

# Clarendon Infant School



Support of pupils with  
medical conditions policy

**The purpose of this policy is to state how our establishment deals with the requirements of the law regarding supporting pupils with medical conditions.**

**The policy also states how we store and administer prescription drugs and medicine.**

### **Introduction**

Pupils' medical needs may be broadly summarised as being of two types:

- a) Short-term – affecting their participation in school activities and for which they are on a course of medication
- b) Long-term – potentially limiting their access to education and requiring extra care and support (deemed special medical conditions)

At Clarendon Infant School, children with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can play a full and active role in school life, remain healthy, achieve their academic potential and access and enjoy the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. Clarendon Infant School recognises that each child's needs are individual.

We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The school will focus on giving pupils and their parents every confidence in the school's approach.

The school recognises that some children who require support with their medical conditions may also have special educational needs and some may have an Education, Health and Care Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.

No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

We will follow specific advice on those occasions where children and students must be excluded from attending school because of infection of communicable illnesses as given stated in 'The Control of Communicable Diseases in Schools and Nurseries' booklet, issued by the Health Protection Agency.

### **Aims**

- include all pupils with medical conditions in all school activities.
- parents/carers of pupils with medical conditions feel secure in the care their children receive at our school.
- all staff understand their duty of care to children and young people in the event of an emergency.
- understand that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
- understand the importance of medication and care being taken as directed by healthcare professionals and parents/carers
- identify and reduce triggers that can make medical conditions worse, both at school and on off site visits
- staff, including temporary or supply staff, understand the common medical conditions that affect children at this school. Staff receive training on the impact this can have on pupils.
- have procedures in place for storage and administration of prescribed medication and follow these accordingly
- monitor and keep appropriate records

### **Medical Needs**

When registering children at Clarendon Infants, parents/carers will complete the registration documents, which include a Medical Registration Form.

Children who have medical needs will be made known to all staff members. Details of ways to treat them, or who to contact for further help, will be displayed. Individual Healthcare Plans (IHPs) for children who need them are kept in the school office.

### **Children with Medical Conditions**

When notification is received that a pupil has a medical condition the school, in consultation with all relevant stakeholders including parents, will (as appropriate and relevant):

- ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing IHPs.
- ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- put arrangements into place in time for the start of the new school term.
- in other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place within two weeks.
- provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- any staff training needs are identified and met.

### **Individual Healthcare Plans (IHP)**

Children with a healthcare need requiring administration of medication or procedures (if not covered under our administration of medication guidelines detailed later in the policy) will require a Health Care Needs Risk Assessment (proforma held in Medical File in the school office) and where this risk assessment identifies the need, an Individual Healthcare Plan (IHP) should be developed in conjunction with the school nursing service.

The Health Care Needs Risk Assessment will identify:

- any risk around the health care need of the child
- any risk around the health care need for others, including children, staff and visitors;
- control measures to manage the risks ie resources, environmental considerations
- training needs – who will need to be trained, and what support is needed for the child's health care needs to be managed safely in the setting.

The school's SENCO will be responsible for overseeing development of IHP's. Their purpose is to ensure that they provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and they 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 professionals and parents should agree, based on evidence, when an IHP would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view.

The format of IHP's may vary depending on the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. The level of detail within the plan will depend of the complexity of the child's condition and the degree of support needed. Where a child has SEN but does not have an EHCP, their special educational needs should be mentioned in their IHP.

IHPs, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg. Specialist or community nurse. Wherever possible, the child will also be involved in the process. The aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Responsibility for ensuring the plan is finalised rests with the school.

The IHPs are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any EHCP the child may have.

When deciding on the information to be recorded on IHP, the following will be considered:

- 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 eg. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide the 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 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, eg. risk assessments
- Where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child's condition, and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Healthcare Plan (EHP) prepared by their lead clinician that could be used to inform the development of their IHP.

### **Staff training and support**

Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on the roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have been trained beforehand. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the Governing Body. Some training may be arranged by the school, and other types may make use of the skills and knowledge provide by the school nurse service, or specialist nurse services, among others. In some cases, the healthcare professional may be able to advise on easily accessible training such as on the Jext website. Other training may involve on-site or off-site provision. Parents will be asked to supply specific advice and then this will be reinforced with healthcare professional advice.

All staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident enough to deliver the support. It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions.

All members of staff will be informed of this policy and it will be included in the induction arrangements for new staff to the school.

### **The child's role in managing their own medical needs**

At Clarendon Infant School, the children who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will not force him or her to do so, but follow the procedure agreed in the IHP. Parents will be informed so that alternative options can be considered.

### **Managing medicines on school premises (including administration of medication for children with short term medical needs who do not have an IHP)**

Few medicines need to be taken during normal school hours and in most cases the appropriate dosage of medicine when prescribed to be taken 'three times a day' can be given before school, after school and at night. However we understand that this is not always the case as some prescribed medication will have times or conditions stipulated by the doctor.

