



Lower Darwen Primary School
We are proud of our school.

Supporting Pupils with Medical Conditions Policy
(including administering medicines)

Introduction

Lower Darwen Primary School fully supports the DfE guidance ‘**Supporting Pupils at School with Medical Conditions**’ (September 2014). Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. This policy outlines the arrangements in place at Lower Darwen Primary School.

The designated person with responsibility for the implementation of this policy is **Steven Cumbo** (Headteacher). In his absence, the designated person is **Kerry Murray** (Deputy Headteacher).

Aims of the policy

- To support pupils with medical needs in having full access to education, including school trips and physical education.
- To support pupils in securing regular attendance at school.
- To ensure staff understand their roles and responsibilities in administering medicines.
- To ensure parents/carers understand their responsibilities in respect of their children’s medical needs.
- To ensure medicines are stored and administered safely.
- To ensure that individual healthcare plans are in place to support pupils that need them.

Legal Requirements

There is no legal or contractual duty on school staff to administer medicine or to supervise a child taking it. This is purely a voluntary role and is recognised as such by the DfE. Staff should be particularly cautious agreeing to administer medicines where:

- The timing is crucial to the health of the child;
- Where there are potentially serious consequences if medication or treatment is missed;
- Or where a degree of technical or medical knowledge is needed.

Staff volunteering to administer medicines, should not agree to do so without first receiving appropriate information and/or training specific to the child’s medical needs. The headteacher will be responsible for ensuring that staff receive effective training to help them support pupils with medical needs.

Identification of health needs and procedures to be followed

All parents / carers are given a personal information form to complete prior to joining our school whether at the beginning of the school year or mid-term. This is then updated at the beginning of every school year as the child goes through the school.

If these identify a medical need the school will provide the appropriate support which may involve discussion with the parents and healthcare professionals and where deemed appropriate a healthcare plan will be put in place to ensure that the child gets the support they need. The school will endeavour to do this as soon as possible and within two weeks of the pupil starting at the school.

Sometimes a child's medical needs will change during their time at the school and the same process will be followed to ensure that the child is given the best chance of securing regular attendance and continues to access to a full education.

Communication of a pupil's health needs

A pupil that has health needs will have the relevant information recorded in their record file which is held by the class teacher and then passed on to the next teacher for the following academic year. The school office also produces a class list of all the pupils with medical needs which is updated at the beginning of each school year and given to the teachers.

If a pupil has a healthcare plan the class teacher will be given a copy and a copy will also be held in a Health file which is kept in the school office. Supply teachers are given a class information sheet when they arrive at school and this includes information about children with medical needs. The headteacher is responsible for ensuring that the relevant staff are aware of the medical needs of the children.

Prescription Medicines

Medicines should only be brought into school when it is essential. That is, when it would be detrimental to a child's health if the medicine were not administered during the school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent.

All medicines should be taken directly to the school office by a responsible adult.

Following the regulations from the DfE, medicine will only be accepted which have been prescribed by the doctor, dentist, nurse prescriber or pharmacist prescriber. Medicine will need to be in its original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

We will not be able to accept medicines which have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Procedure

- The medicine should be clearly marked with the child's name and class.
- Any medicine administered will be recorded by the staff member in the 'Medicine record' file in the headteacher's office.
- Medicines will only be accepted for administration in school, when parents/carers have completed the appropriate 'Parent agreement of administration of medicine' form.

Exceptions

Prescribed medicines **might not** be given:

- Where the timing of the dose is vital and where mistakes could lead to serious consequences;
- Where medical or technical expertise is required;
- Where intimate contact would be necessary.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor or medical practitioner. Therefore, we will not be able to administer these medicines without a prescription.

Emergency Medicines

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away but kept in a safe but accessible place. (*See Asthma Policy*). There are also non-prescription inhalers kept in the school office for use in emergencies. These should only be used by children, for whom written parental consent for the 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. (See DfE document 'Guidance on the use of emergency salbutamol inhalers in schools – September 2014'.

Long- term and complex needs/ healthcare plans

It is important to have sufficient information about the medical condition of any child with long-term medical needs. A healthcare plan for these children, involving the parents and the relevant health professionals, will enable the appropriate support to be provided.

The healthcare plan will include:

- Details of the child's condition – its triggers, signs, symptoms and treatments;
- Any special requirement e.g. medication, dietary needs, pre-activity precaution
- Any side-effects of the medicine;
- Any specific support for the pupil's educational, social and emotional needs eg. Extra time for exams, counselling;
- Who will provide the support;
- What constitutes an emergency - What action to take, who to contact;
- Who in the school needs to be aware of the child's condition and the support required.

It is the parents / carers responsibility to inform the school of any change in the plan so that arrangements can be amended accordingly. The school nurse will liaise with the parents annually to review the healthcare plan.

