

# Ben Jonson Primary School



## Supporting Children with Medical Needs and Managing Medicines in School Policy

(updated to include First Aid information and information about children who cannot attend school due to health needs)

**Date reviewed:** February 2023

**Date to be reviewed:** January 2024

#### Vision:

- Ben Jonson is a safe and stimulating environment where children encounter challenging and creative learning experiences.
- Each member of the school community is motivated to be a life-long learner.
- We will equip everyone with the skills to achieve their full potential in a climate of mutual respect and personal responsibility.

#### Statement of aims:

- To provide a supportive, stimulating environment in which each child is enabled and encouraged to attain the highest standard of achievement of which he or she is capable.
- To ensure that the curriculum is broad and well balanced following all subjects in the National Curriculum.
- To value each individual's contribution irrespective of race, gender, religion or ability.
- To encourage children to be aware of their behaviour and how it affects other people.
- To recognise that children have a variety of special needs and endeavour to provide appropriately for the needs of individuals.
- To ensure that the curriculum reflects the richness of our multi-cultural society.
- To foster and build on relationships with parents, governors and the wider community.
- To provide a planned process of staff development

#### Introduction and sources:

This policy descends from a previous policy (ratified by the governing body in March 2005), which itself incorporated the advice of the Department for Education and Skills and the Department of Health (Ref: 1448-2005DCL-EN, March 2005). The most recent guidance from the government is *Supporting Pupils at School with Medical Conditions* (DfE, December 2015 August 2017). In addition the policy has been formulated on advice from the allocated school nurse and area nursing manager. The School Health and Wellbeing Service for Tower Hamlets provide a Service Led Agreement for Primary schools which states the roles and responsibilities for the allocated School Nurse and the school.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have Special Educational Needs and Disabilities, and may have a Statement or Education, Health and Care (EHC) Plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice. For children who have medical conditions that require EHC Plans, compliance with the SEND Code of Practice will ensure compliance with this guidance with respect to those children.

#### Key principles:

- Children at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support children at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, children and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

### Key roles and responsibilities

#### The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting children with medical conditions.
- Providing support, advice, guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHPs) are effectively delivered.
- Working with schools to ensure children attend full-time, or otherwise making alternative arrangements for the education of children who need to be out of school for fifteen days or more per year due to a health need and who otherwise would not receive a suitable education.

#### The Governing Body is responsible for:

- Ensuring that arrangements are in place to support children with medical conditions.
- Ensuring that this policy is developed collaboratively across services clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that this policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring that this policy covers arrangements for children who are competent to manage their own health needs.
- Ensuring that all children with medical conditions are able to play a full and active role in all aspects of school life; to participate in school visits, and trips sporting activities; to remain healthy; and to achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions; and to ensure that they are signed off as competent to do so.
- Ensuring that staff have access to all relevant information, resources and materials.
- Ensuring that written records are kept of, any and all, medicines administered to children.
- Ensuring that this policy sets out procedures in place for emergency situations.

- j. Ensuring that the level of insurance in place reflects the level of risk.
- k. Handling complaints regarding this policy (where appropriate, as outlined in the school's Complaints Policy).

The Headteacher/Medical needs coordinator is responsible for:

- a. Ensuring that this policy is developed effectively with partner agencies and then making staff aware of this policy.
- b. Ensuring staff are confident and capable of implementing recommendations and do so in an effective and timely manner.
- c. The day-to-day implementation and management of this policy.
- d. Liaising with healthcare professionals regarding the training required for staff.
- e. Identifying staff who need to be aware of a child's medical condition.
- f. Ensuring that a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- g. If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy; and ensuring that more than one staff member is identified, to cover holidays / absences and emergencies.
- h. Ensuring that the correct level of insurance is in place for staff who support children in line with this policy.
- i. Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition or may need a referral.
- j. Ensuring confidentiality and data protection.
- k. Assigning appropriate accommodation for medical treatment/ care.
- l. Collecting all medical boxes and allergy badges at the end of the academic year and re distributing them after checks are carried out
- m. Reminding staff to check medication expiry dates termly and the presence of care plans in children's boxes
- n. Keeping copies of care plans provided by parents and healthcare professionals and maintaining the medical needs register and allergy register

School staff members are responsible for:

- a. Reading through medical care plans for children across the school on a termly basis and the medical register on the shared server for any changes.

