



Supporting Pupils at School with Medical Conditions

It is our intention to provide a clear policy, understood and accepted by all staff and parents, to ensure pupils with medical needs receive proper care and support whilst at school and can access and enjoy the same opportunities at school as any other child.

By working in partnership with staff, parents, local authority, health professionals and other support services to develop and implement formal systems and procedures to support children with medical conditions, it is the aim of this policy to enable their regular attendance at school and ensure they receive a full education.

This policy has been written using the statutory guidance for governing bodies (published 1 September 2014 and last updated 16 August 2017) produced by the Department of Education.

1. Policy Implementation

- a. This policy will be reviewed annually and will be available:
 - on the school website for parents.
 - to Governors at H&S committee meetings
 - to staff via email and at induction.
 - in staff H&S training sessions.
 - to relevant staff dealing with children through specific training.
- b. The SENCO will have overall responsibility for monitoring of individual healthcare plans.

2. Procedure to be followed when notification is received that a pupil has a medical condition.

- a. Every effort will be made to ensure arrangements are in place in time for a child starting school or within two weeks of children moving to this school or being newly diagnosed with a medical condition.
- b. Where appropriate an Individual Health Care Plan will be implemented. These plans will be:
 - drawn up in partnership between the school, parents and relevant healthcare professional and pupils whenever possible.
 - made available to all relevant staff while observing need for confidentiality.
 - reviewed at least annually or earlier if a child's needs change.

Children with SEN should have their SEN needs mentioned on their IHCP if there is no statement or EHC plan. If there is a statement or EHC plan, the IHCP should be linked to or become part of this.

- c. The IHCP will include all relevant information, with full details of the following (see Appendix 2)
 - The medical condition.
 - The pupil's needs.
 - The level of support needed, including in emergencies.
 - Name of person providing support and his/her training needs.
 - The designated individuals to be entrusted with information about the child's condition if confidentiality issues are raised by parents.
 - 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.

3. Roles and responsibility

a. Governing Body

- i. Will ensure arrangements are made to support pupils with medical conditions in school.
- ii. Will make sure that an appropriate policy is developed, implemented, monitored and evaluated.
- iii. Will ensure relevant and up-to-date risk assessments are in place.
- iv. Will take account of the views of staff, parents and healthcare professionals in the development of this policy.
- v. Will ensure sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

b. Headteacher

- i. Is responsible for putting the agreed policy into practice.
- ii. Will develop detailed procedures.
- iii. Will ensure appropriate systems for information sharing are developed.
- iv. Will ensure sufficient staff are suitably trained.
- ii. Will ensure relevant staff have been made aware of the child's condition and understand their role in its implementation.
- iii. Will ensure cover arrangements are in place in case of staff absence or staff turnover.
- iv. Will ensure risk assessments for trips, visits and sporting events are completed.
- v. Is responsible for the development of IHCPs.
- vi. Will ensure school staff are appropriately insured to support pupils in this way.
- vii. Will contact 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.

b. School Nurses

- I Will be contacted as appropriate to support staff on implementing a child's IHCP.
- li Will be asked for advice and support as necessary for staff and parents.
- iii. Will be asked to liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

c. Other healthcare professionals, including GPs and paediatricians.

- i. Will be sought to provide advice on developing healthcare plans.
- ii. Specialist local health teams may be requested to provide support in school for children with particular conditions (e.g. asthma, diabetes).

d. Pupils

- i Should be fully involved in discussions about their medical support needs and contribute as much as possible, if appropriate, to the development of their IHCP.
- li Will be asked to comply with the individual healthcare plan.

e. Parents:

- i. Are required to give sufficient information to the school about their child's medical needs / treatment and special care needed.
- ii. Will be required to complete the annual information sheet regarding illness/medication.

- iii. Will update this information as necessary if circumstances change or medication is altered by the Consultant or GP.
- iv. Will deliver all items of medication to the school office and complete the necessary authorisation forms.
- v. Should ask the prescriber where possible to prescribe medicine in dose frequencies which enable it to be taken outside of school hours.
- vi. Must keep their child at home when acutely unwell.
- vii. Should be involved in the development and review of their child's IHCP.
- viii. Should carry out any action they have agreed to as part of the IHCP's implementation.
- ix. Must ensure they or another nominated adult are contactable at all times.

f. Local Authority/Providers of Health Services /Ofsted

The school will work closely as appropriate with other relevant authorities with a view to improving the wellbeing of children in relation to their physical and mental health and their education.