Storage of medicines

Lower Darwen Primary School is responsible for ensuring that all medicines are stored safely:

- Medicines should be stored in the supplied container, clearly marked with the child's name, class, dose and frequency of administration;
- Medicines should be stored in the medicine cabinet, in the head teacher's office (under adult supervision) except in the case of some emergency medicines such as inhalers and adrenaline pens which are kept in the classroom for immediate access;
- No medicine should be kept in a locked cupboard to ensure swift and easy access;
- Where medicines need to be refrigerated they should be kept in the fridge situated in the head teacher's office.

Disposal of medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. Parents/carers should collect medicines at the end of the agreed administration time period.

School visits

At Lower Darwen Primary School pupils with medical needs are positively encouraged to participate in visits whenever possible – it is therefore necessary to consider for each visit what reasonable adjustments will have to be made to enable the children with medical needs to take part in safely managed visits.

The risk assessment form which is completed prior to the visit will need to include the necessary steps to include children with medical needs, together with any particular risk assessments for those children. It may be necessary for additional safety measures to be taken for outside visits. Arrangements for taking any necessary medicines will be taken into consideration.

Staff supervising visits should always be aware of any medical needs and the relevant emergency procedures if appropriate.

A copy of any healthcare plans should be taken on visits in the event of the information being needed in an emergency. It will be the responsibility of the parents to ensure that any medication children take with them on visits is available and in date.

At least one qualified first aider should accompany the school visit.

Sporting activities

At Lower Darwen Primary School, most children with medical conditions can, and indeed are positively encouraged to, participate in physical activities and extra-curricular sport. However, any restrictions on a child's ability to participate in PE should be recorded in their individual healthcare plan.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Healthcare plans are completed and updated regularly for children who have conditions such as asthma, epilepsy, diabetes or anaphylaxis.

Roles and responsibilities

Governors:

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- Should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Should ensure that sufficient staff receive suitable training and are competent before they take on responsibility to support children with medical conditions.
- They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Should ensure that the right level of insurance is in place to cover staff providing support to pupils with medical conditions.

Parent/Carer:

- Should give school sufficient information about their child's medical needs if treatment or special care is required.
- Must deliver all medicine to the school office in person.
- Must complete and sign the 'Parent agreement of administration of medicine' form.
- Must keep staff informed of changes to prescribed medicines.
- Must ensure medicines are in date – particularly emergency medicine such as inhalers and adrenaline pens

Headteacher:

- To ensure the school's medicine policy is implemented.
- To ensure there are members of staff within school willing to volunteer to administer medication to specific pupils if required.
- Ensure staff receive appropriate support and training as necessary.
- Ensure that parents/carers are aware of the school's policy on the administration of medication.
- Store all prescription medicines other than medicines that need to be accessible to the child (e.g. inhalers and adrenaline pens)

School Staff:

- No medicine to be accepted by the school office unless accompanied by a completed 'Parent agreement of administration of medicine' form.
Medicines will only be accepted if provided in the original container as dispensed by a pharmacist and include the prescriber's instructions.
- **Before giving medicine, staff should check that there is written consent from the parent/carers.**
- In all cases it is necessary to check that written details include:
 - child's name
 - name of the medicine

- dose
 - method of administration
 - time/frequency of administration
 - any possible side effects
 - expiry date
- Any member of staff giving medicines to a child should check:
 - the child's name
 - the prescribed dose
 - the expiry date
 - The written instructions provided by the prescriber on the label or container.
- If in doubt about any procedure, staff should not administer the medicine but check with the parents or a health professional before taking further action.
- Each time a medicine is given to a child, the member of staff administering the medicine must record the following details in the 'Medicine Record' kept in the headteacher's office:
 - Name
 - Date
 - Time
 - Medicine
 - Dose
 - Staff member who administer medicine
- After administering the medicine, staff must ensure that the medicine is returned to either the medicine cabinet or fridge in the headteacher's office
- After the administration period has ended, ensure that medicines are returned to parents for safe disposal.

Pupils:

Sometimes pupils will be able to take responsibility for managing their own health needs. This should be discussed with parents beforehand and should be reflected in the healthcare plan. When appropriate pupils should be encouraged to carry their own medicines or devices or should be able to access them for self-medication quickly and easily.

School Nurse:

School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. This should be done before the child starts at the school. They can provide support for staff on implementing a child's healthcare plan and provide advice and liaison, for example on training or changes to that plan.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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 (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable; pupils suspected of Covid-19 symptoms will be accompanied by a member of staff to the isolation room (next to the headteacher's office). The child will be placed in the room until parent arrives to pick them up

- Penalise children for their attendance record if their absences are related to their medical condition;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need 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 with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips.

