

Policy for Supporting Children with Medical Conditions and the Administration of Medicine

THIS POLICY WILL BE USED IN CONJUNCTION WITH THE [MEDICATION IN SCHOOLS GUIDANCE](#) PROVIDED BY T&W COUNCIL



Telford & Wrekin
C O U N C I L



Policy for Supporting Children with Medical Conditions & the Administration of Medicine 2017/18- Document Status			
Date of Policy Creation	5 September 2017	Federated Headteacher	Denise Garner
Date of reviews for 2017/18 to be completed by	28 September 2017	School Business Manager	Sara Griffiths
Inception of new Policy	1 October 2017	Governor Health & Safety	Alan Smith
Date of Policy adoption by Governing Body	28 September electronically recorded at interim meeting 11 October 2017		

The Board of Governors and staff of the Federation wish to ensure that pupils with medical conditions receive appropriate care and support. The Head will accept responsibility in principle for members of the federation staff giving or supervising pupils taking prescribed medication during the day **where those members of staff have volunteered to do so.**

Please note that parents should keep their children at home if acutely unwell or infectious.

- Parents are responsible for providing the headteacher with comprehensive information regarding the children's condition and medication.
- Prescribed medication will not be accepted in the federation without complete written and signed instructions from the parent.
- Staff will give non-prescribed medicine to a child unless there is specific prior written permission from the parents.
- Only reasonable quantities of medication should be supplied to the federation (for example, a maximum of four weeks supply at any one time).
- Where the pupil travels on provided transport with an escort, parents should ensure the escort has written instructions relating to any medication sent with the pupil, including medication for administration during respite care.

Each item of medication must be delivered to the Headteacher or authorised staff, in normal circumstances by the parent, **in a secure and labelled container as originally dispensed.** Each item of medication must be clearly labelled with the following information:

- . Children's Name.
- . Name of medication
- . Dosage
- . Frequency of administration
- . Date of dispensing
- . Storage requirements (if important)
- . Expiry date

The Federation will not accept items of medication in unlabelled containers.

- Medication will be kept in a secure place, out of the reach of pupils. Unless otherwise indicated all medication to be administered in federation will be kept in a locked medicine cabinet or in the fridge.
- The federation will keep records, which they will have available for parents.
- If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the federation's emergency procedures will be followed.
- It is the responsibility of parents to notify the federation in writing if the child's need for medication has ceased.
- It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- The staff will not make changes to dosages on parental instructions.
- Federation staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a community pharmacist for safe disposal.
- For each child with long-term or complex medication need, the Head, will ensure that a **Health Care Plan** and Protocol is put in place, in conjunction with the appropriate health professionals and parents.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, if necessary under staff supervision.
- ***Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the Federation and the Health Service.***
- The federation will make every effort to continue the administration of medication to a child whilst on trips away from the federation premises, even if additional arrangements might be required.
- All staff will be made aware of the procedures to be followed in the event of an emergency.

UNACCEPTABLE PRACTICE

Although federation staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice 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 federation activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- prevent children 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 either setting to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the federation 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 federation life, including federation trips from either setting, eg by requiring parents to accompany the child.

TRAINING

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with short term, long term and permanent medical conditions.

Training may be delivered by:

- Health Visitor
- School Nurse
- Children's Nurse Acute Unit
- Children's Community Nurse
- Specialist Nurse

There must be adequate numbers of trained persons to provide cover during lunch or other breaks

Federation staff will receive a certificate indicating that they have successfully undertaken training

Staff are recommended for re-training annually or sooner if appropriate.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. A first aid certificate does NOT constitute appropriate training in supporting children with medical conditions.

FURTHER ADVICE

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

EDUCATIONAL VISITS AND SPORTING ACTIVITIES

Schools and settings should consider what reasonable adjustments they might make to their procedures to enable children with medical needs to participate fully and safely in visits and sporting activities.

It may be necessary to include an additional member of staff, parent or volunteer to accompany a particular child. Arrangements for taking any necessary medicines will also need to be considered.

Staff supervising trips, visits and sporting activities should be aware of any medical needs and a copy of any health care plans should be taken on trips and visits in the event of the information being required in an emergency.

Any doubts should be resolved in conjunction with parents and medical advice.

COMPLAINTS

Any complaints concerning the support provided to pupils with medical conditions will be managed by the *governing body*. A written complaint must be presented to

Federation and Governor Support	01952 380807
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the Chairman of Governors. The *complaints committee* will consider all the evidence and implement actions that may need to be taken.

