



Supporting Pupils with Medical Conditions

Date: May 2015

Review: May 2017

Signed: Chair of Governors

Headteacher

Definition

Pupils' medical conditions may be broadly summarised as being of two types:

- a) Short-term affecting their participation in school activities which they are on a course of medication.
- b) Long-term potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**).

Rationale

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the schools. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

This policy should be read in conjunction with the Trinity Child Protection policy.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the schools with information. The schools encourage self-administration of medication when possible. Advice is available from the school nurse, whose contact details can be found in the school office.

Aims

The school aims to:

- Assist parents in providing medical care for their children;
- Educate staff and children in respect of special medical needs;
- Arrange training for staff to support individual pupils;
- Liaise as necessary with medical services in support of the individual pupil;
- Ensure access to full education if possible.
- Monitor and keep appropriate records.

Entitlement

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The schools accept all employees have rights in relation to supporting pupils with medical needs as follows:

- Choose whether or not they are prepared to be involved;
- Receive appropriate training;
- Work to clear guidelines;
- Have concerns about legal liability;
- Bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

Expectations

It is expected that:

- Parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- Where parents have asked the schools to administer the medication for their child they must inform the school in writing of the dosage and frequency of administration. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent.
- Employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- The school will liaise with the Health Service for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.
- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours

- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. 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. All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg on school trips
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Monitoring and Review

It is the responsibility of the head teacher to ensure that this policy is followed by all staff in conjunction with the Governing Body.