4. Staff training and support

- i. Any member of school staff providing support to a pupil with medical needs will receive suitable appropriate training, which is sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions and be able to fulfil the requirements set out in the IHCP.
- ii. Staff providing support must be included in any meetings where the child's medical condition is discussed.
- iii. The relevant healthcare professional will be required to lead on identifying and agreeing with the school the type and level of training required and how this can be obtained.
- iv. School will ensure all training remains up-to-date.
- v. Staff **will not** give prescription medicines or undertake health care procedures without appropriate training.

5. Managing Medicines On School Premises

- a. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- b. The Parent / Carer must give consent and sign to allow the medicine to be administered.
- c. Prescription s should be brought to the school office by the Parent / Carer in a secure, labelled container as originally dispensed.
- d. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- e. The container must be clearly marked with the child's name, the prescriber's instructions for administering the medication and the date of dispensing. Medicines in unmarked containers will not be accepted nor changes made to dosage on parental instructions.
- f. Medicines will not be accepted if repackaged or relabelled by parents.
- g. The Parent / Carer must inform the Headteacher immediately if dosage is to be changed
- h. based on the prescriber's instructions. The Parent / Carer would be required to resign the appropriate form.
- i. Inhalers must be taken to the child's teacher so they can be kept in the child's classroom. The appropriate form giving instructions of dosage and usage would need to be completed. A copy of this form should be kept in the school office.
- j. Blood glucose testing meters and adrenaline pens will be stored in the child's classroom in an unlocked first aid box. The child and all staff must be aware of where the box is stored.

- k. Children should be informed where their medicines are at all times and be able to access them immediately.
- l. Controlled drugs that have been prescribed must be kept in the Headteacher's office in a locked cupboard. Access will be given to the Headteacher, Deputy Heads, SBM and SENCO only.
- m. Amounts of any controlled drug being brought into school must be noted and records kept of all medicines administered.
- n. Medicines should be administered by a member of the Senior Leadership Team, unless not possible, in which case a designated member of staff will be appointed to administer the medication.
- o. Members of staff responsible for administering medicine should check:
 - i. the child's name on the container
 - ii. the prescribed dosage
 - iii. the expiry date
 - iv. any written instructions provided by the prescriber on the label or container and within the medication package.
 - v. details provided by the parent are consistent with the above.
 - vi. if in doubt, staff should check with the parent or a member of the health profession.
- p. A record of each time medicine is given to a child will be completed and signed record forms will be kept in the school office.
- q. Where possible, children should be encouraged to take responsibility to manage their own medication. However, due to the very young age of the children, strict supervision will always be necessary and children at Deepdale Community Primary should never be allowed to carry medicines around school.
- r. All medicines (other than inhalers and EpiPens) will be kept in the relevant Senior Leader's office clearly labelled with each child's name, along with a record sheet for that child to be completed as the medicine is administered. Some medications may need refrigerating, in which case they can be stored in the staff fridge.
- s. Children should not be forced to take medication, but a note of their refusal must be made on their record and parents should be informed immediately. If this results in an emergency, procedures as written in the child's care plan must be followed.
- t. Where necessary, Parents / Carers should collect the medication from the school office at the end of the day.
- u. When no longer required, medicines should be returned to the Parent / Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- v. Should a member of staff be absent from work, children with medical conditions should be listed on the cover sheet provided for the day.

6. Procedures for managing prescription medicines on trips and outings.

- a. Risk assessments must cover specific issues of children who require medication.
- b. Staff and volunteers must be fully briefed about the needs of children requiring medication.
- c. Medicines will be taken on trips in a locked first aid box. This box will remain with the member of staff responsible for the child(ren).
- d. Reasonable adjustments will be considered by the school to enable children with medical needs to participate fully and safely on visits.

7. Emergency Procedures

- i. In an emergency an ambulance should be called by dialling (9) 999
- ii. Ensure a member of staff is outside to direct the emergency services.

- ii. Emergency procedures for individual children will be noted on their IHCP.
- ii. All relevant staff must be made aware of these emergency procedures.
- iii. All pupils should be made aware of procedures such as informing teachers immediately if they think help is needed.
- iii. In all cases parents must be informed immediately.
- iv. Children needing hospitalization must be accompanied by a member of staff until parents arrive.

8. Complaints

- i. Should Parents / Carers or pupils be dissatisfied with the support provided, an appointment can be made to speak with the Headteacher to discuss the situation.
- ii. If this does not resolve the situation a formal complaint may be made via the school's complaint procedures. (These can be found on the school website).

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School will not give your child medicine unless you complete and sign this form, and the school or setting 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/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____



Record of Medicine Administered

Name of Child..... Class.....

Date				
Time given				
Dose given				
Name of Staff				
Staff initials				

Date				
Time given				
Dose given				
Name of Staff				
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