School Nurse Health Visitor	Julie Tsang 01952 621340 Melissa Bevan ward 01952 621308
Occupational Health Team	01952 383630
Internal Health & Safety Advisor	01952 383627
Department for Education (DfE)	Supporting Pupils at School or Nursery with Medical Conditions Dec 2015

**THE FOLLOWING GUIDANCE, TEMPLATES AND FORMS CAN BE FOUND IN
TELFORD & WREKIN'S *MEDICATION IN SCHOOLS* GUIDANCE DOCUMENT.**

TEMPLATES & FORMS

Template A: Individual healthcare plan

Template B: Parental agreement for setting to administer medication
(Med1)

Template C: Record of medicine administered to an individual child

Template D: Record of medicine administered to all children (Med2)

Template E: Misadministration of Medication form (Med3)

Template F: Staff training record –administration of medicines

Template G: Contacting emergency services

Template H: Model letter inviting parents to contribute to individual health
care plan development

APPENDIX A

PROTOCOL FOR ADMINISTERING MEDICINES IN SCHOOL/NURSERY

1. Parent informs federation that their child has a long term medical condition (e.g. home visit, induction forms)
2. Letter sent to parent inviting them to meet with the school/setting to complete the Individual Health Care Plan (IHCP) (*T&W Medicines in Schools Guidance* Template H: MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT)
3. A meeting takes place to complete the IHCP and medication permission form. (*T&W Medicines in School Guidance* Template B PARENTAL AGREEMENT FOR THE SETTING TO ADMINISTER MEDICATION)
4. The IHCP will be shared with all adults working with the child. Ideally the teacher or SENCO will attend the IHCP meeting with parents.

APPENDIX B

T&W GUIDANCE MEDICATION IN SCHOOLS & NURSERY

B. ASTHMA

B.1 Asthma is a disorder of the lungs affecting the airways which narrow in response to certain triggers. This narrowing produces the classical symptoms of wheezing and breathlessness.

B.2 With effective treatment symptoms should be minimal allowing children to lead a normal life and to play a full part in federation activities. If not effectively controlled asthma can affect the ability to exercise and lead to waking in the night with consequent tiredness during the day. A very severe asthma attack if not treated, can be fatal.

B.3 The asthmatic at school

On entry into federation the parent should tell the federation that the child has asthma and complete form **Med 1** if appropriate. Details of the type of treatment and what to do in the case of a severe asthma attack must be recorded. Action in an emergency will need to be determined in conjunction with the parents.

B.4 Triggers that can provoke asthma

- Viral infections of the upper respiratory tract eg colds
- Exercise
- Cold air
- Furry animals
- Fumes from science experiments
- Tobacco smoke and atmospheric pollution
- Grass pollen
- Extremes of emotion

B.5 Inhalers

Inhalers are the commonest form of medication for asthma and basically are either:

- Relievers (blue) or
- Preventers (commonly brown)

Preventers are usually regularly taken once or twice a day and therefore do not normally need to be taken at school.

Relievers should be available immediately and used before exercise. They should also be used if the child becomes breathless or wheezy or coughs excessively. Relievers are best kept on the child's person, but if not, must be available within one minute wherever the child is. Relievers cause no harm if taken by a non asthmatic.

From 1 October 2014 Schools will be allowed to keep a salbutamol inhaler for use in emergencies when a child with asthma cannot access their own inhaler.

The inhaler can be used if the children's prescribed inhaler is not available (for example, because it is broken, or empty).

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent (**Template J**) has been given, and who have either been diagnosed with asthma or who have been prescribed an inhaler as reliever medication.

A record of the administration of the emergency inhaler must be recorded and a letter sent to the parents (**Template K**)

For further information on using emergency inhalers, please refer to [Guidance for schools](#) published by the department of health.

B.6 Procedure for dealing with an asthma attack

1. Child becomes breathless, wheezy or develops a continuous cough
2. Sit the child on a chair in the position they feel most comfortable, in a quiet spot.
3. Do not allow others to crowd round and do not lie them down.
4. Get the child to take their reliever in the usual dosage.
5. Wait ten minutes, if symptoms disappear the pupil can continue as normal.
6. If symptoms persist then try giving:
 - ♣ a further dosage of reliever
 - ♣ or, if prior permission has been given, 6 puffs of reliever through a spacer
 - ♣ **whilst** calling parent/GP/ambulance as appropriate given the seriousness of the situation or, as has been agreed in the emergency action plan for that child.

If the child has no reliever at federation call parent/GP/ambulance as appropriate given the seriousness of the situation, or if permission has been given by the parent to administer the emergency inhaler.

For further information on the use of guidance on emergency use of inhalers in schools [Guidance on use of emergency inhalers in schools September 2014](#)

B.7 Severe asthma

Severe asthma is characterised by:

- normal relieving medication failing to work
- the child becoming too breathless to talk
- rapid breathing (eg > 30 breaths per minute)

Continue giving inhaler *or* give 6-10 puffs of reliever through a spacer ***whilst*** calling an ambulance or take to hospital/parent/GP as appropriate given the seriousness of the situation or as has been the agreed emergency action for that child.