



SUPPORTING CHILDREN WITH MEDICAL CONDITIONS POLICY

Review September 2024

Rationale

Many children will at some time have a medical condition that may affect their participation in school activities. For pupils at Hob Moor Oaks this can be both a short-term or long-term intervention. Other children have medical conditions that, if not properly managed, could limit their access to education. For some of these children, their medical condition may require treatment with some form of medicine or health intervention. This policy is designed to ensure effective management and systems are in place, to support individual children with medical needs, ensuring they have equal access to school life as their peers. A positive response by our school to a child's medical needs will not only benefit the child directly but can also positively influence the attitude of their peers.

Hob Moor Oaks Academy will accept responsibility for pupils who have individual health care plans, written and agreed by School Health Teams. Hob Moor Oaks Academy will take responsibility for managing and administering medicines either orally or via an enteral feeding tube e.g. gastrostomy or nasogastric tube.

"Anyone caring for children including teachers, other school staff and day care staff in charge of children have a common law duty of care to act like any reasonable prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency"

DfES 03/05

At Hob Moor Oaks we believe our Medical Conditions Policy should be clearly communicated and understood by staff, parents and pupils. It should provide a sound basis for ensuring that pupils with a range of needs, including medical needs, receive proper care and support in school.

Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

The following pieces of legislation which directly affect this policy are as follows:

Section 21 of the Education Act 2002

Section 175 of the Education Act 2002

Section 3 of the Children Act 1989

Section 17 of the Children Act 1989

Section 10 of the Children Act 2004

The NHS Act 2006: Section 3, 3A & 2A

Equality Act 2010,

Health and Safety at Work Act 1974

Misuse of Drugs Act 1971

Medicines Act 1968

Regulation 5 of the School Premises (England) Regulations 2012 (as amended)

The Special Educational Needs and Disability Code of Practice

Section 19 of the Education Act 1996.

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions.

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Aims

- Ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Ensure that school consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported as written in EHCPs
- Ensure that policies, plans, procedures and systems are properly and effectively implemented.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensure appropriate and relevant individual healthcare plans are implemented, written and reviewed by school health teams.

- Identify who is responsible for an individual's healthcare plan development, in supporting pupils at school with medical conditions.
- Ensure that plans are reviewed at least annually by school health teams, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind.
- Ensure that the assessment and management of risks to the child's education, health and social wellbeing, minimises disruption.
- Ensure the policies and procedures are followed for managing medicines.
- Ensure that written records are kept of all medicines administered to children.
- Ensure that policies and procedures are followed in an emergency situation.
- Ensure that pupils with medical conditions are able to participate in school trips and visits, or in sporting activities, and are not prevented from doing so.
- To provide clarity on how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

Procedures

Staff Training & Continuous Professional Development

All staff have an understanding of health & safety and are aware of First Aid policies and procedures.

Designated members of staff are First Aid trained. This includes 3 day first aid, Paediatric First Aid and Emergency First Aid.

All school staff receive awareness training on the following:-

Epilepsy Awareness

Allergy Awareness/Epipen Administration

Our Health Care Assistant receives training in Medication Awareness and administration led by NHS School Health teams.

Specialist training to support all our pupil's medical conditions is delivered to identified staff on a regular basis to meet the needs of our pupil's. Additional training may be provided if a new pupil joins a class team or medical needs change.

Children with specific medical needs

The Head of School must ensure that all members of staff, including classroom assistants, supply teachers and midday supervisors are aware of children with medical needs. This information is available in class via 'All About Me' posters, these are updated at least annually.

Staff should treat medical information confidentially and it should be shared on a 'need to know' basis. The school will agree with the parents/carers who else should have access to records and other information about a child.

This policy considers the needs of three different groups of children with medical needs:

1. Pupils with long term, complex medical needs who need ongoing medication or care needs, for example, children with cystic fibrosis, epilepsy, diabetes, eczema, asthma etc.
2. Children whose medical needs mean that they require medication in specific situations e.g. children with anaphylaxis (e.g. allergy to nuts, bee stings), children who need medication following an operation etc.
3. Children with short term medical needs e.g. infections, coughs etc.

For children with long term complex medical needs or for those who need medication in specific situations, the details of their medical needs are described and managed in the medication record, managed by the Health Care Assistant.

Some pupils have a Health Care Plan, written by NHS School Health Team; these individual documents provide details of responsive medication that may be required. For example, epilepsy rescue medication, allergy relief, asthma inhaler. These documents are filed in HoS office & Pupil information files in classrooms.

These Health Care Plans will detail medication which needs to be taken and will outline other care needs. This should be reviewed at least annually and parents/carers will need to ensure that the school has up-to-date information. The health care plan should include:

- The pupil's name, date of birth and contact details
- Details of a pupil's conditions
- Special requirements e.g. dietary needs, pre-activity precautions
- Medication, dosage and any side effects
- Time and frequency of administration of medication
- What to do, and who to contact in an emergency

Staff responsible for children with medical needs

The Head of School gives specific responsibility to class teachers to share information received from the School Health Team and disseminate information on individual pupils' medical conditions to Teaching Assistants and Midday Care Assistants within their team.