- b. Checking expiry dates of medications in children's boxes to ensure they are present and in date and the care plan is in the box, informing parents and the medical needs coordinator if new medication or care plans are needed
- c. Familiarising themselves with procedures for children in particular they teach and come into frequent contact with.
- d. Knowing where controlled drugs are stored and where the key is held.
- e. Knowing where children's medication is stored.
- f. Taking account of how medical conditions may have an impact on the children in lessons and at playtime and carrying out necessary written risk assessments to support the safety and wellbeing of these children in these activities
- g. Undertaking training to achieve the necessary competency for supporting children with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- h. Ensuring that inhalers, Epipens, Buccolam and blood glucose machines are held in an accessible location.
- i. Ensuring medications are only accepted as per the medications flow chart and checked by the medications co-ordinator and co-ordinate with the medical register.
- j. Ensuring all medical boxes are carried on trips outside of the school.
- k. Ensuring children are placing red boxes on the red trolley at playtime and lunchtime every day.
- l. Logging any administration of medication to a child when they need it in the blue book and informing their parents that same day
- m. Informing parents if their child has been unwell at school

**School Nurses, Health Visitors and other healthcare professionals are responsible for:**

- a. Provide a referral form electronically for schools and parents to complete and contact details for their return
- b. Providing feedback to the referrer within 10 working days, if this takes longer, they will email to keep school or parent updated on progress.
- c. Coordinate with a named member of school staff to plan all SHWS activities, including regular contact, screening and NCMP during the school term in agreement with the school.
- d. Deliver Health Needs awareness sessions to school staff on Allergies, Asthma, Eczema and Epilepsy via webinars as this model has led to strong attendance.

- e. Following up with GPs and specialists to ensure that children who need care plans get them through their parents from the GPs and Specialists

#### Parents and carers are responsible for:

- a. Keeping the school informed about any new medical condition or any changes to their child's health, including when the child no longer requires medication or has allergies
- b.

Participating in the development and regular reviews of their child's care plans by their GP, nurse or consultant and sharing these care plans with the school

- c. Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- d. Providing the school with the medication their child requires and keeping it up to date (including collecting leftover medicine) that is verified by a doctor or nurse. Verification from the medical professional should indicate the necessity of the medication, frequency of dosage and length of time medication is required.
- e. Meeting with the school nurse as necessary to review medical needs or medical care plans. Carrying out actions assigned to them in a child's care plan.

#### Children are responsible for:

- a. Providing information on how their medical condition affects them.
- b. Contributing to their care plan, where appropriate.
- c. Complying with the care plan and self-managing their medication or health needs if judged competent to do so by a healthcare professional and agreed by parents.

#### Training of staff

- a. Newly appointed teachers, supply or agency staff and support staff will receive training on this policy as part of their induction.
- b. No staff member may administer prescription medicines or undertake any healthcare procedures (catheters, Gastrostomy) without undergoing training specific to the condition and being signed off as competent.
- c. The school will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

#### Medical Conditions Register

- a. Schools admission forms request information on pre-existing medical conditions, which are then recorded in the Medical Conditions Register. In addition, parents must inform school at any point in the school year if a condition develops or is diagnosed.
- b. A medical conditions register is kept, updated and reviewed regularly by the nominated member of staff, the Medical Needs Co-ordinator and overall by Inclusion Manager.

- c. The medical register is saved as an electronic file on the server for relevant staff to access. Significant changes are communicated via email and in person (where appropriate), to check the message has been shared and understood.

