

Oakwood Infant and Nursery School



Supporting Children with Medical Conditions Policy and Administration of Medicines Policy (OAK075/03/2024)

School Mission Statement

At Oakwood Infant and Nursery School we provide a safe, healthy, happy and creative learning environment for everyone, through high expectations and mutual respect.

We are all stars watch us shine.

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Supporting Children with Medical Needs (including Administration of Medicines) Policy

The governors and staff of Oakwood Infant and Nursery School wish to ensure that children with medical needs receive care and support in school. Children should not be denied access to a broad and rich curriculum because they need medical support or are on medication, nor should they be denied access to school trips. They should be properly supported to play a full and active role in school.

Roles and Responsibilities

The Governing Board

- accepts the responsibility for this policy and follows the statutory guidance outlined in the Department for Education document 'Supporting pupils at school with medical conditions'.
- wishes to give confidence to parents/carers and pupils in the school's ability to provide effective support.
- understands how medical conditions impact on a child's ability to learn.

The Head Teacher

- is responsible for implementation of this policy.
- will ensure all relevant staff are aware of a child's condition
- accepts responsibility for members of staff giving prescribed medication or carrying out prescribed procedures during the school day, including during breakfast and after school clubs, where those members of staff have volunteered to do so.
- will ensure that members of staff receive adequate information, instruction and training to ensure their competency to carry out their roles safely and effectively.
- will also ensure that there are sufficient members of staff employed and trained, including to cover absence. She will brief supply teachers.
- will ensure that staff are appropriately insured and are aware that they are insured to support pupils.

Parents/carers

- should give sufficient information about their child's medical condition or need for medication, keeping the school up to date with any changes to their child's condition, diagnosis, treatment or medication in writing.

- must deliver all medication, in the original packaging (other than insulin), to the school office in person and, where necessary, collect the medicines from the office at the end of the day.
- must complete and sign the Parental Agreement to the Administration of Medicines form, including all relevant information
- must ensure all medicines in school are within their use by date
- must collect and dispose of any unwanted/expired medicines as requested

The designated person with responsibility for children with medical needs is Christina McNamara.

Detailed arrangements

1. Administration of prescription medicines

- Only essential medication should be given in school, that is, only if it would be detrimental to a child's health if it was not administered. The school will not change the dose from that outlined on the container, unless authorised in writing by the prescribing doctor. The school encourages parents/carers to administer the prescribed medicine out of school hours whenever this is possible and not detrimental to the health of the child.
- Volunteers (teachers/others) may indicate their willingness to administer medication, although they are not required to do so unless specifically employed for that purpose.
- It is good practice to encourage children to take responsibility for managing their own medical needs and medication. If children can take medication themselves, staff need only supervise.
- If a child refuses to take medication, staff should not force them to do so. The child will be reasoned with and the reason for refusal of medication will be recorded. The school will inform the child's parents/carers as a matter of urgency and, if necessary, will call the emergency services.

2. Children with chronic or complex medical needs

- Prior to admission or within 2 weeks of diagnosis or moving schools mid-term, a planning meeting will be convened to enable a care plan to be drawn up.
- Parents/carers, relevant health professionals (or written evidence provided by them), members of staff supporting the child and the designated person will be invited to that meeting and all will contribute to the care plan.
- The care plan will include what action is to be taken in an emergency.
- It is the responsibility of the designated person to complete the care plan which must be signed by parents/carers, the prescribing doctor and the designated person.

3. Training

- The Head Teacher must be satisfied that any training received by staff is sufficient for purpose. Formal training from approved providers is implemented for more complex needs.
- The school provides initial training with regular updating from qualified professional for staff who volunteer to administer medication for asthma, diabetes, epilepsy and anaphylaxis or to meet any complex needs. The health professional delivering the training should recommend a refresher training period and record the proficiency of those undertaking the training.
- In accordance with the National Service Framework for Children, Young People and Maternity Services, all schools have access to training provided by health professionals on all medical conditions. Many voluntary organisations specialising in particular medical conditions also provide advice or produce school packs advising teachers on how to support children.