As part of our best practice, and in light of practice deemed to be 'unacceptable' (DfE 2014), staff and governors of Hob Moor Oaks will:

- ensure children can easily access their inhalers and medication and administer their own medication when and where necessary
- recognise that every child with the same condition does not always require the same treatment;
- take into account the views of the child or their parents; take into account medical evidence or opinion, (although this may be challenged);
- have individual healthcare plans which enable children to be included in everyday school activities as much as possible
- support parents to minimise the impact of absences related to medical conditions e.g. facilitating appointments by holding clinics in school where possible e.g. orthotics and by asking parents to seek appointments out of school hours wherever possible.
- support children with drinking, eating or personal care routines or other breaks whenever they need to in order to manage their medical condition effectively.

In the absence of the HCA, the nursing team or Head of School take responsibility for the administration of medication.

Risk assessments

When a child's medical condition could potentially put the child, another pupil or an adult at risk, a risk assessment should be carried out. Risk assessments should be available to cover the child's time in school, but also when school visits are undertaken. The Head of School is responsible for writing these plans and support can be obtained from the LA physical disability team if requested. E.g. a child required oxygen support during the school day.

Administering Medicines for pupils in Hob Moor Oaks (This section is arranged specifically to support the timeline of events required for best practice).

1. Medication Record Forms and Consent Forms

[Request administration of medication \(Short Term\)](#)

[Request for the in school administration of medication \(Long Term Use\)](#)

[Medications Record \(Administered\)](#)

- Consent forms are obtainable from the School Health Team or Head of School on request.
- Parents must consent to designated trained staff to administer medication for their child.

- Each medication will be listed on a permission form stating: Names of medication, dose, times to be given, signature and printed name of parent, and date.
- If there are any changes to medication, new consent forms must be completed and signed by the parents.
- For "one-off medication" or medication for short term illnesses, such as paracetamol, antibiotics, written instructions from the parents must be obtained (usually a note written in the online care diary or emailed). Where possible, this will be followed up by a telephone call to discuss this request further. Following this request, class teams will notify the health care assistant or Head of School who will complete a medication record form and arrange for the administration of medication.
- The School Nurse or Health Care Assistant may seek advice regarding medication.
- A photocopy of the written instructions should be attached to the medication record form. Once the course of medication is finished, the forms should be returned to the health care worker to file.
- Wherever possible, all "one-off medications" should be administered by parents at home.

2. Transporting of medication (Pupil Transport Assistant - PTA)

- Parents and staff are asked to ensure that they notify each other, and the PTAs and taxi drivers, that a child is carrying medication.
- Parents are asked to hand the child's medication directly to the PTA for safe passage and delivery to a member of school staff.
- On arrival at school, the parent/carer, PTA/driver must hand the medication to a member of staff immediately.
- At the end of the school day the medication must be handed directly to the Parent or PTA for safe passage and delivery to the parent/carer.
- On arrival at home, the PTA should hand the medication directly to the parent/carer.

3. Procedures for receiving and storing medication

- Head of School will designate named members of staff to be responsible for the administration of medication. This will be reviewed at least annually.
- Medication in school will be safely locked in a designated medicine cabinet, located either in the classroom or the medical room (depending on the nature of the medication).
- Prior to storage, staff must make sure all medication is labeled with the child's name, dose and frequency of administration. Also the expiry date must be checked upon receiving medication.
- All medicine with the exception of inhalers/epipens/ must be kept in a locked cupboard or fridge, and the keys must be kept in a named place, at all times.

- Inhalers should be stored in the child's classroom and spare inhalers in the medical room. Medication must be checked against the medication record form.
- Health Care Assistant will check expiry dates and will notify parents with at least 28 days' written notice to request replacements.
- Parents are responsible for the disposal of date-expired medication. School staff should not dispose of medicines - medications should be sent home or parents should collect medicines held at school at the end of each term.
- Location of medication storage will be clearly written on All About Me Posters and Individual Health Care Plans.

4. Medication Record Forms

- The medication records & consent forms are stored within the medications folder in the medical room.
- The medication record forms are completed, amended, signed and dated by the health care worker and Head of School. These forms are for school purposes only. They indicate the times when a child should receive their medication.
- Staff must not use Tipex or other correction fluid on the medication record forms - these are legal records and they must not be tampered with.
- **It is a legal requirement to store medication record forms for two years. These will be filed and stored in the medical room.**
- Black pen only should be used to sign the medication record form.
- At the end of the school day, the class staff and health care assistants responsible for administering medication have the responsibility to check that all medication and feeds have been given and all signatures have been recorded.

