

**St Martin's CE (Aided) Primary School**  
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**Headteacher: Mrs K Bartlett**



## **Supporting Pupils With Medical Conditions Policy**

**Status: Draft / Final**

**Date policy produced/reviewed: 26.03.18**

**Policy produced/reviewed by: Headteacher**

**Ratified by the governing body: 09.05.18**

**Signed:**

**Position:**

**Date of next review: March 2020**

**St Martin's CE (Aided) Primary School  
Supporting Pupils with Medical Conditions Policy**

<b>Name of Unit/Premises/Centre/ School:</b>	<b>St Martin's CE (Aided) Primary School</b>
<b>Name of Responsible Manager/Headteacher:</b>	<b>Mrs Katy Bartlett</b>
<b>Date policy approved and adopted:</b>	<b>09.05.18</b>
<b>Date due for review:</b>	<b>March 2020</b>

### **Introduction**

Section 100 of The Children and Families Act 2014 places a duty on the governing body of St Martin's CE (Aided) Primary School to make arrangements for supporting children at their premises with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

### **Key Roles and Responsibilities**

**Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.**

The Governing Body is responsible for:

- making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented;
- ensuring that pupils with medical conditions are supported to enable the fullest participation in all aspects of school life;
- ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions;
- ensuring that any members of staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher is responsible for:

- ensuring the school's policy is developed and effectively implemented with partners to include ensuring all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- ensuring that all staff who need to know are aware of a child's condition;
- ensuring that sufficient numbers of trained staff are available to implement the policy and deliver against all individual health care plans, including in emergency and contingency situations;

- the development of individual health care plans;
- making sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way;
- contacting the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Teachers and Support Staff are responsible for:

- taking into account the needs of pupils with medical conditions that they teach;
- knowing what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

*Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, but they cannot be required to do so. Although administering medicines is not part of a teacher's professional duties, they should take into account the needs of pupils with medical conditions that they teach.*

*School staff can expect to receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.*

The School Health Service is responsible for:

- notifying the school when a child has been identified as having a medical condition which will require support in school, wherever possible, before the child starts school;
- possibly supporting staff in implementing a child's individual healthcare plan and providing advice and liaison, for example on training;
- possibly liaising with lead clinicians locally on appropriate support for a child and associated staff training needs.

## Local Arrangements

### Identifying Children With Health Conditions

**Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.**

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly. We will also gather information for each child's medical needs as part of our transition and induction procedures for main round and in-year admissions.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Once a child's medical condition is identified, we will ensure we meet with parents and other supporting agencies to clarify the child's needs and draw up an individual health care plan. We will always work in close partnership with parents and supporting agencies throughout a child's time at the school and we will ensure when a child transfers out of the school that we liaise closely with the receiving school to ensure the new school is fully aware of the child's medical condition and the individual healthcare plan that is in place.

### Individual Healthcare Plans

**Statutory Requirement: The Governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.**

We recognise that individual healthcare plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will

require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the school's SENCo to work with parents and relevant healthcare professionals to write the plan. She may be assisted by the child's class teacher and/or the member of staff assigned to implement the individual healthcare plan or aspects of the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Headteacher will work in partnership with the parents/carer, and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the 'Individual Healthcare Plan' template produced by the DfE to record the plan (attached at Appendix A).

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

**Statutory Requirement: The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimises disruption.**

The SENCo will maintain a log of individual health care plans that includes dates for review. When a plan is due for review, she will organise the relevant parties to meet. If a child's circumstances change and an early review is required, the SENCo will organise a review accordingly.

**Statutory Requirement: When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:**

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional, and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## Staff Training

**Statutory Requirement: The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.**

**The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.**

**Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans).**

All new staff will be inducted on the policy when they join the school at the first day induction meeting, conducted by the Headteacher. Records of this training will be stored in the individual member of staff's personnel file.

All staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually at the start of the academic year on an inset day or at a staff meeting, or in-year at termly staff briefings with the Headteacher if there have been changes to the policy.

The awareness training will be provided to staff by the Headteacher.