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- No child will be given prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. (Form 1 in Appendix)
- If parents are unwilling or unable to provide written consent or schools have some reason to doubt the information provided on Form 1, seek confirmation directly from the medical practitioner using Form 3 (in Appendix)
- A written record should be kept of the administration of all prescribed medication to pupils, using Form 2 (in Appendix). Such a record should be kept together with the instructions and be checked on every occasion and completed by the designated member of staff. The record should give the date and time of administration, the name of the medicine, the dose given, the name of the child and the name of the staff member administering the medication. Form 2 should be retained on the school premises with the school's and child's records respectively. Form 1 and Form 2 will be printed back to back so that the two documents do not become separated.
- Non-prescription medicines will be administered by parents, should they be needed during the school day.
- No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.
- The school 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, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Medicines will be stored securely. Children who need to access their medicines immediately, such as those requiring asthma inhalers, will know the procedures for accessing. On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
- If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.
- Parents/carers should collect medicine from the school office at the end of the day. Bus children's medicine should be sealed in an envelope and remain in the possession of an adult. (Teacher to adult taking the bus register to bus escort to parent).
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- Medicines that are out of date must always be returned to the parent for disposal in a timely manner.
- Where advised by a healthcare practitioner eg diabetes nurse, the management of care and the administration of medicines will be as their instruction and this will be reflected in the IHP or EHCP.

#### **Emergency procedures** (See also Accident and First Aid Policy)

A child's IHP will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.

If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

#### **Educational visits and sporting activities**

The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **Continuing Provision for Pupils with Medical Needs**

When we become aware that a pupil will become absent from school for more than 15 school days because of their medical needs the school will act accordingly which may include notifying the EWO, contacting the Military Link Unit or taking other necessary steps the headteacher/governors deem appropriate.

For pupils who have been absent from school it may be necessary to have a staged reintegration plan. The reintegration will be monitored and reviewed regularly with all parties to ensure success.

## **Roles and responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

### **Governing Body**

The Governing Body will ensure that pupils in school with medical conditions are supported. It will ensure that a policy is developed, implemented and monitored. The Governing Body will ensure that staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions.

### **Headteacher**

The headteacher will be responsible for the implementation and annual review of this policy in line with recommendations, guidance and legislation. The headteacher will ensure staff understand the contents of this policy and will assess the training and development needs of staff and arrange for them to be met. They will ensure pupil confidentiality, that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' IHPs.

### **School Staff**

Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional duties, they should take into account the needs of pupils with medical conditions they teach. Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

### **Parents/Carers**

At Clarendon Infant School, parents are seen as key partners and they will be involved in the development and review of their child's IHP, and may be involved in its drafting. Parents should carry out the action they have agreed to as part of its implementation, eg. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

### **Pupils**

Pupils with medical conditions may be best placed to provide information about how their condition affects them. They should be involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their individual healthcare plan. Other children will often be sensitive to the needs of those with medical conditions.

## **Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's IHP, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP.
- If the child becomes ill, send them to the school office or medical room 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; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e. by requiring parents to accompany the child.

### **Liability and indemnity**

The Governing Body at Clarendon Infant School ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school may need to review the level of cover for health care procedures and any associated related training requirements.

### **Complaints**

Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they make a formal complaint via the school's complaints procedure.

### **References**

The following official publications should be referenced in conjunction with this policy:

- Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', April 2014 (This statutory guidance also refers to other specific laws.)
- Medication for pupils, Wiltshire Health and Safety Manual for Schools (Wiltshire, January 2012)
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs Code of Practice
- The Control of Communicable Diseases in Schools and Nurseries booklet, issued by the Health Protection Agency.
- Other school policies, such as Child Protection, Equal Opportunities, Behaviour, Administering Medicines, Intimate & Invasive Care and Special Educational Needs.

### **Appendix**

Form 1 – Administration of Medicines/Treatment

Form 2 – Record of Prescribed Medicines given to child in school

(Form 1 & 2 to be photocopied back to back. A copy will be kept in the Medical File in the School Office and once completed in individual pupil records)

Form 3 - Confirmation by Medical Practitioner of Prescribed Medication

# ADMINISTRATION OF MEDICINES / TREATMENT

## FORM OF CONSENT (Form 1) - STRICTLY CONFIDENTIAL

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Work Tel No: \_\_\_\_\_

GP's Practice: \_\_\_\_\_ GP's Tel No: \_\_\_\_\_

Condition/Illness: \_\_\_\_\_

I hereby request that members of staff administer the following medicines prescribed for my child by his/her GP/Specialist as directed below. I understand that I must deliver the medicine personally to the school and accept that this is a service which the school is not obliged to undertake.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Medicine	Dose	Frequency/Times	Date of Completion of Course (if known)
A			
B			
C			
D			
E			

Special Instructions/Precautions/Side Effects:

Allergies:

Other prescribed medicines child takes at home:



## RECORD OF PRESCRIBED MEDICINES GIVEN TO CHILD IN SCHOOL (Form 2)



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_

**STRICTLY CONFIDENTIAL**

[illegible]

**STRICTLY CONFIDENTIAL**

**CONFIRMATION BY MEDICAL PRACTITIONER OF PRESCRIBED MEDICATION  
(FORM 3)**

To be completed by a Medical Practitioner i.e. Family doctor, School Medical Officer, Consultant, etc.

To: \_\_\_\_\_

School/Centre: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**I CONFIRM that I have prescribed medication which will need to be taken during school hours, for the above named child.**

Name of Medication: \_\_\_\_\_

Length of time medication is required (give dates): \_\_\_\_\_

Dosage: \_\_\_\_\_

Any special requirements (e.g. Timing, taken with meals, etc.): \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

GP/Official Stamp: \_\_\_\_\_