5. Administration of medicine

- **Only designated members of staff responsible for the administration of medication must administer medication to a child.**
- Staff can only give authorised medication to a child, as stated in their medical record and consent form.
- Before administering, all medicine must be checked against the medication record form, ensuring the correct medicine/dose/time and the name of the child along with the expiry date.
- All medicine must be prepared IMMEDIATELY before giving it to the child and signed for by the person administering the medication, immediately after on the medication record form.
- The medicine/dose/time must then be counter checked and signed by a 2nd person.

- Children need to be encouraged to take their medication. If a child spits out or refuses to take the medication, the School Nurse, Health Care Assistant or Head of School must be informed immediately. This will also have to be indicated on the medication record form and appropriate action will need to be taken.
- Spillage must be recorded on a school incident form via CPOMS and the School Nurse/ Health Care Assistant informed. Parents should also be informed.
- Pupils should have their own syringes for medication stored separately in a named container. These should be washed in warm soapy water after use, rinsed and allowed to air dry.

Parents/carers should obtain the schools agreement to administer medication prior to sending it with their child. There are consent forms to be completed by the school and parents/carers. The school should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and must include the prescriber's instructions for administration (child's name, dosage, frequency and expiry date).

Parents should liaise directly with the school nursing team should a dosage or medication change. The nursing team will amend paperwork and send new forms home the following day. The nursing team are contactable by their mobile phone or via the school office.

The following gives general guidelines in the administration of medicines in school but there will inevitably be children who have special medical needs that need individual discussion between school, parents and pupils.

Emergency Rescue medication

Staff who are trained to give emergency medication, may do so by strictly following the individual child's emergency medication care plan. Administration will be recorded on appropriate medication record form and parents should be informed. In the event of a serious incident the emergency services will be called, this will be agreed by either Senior Leaders or NHS staff. Parents will be contacted as soon as possible in this event.

Medication via gastrostomy

Pupil's who require medication via their peg or button will have a Gastomosy Plan linked to their feeding requirements. Staff must adhere to this plan, ensuring a water flush is provided before and after.

Refusal to take oral Medication

If a child refuses to take medicine, staff must not force them to, but should inform the parents/carers. If this refusal results in an emergency, the school's emergency procedures should be implemented.

Absences for Illness

Parents/carers are requested to keep their children away from school:-

- for 48 hours following sickness or diarrhoea
- for 48 hours following antibiotics being prescribed, if the child is unwell

Asthma Inhalers & Epi Pens

Asthma & Anaphylaxis can be a life threatening condition and attacks can start very rapidly. It is therefore vital that pupils with asthma or severe allergies have instant access to their inhalers and epi pens. Inhalers & Epi Pens will be clearly labelled and accessible to the child at all times, in particular when transitioning to other areas of the school and on educational visits.

Defibrillator

A defibrillator is located in the physiotherapy base; it is hung on the wall in a blue case to the left of the door as you enter. Easy to follow instructions are on the device. The ambulance service has been advised that there is a defibrillator on site.

The Administration of Medication on School Trips

The school will take additional safety measures when outside of school. Dependent on individual needs, these arrangements may include:-

- risk assessments
- individual medication carried by staff in its original container and stored in an identifiable bag, with health care plan guidance
- mobile telephone to be carried by visit leader and other staff
- additional staff/volunteer/parent may be necessary to guarantee pupils safety and safety of other pupils
- School health service or parents may need to be consulted for advice

(For further information see DCSF circular 22/94 Safety in Outdoor Activity Centres Guidance)

Errors

- If errors occur, e.g. overdose, wrong medication administered or medication forgotten, staff must inform the School Nurse or Health Care Assistant and Head of School immediately. The member of staff involved must complete a record of the incident on CPOMS.

- Parents must be informed of any errors immediately by the School Nurse or or Head of School.
- Medical advice must be sought immediately from the School Nurse or Health Care Assistant. Staff may telephone the pharmacist, or contact NHS Direct on 0845 4647 or 111. In an event of a serious emergency senior leaders will call 999.
- Following an immediate investigation of the error, Head of School will inform Ebor Academy Trust and Hob Moor Oaks Safeguarding Governor.

Hygiene

Colleagues should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures.

Colleagues have access to disposable gloves and aprons, hand wash and/or hand sanitizer. Colleagues should take extra care when dealing with spillages of body fluids and enteral feed equipment.

Colleagues should take extra care when dealing with spillages of blood or other body fluids, dressings and equipment. Gloves are always to be worn throughout until blood, body fluids, dressings and equipment have been disposed of in the special bins provided.

Emergency Procedures

Where potential emergency situations can be predicted, details of procedures are recorded in the child's Individual Health Care Plan. Within classrooms, emergency contact cards including the child's name and date of birth are located near telephones. Parents/carers/emergency named contact should be contacted at the earliest possible opportunity. It is essential that parents/carers keep the school informed of any changes in contact details, particularly telephone numbers.

Confidentiality

All medical information is treated as confidential at Hob Moor Oak Academy.