4. Emergency procedures

- If in doubt, staff are advised to contact emergency services through the main office. Otherwise, staff are to seek emergency support through contact with SLT support or direct contact with the designated person.
- Whilst waiting for help, the member of staff should move other children away from the scene as appropriate.
- If the casualty is having a seizure, staff present should ensure that objects around the casualty which could cause injury are removed. The casualty's head should be supported, where necessary.
- If the casualty is unconscious or has vomited, they should be placed in the recovery position, ensuring that tight collars are loosened to aid breathing.
- If the casualty has been diagnosed with epilepsy, their individual health care plan must be followed.
- If a hospital visit is necessary, a member of staff well known to the child will accompany the child until such time as the child's parents/carers arrive.

5. Food Management

- Even in their most severe form, allergies and severe allergic reactions are manageable. All children with a diagnosed severe food allergy must have an individual health care plan. Food/meal arrangements must be covered when the plan is drawn up, in consultation between the school and parents/carers. Where parents/carers wish their child to

be provided with school meals, the health care plan must clearly set out what the arrangements are.

- A crucial element of managing the risk from food allergens is ensuring that appropriate emergency arrangements are in place. These should be in place regardless of whether meals are provided by the school.
- Kitchen staff must be made aware of children affected by possible allergies. The basic relevant information from the health care plan, including a photograph of the child, is shared with kitchen staff.
- The school should be provided with pre-filled auto injectors for each affected child.

6. Safe storage of medicines

- Large volumes of medicines should not be stored in school.
- Staff should only store, supervise and administer medicine that has been prescribed for an individual child, for whom parental/carer consent has been given.
- Children should be aware of where their medicine is stored.
- Medicine should be stored strictly in accordance with product instructions and in the original container in which dispensed, other than insulin.
- If a medicine is approaching its expiry date or is close to running out, the designated person is responsible for contacting parents to remind them. The designated person is responsible for checking, on a monthly basis, expiry dates, batch numbers and ensuring that seals are unbroken.
- Medicines must not be locked away but kept in a medical bag in a safe place in each classroom.
- The exception to this are controlled drugs that must be kept in a metal non-portable medical cupboard, fixed to a solid wall. Only named key holders may have access to controlled drugs. The named key holders are currently: Kathy Maguire-Egan, Christina McNamara, Debbie Langstone and Michelle Jenkins.
- Medicines for asthma, anaphylaxis, diabetes and epilepsy: these medicines may be needed in emergency situations when immediate access would be essential.
- Medicines needing refrigeration: these will be kept in a refrigerator in the office.

7. Record Keeping

- For each child with medical needs, a file is held in the main office and the Designated Person's office. This file contains copies of correspondence with parents/carers, including any agreed health care plan.
- Each classroom medical bags contains copies of health care plans for children in that class and copies of parental correspondence. These bags will be taken to the medical area each break and lunch time.
- Medical bags should also go on school trips and outside during fire drills etc.

- A chart documenting medicines administered is kept in the Medical area. Appendix 1 to this policy shows the information to be recorded.
- Parents should be informed whenever medication has been administered so that double dosing does not occur.
- Not all children with medical needs will require an individual health care plan. A short written agreement with parents may be all that is necessary. If agreement cannot be reached on whether a health care plan is necessary, the Head Teacher is best placed to make the final decision.
- Where required, each health care plan will contain different levels of detail according to individual needs. The plan should clarify the support that will be provided. It should include details of symptoms, daily care requirements, detailed emergency procedures and family/medical contact details.
- If the child has Special Educational Needs (SEN), this should also be recorded on the health care plan.
- Parents/carers should confirm all medical information in writing and in cases of complex or serious conditions; this should be verified by the GP and/or consultant in writing.
- The health care plan should be developed in consultation with parents/carers, the GP, the school health service and other professionals as appropriate, with the child's best interests in mind.
- All health care plans are reviewed on an annual basis in September, or earlier if the child's needs have changed.

8. Extra-curricular activities and educational visits

- The school will make arrangements for the inclusion of pupils with medical conditions in such activities, with any adjustments as required, unless evidence from a clinician, such as a GP, states this is not possible.
- When a school trip is planned, medical needs should be identified and managing those needs is then built into the risk assessment process.
- The risk assessment should clearly state the medical needs of all pupils and staff on the trip, including relevant emergency information. All staff should be made aware of this information prior to the trip.
- Copies of care plans and medication should be taken on trips.
- Most children with medical conditions can take part in the PE curriculum and extra-curricular sport. The curriculum should be sufficiently flexible for all children to take part in ways appropriate to their own abilities, clearly identifying any restrictions on a child's ability to take part in PE. These should be recorded in the individual health care plan.