#### Care plans

- a. Where necessary a care plan will be developed in collaboration with the child, their parents / carers, and medical professionals. The Medical Needs coordinator is not a medical professional.
- b. Care plans will be kept in the child's medical box at all times.
- c. Care plans will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner. It is the parent's responsibility to make sure that their child's care plan is reviewed and the latest copy is given to the school. The Medical needs coordinator can support parents if obtaining these are difficult alongside the school nurse.
- d. Where a child has an Education, Health and Care Plan or a Statement of Special Educational Needs, the care plan will be linked to it or become part of it.
- e. Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will collaborate with the LA and the alternative provision to ensure that the Care plan identifies the support the child needs to reintegrate.

#### Transport arrangements

- a. Where a child with a Care plan is allocated school transport parents and the LA SEND department take responsibility for the meeting the medical needs of the child for the duration of the journey.
- b. When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the bus / taxi in a suitable bag or container. They must be clearly labelled with name and dose, etc.
- c. Controlled drugs will be kept under the supervision of the adult in the bus / taxi throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the transport team for approval or appropriate action.

#### Education Health Needs (EHN) Referrals

- a. All children of compulsory school age who, because of illness lasting fifteen days or more (consecutive or otherwise), would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such children. The school undertakes to initiate contact with the LA in these circumstances.

#### Medicines

- a. Prior to staff members administering any medication, the parents / carers of the child must complete and sign either a 'Medication in school care plan' or an 'Administering antibiotics' form. Forms should be handed in to the office, who will then check it over, scan it and give the hard copy with

accompanying medication to the Medical needs coordinator. The scanned copy will be saved on the system with the medical needs register, allergy register and other medical documents.

- b. The form must be accompanied by verification in the form of a signed or stamped letter or letterhead by the doctor or nurse, explaining the medical need for the medicine. The letter must detail the signs and symptoms,, the dosage and length of the course of medicine.
- c. Children with food allergies have their photograph and details displayed in the catering department to ensure catering staff are aware. These children wear a badge at lunchtime so they are easily identifiable.
- d. No child will be given any prescription or non-prescription medicines without written parental consent except in very exceptional circumstances.
- e. Where a child is prescribed medication by a healthcare professional without their parents' / carers' knowledge, every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality.
- f. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- g. Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin, which must still be in date or up to 6 months after expiry , but which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- h. 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. To avoid any uncertainty, controlled drugs that have been prescribed for a child will be securely stored in a non-portable container and only certain staff (identified on the IHP) should have access. Controlled drugs should be easily accessible in an emergency.
- i. All medication, unless stated otherwise in the IHCP will be stored in the medical cupboard.
- j. Emergency medications such as Epipens and Asthma inhalers should be readily available in a clearly labelled container (medical box in classroom). Children should know where their medicines are stored; they should not be locked away.
- k. Any medications left over at the end of the course will be returned to the child's parents to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- l. Written records will be kept of any medication administered to children. This is in the blue book in the child's medical box or on the 'Administering Antibiotics' form. Details will include the date, time, dosage, adult who supervised and medication. Parents will be informed that day of any medication administered.
- m. Children will never be prevented from accessing their medication.
- n. Ben Jonson Primary School cannot be held responsible for side effects that occur when medication is taken correctly.



- o. If a child refuses to comply with their health procedure, staff will not force them. Parents will be contacted and the IHP may need to be reviewed.

### Emergencies

- a. All staff are aware of procedures when dealing with medical emergency. These should be supervised by a trained First Aider.
- b. All staff are aware of pupils on a health care plan and understand the need to follow agreed emergency support.

All staff know how the emergency services should be contacted; guidance is on display in the office and shared with the staff.

- c. Children will be informed in general terms of what to do in an emergency (such as telling a teacher).
- d. In the event of an emergency, every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible, a member of staff will accompany the child to hospital by ambulance and stay until the parent arrives. Health care professionals are responsible for any decisions on medical treatment when parents are not available.
- e. Staff should have the opportunity to reflect and review following an emergency. Any amendments to systems and organisation should be implemented.