Refusal of medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed of the refusal on the same day. If refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Confidentiality

Staff must always treat medical information confidentially. Medical information will be shared on a need to know basis.

Staff training

Staff regularly have training in a variety of health issues, including the use of epipens, the treatment of general injuries, diabetes awareness etc. First Aid training is also available to staff.

Training will be organised by the head teacher / SENCo / School Nurse and may be commissioned through a range of agencies relevant to the needs of the child. The head teacher has the overall responsibility for the training for members of staff.

Defibrillator

There is a defibrillator in place in the school office in case of cardiac arrest and the head teacher has been trained in its use.

First aid kits

These are checked and updated regularly and are in clearly marked positions around school. Mrs McDonald is responsible for checking supplies and informing the Miss Murray (Deputy headteacher). Miss Murray is responsible for ordering supplies.

Covid-19 and other high infectious conditions

Specific advice and guidance about Covid-19 and other highly infectious conditions, administering medicines and first aid can be found in Appendix A of this document.

Monitoring and Review

This policy will be monitored and reviewed annually in accordance with national guidelines or sooner in the event of changes in legislation or guidance.

Complaints

Many concerns and minor complaints can be resolved quickly and informally. There are many occasions where issues are resolved immediately through the class teacher or another member of staff. If the complaint cannot be resolved informally the school's Complaints Procedure should be followed.

Adopted by the Governing Body of Lower Darwen Primary School (September 2024)

Reviewed: September 2024

Next Review date: September 2025

*This policy should be read in conjunction with:
Asthma policy*

Appendix A

Advice for First Aiders in Schools/Early Years Settings in relation to infectious conditions

We have put together the below advice for first aiders so that you can continue to support others where required and keep yourself safe.

Keep yourself safe

It is recommended that you wear gloves and a facemask for all first aid incidents. Eye protection and an apron may also be required, where there is a risk of coming into contact with bodily fluids. PPE can be found with/in first aid kits.

Please see Public Health guidance on how to safely put on ([don](#)) and take off ([doff](#)) PPE, advice posters should be located with first aid kits. It is recommended that employees who are first aiders familiarise themselves with safe use of PPE as soon as possible, so they are able to keep themselves and the casualty safe, when they respond to a first aid incident.

In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty. Avoid touching your mouth, eyes and/or nose.

Ensure that you do not cough or sneeze over a casualty when you are treating them, if you need to cough, do this into your elbow.

- Do not lose sight of other cross contamination that could occur that is not related to infectious diseases such as COVID-19.
- Wear gloves at all times
- Cover cuts and grazes on your hands with waterproof dressing
- Dispose of all waste safely – double bag and place in a bin
- Do not touch a wound with your bare hand
- Do not touch any part of a dressing that will come in contact with a wound

Cardiopulmonary resuscitation (CPR) – Adults

Full statement from the Resuscitation Council can be found [here](#)

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (this would be a “dynamic risk assessment” at the time) and adopt appropriate precautions for infection control.

Do not go down close to the casualty to check breathing just look at the chest and abdomen. Ring 999, ensure you are wearing a mask and start compressions.

For adults, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; **perform chest compressions only**. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest due to lack of oxygen).

If a decision is made to perform mouth-to-mouth ventilation, you must use a resuscitation face shield or mask from your first aid kit.

Should you have given mouth-to-mouth ventilation there are no additional actions to be taken other than to monitor yourself for symptoms of possible COVID-19 over the following 14 days. Should you develop such symptoms you should follow the advice on isolation.

Cardiopulmonary resuscitation (CPR) – Paediatric Advice

We are aware that paediatric cardiac arrest is unlikely to be caused by a cardiac problem and is more likely to be a respiratory one, making ventilations crucial to the child’s chances of survival. However,

for those not trained in paediatric resuscitation, **the most important thing is to act quickly to ensure the child gets the treatment they need in the critical situation, call 999 immediately.**

The importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur.

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths may increase the risk of transmitting a contagious or infectious virus such as COVID-19, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

If a decision is made to perform mouth-to-mouth ventilation, you must use a resuscitation face shield or mask from your first aid kit.

Paediatric First Aid Ratios and Validity

Current guidance states that if children aged 2-5 are within a setting, providers must use their 'best endeavours' to ensure one person with a full PFA certificate is on-site. If after using best endeavours they are still unable to secure a member of staff with full PFA to be on site then they must carry out a risk assessment and ensure that someone with a current First Aid at Work or Emergency PFA Certification is on site at all times children are on premises.

'Best endeavours' means to identify and take all the steps possible within your power, which could, if successful, ensure there is a Paediatric First Aider on site when a setting is open, as per the usual EYFS requirement on PFA.

Providers remain responsible for ensuring all children in their care are kept safe at all times.