We will retain evidence that staff have been provided the relevant awareness training on the policy by minutes of meetings and signature sheets, retained by the Health and Safety Co-ordinator.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff Training Record – Administration of Medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training (attached at Appendix B).

## The Child's Role

**Statutory Requirement: The Governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.**

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree, with relevant healthcare professionals/parents/carers, the appropriate level of supervision required and document this in their healthcare plan.

## Managing Medicines On School Premises

**Statutory Requirement: The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines. .**

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parents'/carers' written consent (a 'Parental Agreement for School to Administer Medicines' form will be used to record this, attached at Appendix C), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is the Children's Services 'Medication Tracking Form' (attached at Appendix D). The name of the child, dose, expiry and shelf-life dates will be checked before medicines are administered. On occasions where a child refuses to take their medication, the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Staff will make sure inhalers are stored in a safe but readily accessible place, are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner and will always be done under supervision as appropriate.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (where the school has concerns we will seek further guidance from the School Nurse).

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

## Storage

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in a refrigerator in the Admin Office in a clearly labelled airtight container. This fridge has restricted access.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at a steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

## Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through a Hampshire approved contractor who will remove them from site as regularly as required to ensure it is never full to the point it can no longer be used safely.

## Medical Accommodation

The school office will be used for medical administration/treatment purposes. The location/room will be made available when required. At the discretion of the Headteacher, medicines may be administered in a quiet place close to the child's place of work if this is appropriate and does not invade a child's right to privacy. This arrangement means learning time is not lost in moving to and from the school office.

## Record Keeping

**Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children. .**

A record of what has been administered including how much, when and by whom, will be recorded on a 'Record of Prescribed Medicines' form (attached at Appendix E). The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

## Emergency Procedures

**Statutory Requirement: The Governing body will ensure that the school's policy sets out what should happen in an emergency situation.**

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. inform a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parent arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

## Day Trips/Off Site Activities

**Statutory Requirement:** *The Governing body should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.*

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents/carers and pupils and take advice from the relevant healthcare professional to ensure that pupils can participate safely.

## Other Issues

Home-to-school transport – this is the responsibility of the Local Authority and the school will ensure the operating body is made aware of any child who has a medical condition and an individual healthcare plan, especially with respect to emergency situations. If a pupil has a life-threatening condition and is provided with home-to-school transport, a transport healthcare plan may be drawn up.

The school holds an inhaler for emergency use within an emergency asthma pack issued by the School Health Service. There is a record of use form within the pack. The inhalers will only be used in an emergency with a child who has asthma, or who has been prescribed an inhaler as reliever medication, and will be used in line with guidance issued by the Department of Health October 2014.

## Unacceptable Practice

**Statutory Requirement:** **The governing body will ensure that the school's policy is explicit about what practice is not acceptable.**

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, 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/carers; 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 school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school 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 pupils 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 school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child.

## Liability and Indemnity

**Statutory Requirement:** **The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.**

Staff at the school are indemnified under the County Council self-insurance arrangements.



The County Council is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents'/carers' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

### Complaints

**Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.**

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

<b>Signature of Responsible Manager/Headteacher:</b>	Katy Bartlett
<b>Date:</b>	26.03.18

**Appendix A**

**Individual Healthcare Plan**

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


**Clinic/Hospital Contact**

Name

Phone no.


**G.P.**

Name

Phone no.


Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

**Appendix B**

**Staff Training Record – Administration of Medicines**

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

## Appendix C Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness


### Medicine

Name/type of medicine  
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature \_\_\_\_\_ (parent)

Date \_\_\_\_\_



**Appendix E**

**Record of Medicine Administered to an Individual Child**

Name of school  
 Name of child  
 Date medicine provided by parent  
 Class  
 Quantity received  
 Name and strength of medicine  
 Expiry date  
 Quantity returned  
 Dose and frequency of medicine


**Signature** \_\_\_\_\_ **(staff member)** \_\_\_\_\_ **(parent)**

Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


Date  
 Time given  
 Dose given  
 Name of member of staff  
 Staff initials


**Record of Medicine Administered to an Individual Child (continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
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Name of member of staff			
Staff initials			