### Day trips, residential visits and sporting activities

- a. The school will ensure that children with medical conditions participate in school trips, residential stays, sports activities and so on, and will not prevent them from doing so unless on clinical advice from a healthcare professional.
- b. Risk assessments should be undertaken in order to plan for the inclusion of children with medical conditions (including consulting with parents / carers and health professionals as necessary).
- c. Medical boxes accompany children on trips- carried by children where appropriate.

### Things to avoid

- a. Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b. Assuming that children with the same condition require the same treatment.
- c. Ignoring the views of the child and / or their parents; or ignoring medical evidence or opinion.
- d. Sending children home frequently or preventing them from taking part in activities at school.
- e. Sending the child to the medical room or school office alone or with an unsuitable escort if they become ill.

- f. Penalising children with medical conditions for their attendance record where the absences relate to their condition.
- g. Making parents feel obliged to attend school to administer medication where a care plan is in place or provide medical support, including toileting issues.
- h. Creating barriers to children participating in school life, including school trips.
- i. Refusing to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

### Medical conditions

#### Asthma

- a. This school recognises that asthma is a widespread, potentially serious, but controllable condition and encourages pupils with asthma to achieve potential in all aspects of school life.
- b. Parents have a duty to inform staff if their child is asthmatic. Inhalers should be kept in their assigned medical box within the class first aid cupboards and accompany the child if they are educated outside the school premises.
- c. Children with asthma must have immediate access to inhalers when they need them and know where they are kept. A spacer device may be required and the pupil may need support to use this.
- d. A record book to record the frequency of an inhaler use can be found in the child's medical box.
- e. Parents should be notified when a child has used an inhaler excessively or more regularly than usual

Pupils with asthma are listed in the school medical register,

- f. Leaders of 'after school clubs' are notified on club register if a member is asthmatic.

#### Head injuries

- a. Pupils who sustain a significant head injury must be reviewed by a First Aider in school. If a pupil has a visible wound, swelling or adverse reaction, parents will be informed as soon after the incident as possible, and are welcome to assess their child personally. Where there are no residual effects, the pupil can remain in school whilst being observed. The First Aider will fill out an accident record slip For all head injuries- significant or non significant.

#### Epilepsy, Anaphylaxis and Diabetes

- a.
- b. Parents have a duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require with contact information of any medical professionals involved, this includes care plans. Relevant health care professionals will liaise between parents/guardians and school Medical Needs coordinator to ensure staff are aware of, and trained to provide, any relevant or emergency support or treatment.
- c.

### Indemnity and Liability

- a. Teachers who undertake responsibilities within this policy are covered by the LA / school's insurance.

- b. Full written insurance policy documents are available to be viewed by members of staff who are providing support to children with medical conditions. Those who wish to see the documents should contact the Headteacher.

### Complaints

- a. All complaints should be raised with the school in the first instance.

The details of how to make a formal complaint can be found in the Complaints Policy.

## [First aid at Ben Jonson](#)

### **Arrangements for First Aid**

The school will provide materials, equipment and facilities as set out in DfE 'Guidance on First Aid in schools.'

#### **The location of First Aid Kits in school are;**

- Every classroom
- The main office
- MMS wear bum bags at lunchtimes
- Medical needs coordinator

The contents of the kits will be checked on a regular basis by the class teams and Admin assistant. Medication for named individuals will be kept in their own medical box in their classroom with the individual care plan. This is carried with them between rooms around the school. Children who have red medical boxes will leave their medical box on the red trolley in the dining hall at lunchtime. TAs and class teachers are responsible for checking expiry dates termly and informing parents.

Children with allergies and dietary requirements wear a lanyard to lunchtime, which is stored in their classrooms. TAs, Class teachers, MMS and Catering staff are responsible for ensuring these are worn and the Medical Needs Coordinator is responsible for ensuring they are maintained.

Designated First Aiders are listed in every room.

First Aid training (6 hour course) will be undertaken every three years for selected adults so that the school is in line with the number needed for each phase. Reception and nursery will also have a select number of adults to be trained in paediatric first aid according to DfE guidance.

