact Details:				
Name: _____		Home _____		Tel: _____
Address: _____		Work _____		Tel: _____
_____		Mobile _____		Tel: _____

The above information is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the school (LEA) policy. I will inform the school in writing of any changes to the above information.

Signed: _____ Date: _____

Robert le Kyng Primary School

Child's Name _____

Address _____

GP's Name _____ Home Tel no _____

GP's Tel No _____ Work Tel no _____

Mobile no _____

Long term Medication to be taken during the course of the school day
(If more than one medicine is taken, please request an additional form.)

Name of medicine	Dose	Frequency/times	Nature of Illness Date of completion of course (if known)

The information provided is accurate to the best of my knowledge at the time of writing and I give consent to the school to administer the medication in accordance with the LEA policy. I will inform the school in writing of any changes to the information.

Signed _____ Date _____

Allergies (eg peanuts / bee stings / hay fever)

If emergency treatment is required, an individual Healthcare Plan must be prepared in advance with the school nurse. Please contact the school immediately to arrange.

Other medical concerns (eg eyesight/hearing/eczema)

Robert le Kyng Primary School
Policy for the use of emergency salbutamol inhalers in school

APPENDIX 3

From 1st October 2014 the Human Medicines (Amendment)(No.2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should 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.

Storage and care of the emergency asthma inhaler kit

Two named members of office staff will have responsibility for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order and the inhaler has sufficient number of doses available;
- That replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The emergency asthma inhaler kit will be kept on top of the cupboards in the Main Office so that staff have access to it at all times, but the inhaler is out of reach of children. It will be stored separate from any child's named inhaler and should be clearly labelled to avoid confusion with a child's inhaler.

The inhaler may need to be primed before use (i.e. 2 spray puffs) as it can become blocked when not used over a period of time.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. The inhaler itself may be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water and left to air dry in a clean safe place.

However, if the inhaler has been used without a spacer it should not be reused but disposed of.

Spent inhalers should be returned to a pharmacy to be recycled.

Use of the inhaler

Parents of a child on the school's Asthma register will be asked to complete a consent form authorising the use of the emergency salbutamol inhaler by trained First Aiders. This form will be offered to parents when they advise the school that their child has been prescribed with an inhaler.

A copy of the Asthma register, clearly showing which parents have given consent for the emergency salbutamol inhaler to be used, will be held with the emergency asthma inhaler kit. This will be updated annually.

A list of First Aiders trained in administering a salbutamol inhaler will be held in the emergency asthma inhaler kit. First Aiders will receive ongoing training to ensure they are aware of all current procedures.

Guidance on how to recognise an asthma attack and what to do, will be held in the emergency asthma inhaler kit.

Use of the emergency inhaler will be entered on the record sheet held with the asthma inhaler. This will include where and when the attack took place, how much medication was given and by whom.

The child's parents will be informed when it has been necessary to use the emergency inhaler so that this information can also be passed on to the child's GP.