### [Defibrillators, spares and pain relief](#)

Ben Jonson school does not have a defibrillator. It does hold spare epi pens but not salbutamol. The epi pens are kept in the main office.

The nearest defibrillator to school is the ambulance station on Harford street.

Ben Jonson school does not hold Ibuprofen or Paracetamol for children's use. In cases where this may be needed as a one off, parents will be called to administer to their child.

### [Off-site activities](#)

Children's medical boxes and one first aid kit per class will be taken on all off-site activities. A First aider will attend all off-site trips.

### [Information on First Aid arrangements](#)

The Headteacher/Medical Needs Coordinator will inform all employees at the school of the following:

- The arrangements and requirements for recording and reporting accidents
- The arrangements for first aid
- Those employees with qualifications in First Aid.
- The location of First Aid kits.

All members of staff will be made aware of the First aid policy.

### [Pupil accidents including head injuries](#)

All injuries in school are recorded.

An accident slip is given to the child to take home after it is completed by a first aider.

If the child has received a lump on the head, or an injury that may cause the parent distress when picking them up from school, an adult will call home to inform the parents so that they are prepared.

The Governing body recognises that accidents involving pupils head can be problematic because the injury may not be evident and the effects only become noticeable after a period of time. Where emergency treatment is not required, the parent will be made aware of the head injury at the point of collection.

#### Transport to hospital or home

The head teacher will determine the reasonable and sensible action to take in each case.

If the injury is an emergency, an ambulance will be called to ascertain further advice and timings. Following this the parent will be called.

If the parents cannot be contacted then the Headteacher may decide to transport the pupil to hospital. In this case, no individual member of staff should be alone with a pupil in a vehicle.

#### Documentation

An Air form will be completed following a visit to A&E or GP due to an injury received at school.

Information from SIMS about the child will be printed for parent to take to A&E or for the ambulance crew.

#### Children who cannot attend school due to health needs

The LA is responsible to arrange suitable full-time education for children of compulsory school age who, because of illness, cannot receive suitable education.

When it is clear that a child will be away from school for 15 days or more, consecutively or cumulatively, education needs to be provided.

Children unable to attend school for a shorter period because of illness should be able to access suitable and flexible education appropriate to their needs. This is provided by school and done mostly through Google Classrooms. School will phone the family daily and where appropriate have face-to-face check ins with the child.

Where children have complex or long-term health issues, the pattern of illness can be unpredictable. The LA will consult with the school, relevant clinicians, parents and where appropriate the child to discuss how the child's needs will be best met, this may be through LA tuition or school provision.

When a child is in hospital, liaison between hospital teaching staff, the LA's alternative provision/home tuition service and the child's school will be carried out in order to ensure appropriate provision is provided and linked to the curriculum to help the child keep up, rather than catch up.

Appendix A  
**Medication in school care plan:**

The below form needs to be filled out by your child's **doctor** or **nurse** and returned to school with the child's labelled, prescribed medication:

<b>Child's name:</b>	
<b>Child's DOB:</b>	
<b>Medical condition/s requiring medication in school:</b>	
<b>Medication prescribed:</b>	
<b>Dose to be administered:</b>	
<b>Signs that medication is required:</b>	
<b>How long does the medication need to be used in school:</b>	
<b>Doctor/ Nurse name and signature:</b>	
<b>Surgery stamp:</b>	
<b>Parent/ Carer name:</b>	
<b>Parent/ Carer signature:</b>	
<b>Date:</b>	

**ADMINISTERING ANTIBIOTICS FORM**

**(Antibiotics are to only be administered in school if the label states 'Four times a day' or more. This form needs to stay with the antibiotics and returned to Rachel when the course is finished)**

Child's Name.....Class.....

**I request and give my consent that my child should be given the antibiotic detailed below:**

Name of Antibiotic	Duration of Course	Dosage Prescribed	Date Prescribed	Times to be given

Signature of Parent/Carer.....Date.....

### Antibiotic Administration Record

(To be filled out by adult in school who is administering the Antibiotic)

Date:	Time:	Dose:	Signed: