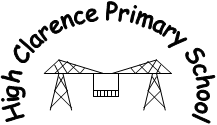
HIGH CLARENCE PRIMARY SCHOOL



SUPPORTING CHILDREN IN SCHOOL WITH MEDICAL CONDITIONS POLICY

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| Reviewed by staff: | June 2022 |
| To be updated: | June 2024 |

**Introduction**

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this federation to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance ‘Supporting Pupils with Medical Conditions’ (December 2015) 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 in school is developed and implemented. They will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school 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 that the school’s policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child’s condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They 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.

**Teachers and Support Staff are responsible for:**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers’ professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. This is monitored by the nominated First Aiders, School Business Manager and Senior Leadership team. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**The School Nurse is responsible for:**

The school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They will not usually have an extensive role in ensuring that the school is taking appropriate steps to support children with medical conditions, but may support staff on implementing a child’s individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource to the school when seeking advice and support in relation to children with a medical condition.

**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**

School 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. We will use the ‘Data Collection’ sheet which is completed by all new starters to obtain the information required for each child’s medical needs. This will ensure that we have appropriate arrangements in place prior to the child commencing the school to support them accordingly.

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.

A comprehensive Medical List is kept in each classroom identifying any children with medical needs. This is kept regularly updated with any changes.

**Individual Health Care 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.**

Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They can also be helpful in 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. A flow chart for identifying and agreeing the support a child needs and developing an Individual Healthcare Plan can be found at annex A of the document ‘Supporting pupils at school with medical conditions’.

Where children require an Individual Healthcare Plan it will be the responsibility of the Headteacher and Senior Leaders to work with parents and relevant healthcare professionals to write 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 and Senior Leaders will work in partnership with the parents/carer, a relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them) on the particular needs of the child in order 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.

If a child is returning to school following a period of hospital education or alternative provision (including home tuition), then school will work with the 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 wellbeing and minimise disruption.**

The School Business Manager and Senior Leaders ensure that plans are reviewed annually or when the child’s needs have changed.

**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
* 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 through their Staff Information Pack.

All nominated 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 or when required.

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 confidence 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.

**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). However, in this setting, it is usual for children to be supported by a member of staff when taking their medication.

**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, theHeadteacheris 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 parent’s/carer’s written consent (a ‘parental agreement for setting to administer medicines’ form will be used to record this). All medicines received in and out of the premises will be logged on the ‘School Record of Medical Administration’ form. Non-prescribed medicine e.g. paracetamol, piriton will only be administered in school in certain conditions and will require parent’s/carer’s written consent and notification to the school of what time the child has taken this medicine before arriving at school. Each case will be looked at individually for the best interest of the child.

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.

As the children in this school are too young or immature to take personal responsibility for their inhaler, staff will make sure that inhalers are stored in a safe but readily accessible place, and clearly marked with the child’s name.

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. 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
* Buccolam Oromucosal Solution (Midazolam) for seizures

**Storage**

All medication other than emergency medication will be stored safely in a locked filing cabinet in the school office.

Where medicines need to be refrigerated, they will be stored in a fridge in the in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines.

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 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 ‘School Record of Medical Administration’ form.

Sharps boxes, if required, will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through Stockton Borough Council.

**Medical Accommodation**

The Administration office will be used for all medical administration/treatment purposes. The room will be made available when required.

**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, by whom and who it was witnessed by, will be recorded on a ‘School Record of Medical Administration’ form. The form will be kept on file. **This file is kept in the school office.** 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 i.e. informing 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 parents 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 and pupils and 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, who may find it helpful to be aware of a pupil’s Individual Healthcare Plan and what it contains, especially in respect of emergency situations. This may be helpful in developing a transport healthcare plan for pupils with life-threatening conditions.
* Defibrillators – At the moment there is no defibrillator in school.
* School does not keep any spare Salbutamol Asthma Inhalers, for emergency use at the moment.

**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; 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 or medical room unaccompanied or with someone unsuitable;

* penalise children for their attendance record if their absences are related to their medical condition, e.g. 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 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 schools self-insurance arrangements.

The school is self-insured. To meet the requirements of the indemnification, we will ensure that staff at the school have parents’ 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 compliant via the school’s complaints procedure.

Any forms used to produce plans are appended to this policy.

**APPENDIX 1**

**Form 1 – Individual Healthcare Plan**

For pupils with medical conditions at school

(NB prescribed medicine in school consent form must also be completed)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of school / setting |  | | |
| Childs’s name |  | √ | M € F € |
| Group / class / form |  | | |
| Date of birth |  | | |
| Child’s address |  | | |
| Medical diagnosis or condition |  | | |
| Date |  | | |
| Review date |  | | |

**Family Contact Information**

|  |  |
| --- | --- |
| Name 1 |  |
| Phone no. (work) |  |
| (home ) |  |
| (mobile) |  |
| Relationship to child |  |
|  |  |
| Name 2 |  |
| Phone no. (work) |  |
| (home ) |  |
| (mobile) |  |
| Relationship to child |  |

**Clinic / Hospital Contact**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone no. |  |

**G.P.**

|  |  |
| --- | --- |
| Name |  |
| Practice address |  |
| 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 medicines, 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 pupils 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 2**

**Form 2 – Parental agreement for setting to administer medicine**

The school or setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that 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 of administration |  |
| Timing |  |
| Special precautions / other instructions |  |
| Are there any side effects that the school / setting needs to know about? |  |
| Self-administration – y/n |  |
| Procedures to be taken in an emergency |  |

**Nb. Medicines must be brought 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

Signature(s) Date

**APPENDIX 3 SCHOOL RECORD OF MEDICATION ADMINSTERED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school / setting |  | | | |
| Name of child |  | | | |
| Group / class / form |  | | | |
| **Medicine received** |  | | | |
| Date medicine received from parent |  |  |  |  |
| Quantity received |  |  |  |  |
| Name and strength of medicine |  |  |  |  |
| Dose and frequency of medicine |  |  |  |  |
| Expiry date |  |  |  |  |
| Staff signature |  |  |  |  |
| Print name |  |  |  |  |
| **Medicine returned** |  | | | |
| Quantity returned |  |  |  |  |
| Returned to (signature) |  |  |  |  |
| Print name |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |  |  |  |  |  |  |
| **Time**  **Given** |  |  |  |  |  |  |  |  |  |  |
| **Dose**  **Given** |  |  |  |  |  |  |  |  |  |  |
| **Staff**  **Signature** |  |  |  |  |  |  |  |  |  |  |
| **Print**  **Name** |  |  |  |  |  |  |  |  |  |  |
| **Witness**  **Name** |  |  |  |  |  |  |  |  |  |  |
| **Witness Signature** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |  |  |  |  |  |  |
| **Time**  **Given** |  |  |  |  |  |  |  |  |  |  |
| **Dose**  **Given** |  |  |  |  |  |  |  |  |  |  |
| **Staff**  **Signature** |  |  |  |  |  |  |  |  |  |  |
| **Print**  **Name** |  |  |  |  |  |  |  |  |  |  |
| **Witness**  **Name** |  |  |  |  |  |  |  |  |  |  |
| **Witness Signature** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |  |  |  |  |  |  |
| **Time**  **Given** |  |  |  |  |  |  |  |  |  |  |
| **Dose**  **Given** |  |  |  |  |  |  |  |  |  |  |
| **Staff**  **Signature** |  |  |  |  |  |  |  |  |  |  |
| **Print**  **Name** |  |  |  |  |  |  |  |  |  |  |
| **Witness**  **Name** |  |  |  |  |  |  |  |  |  |  |
| **Witness Signature** |  |  |  |  |  |  |  |  |  |  |
| **Print**  **Name** |  |  |  |  |  |  |  |  |  |  |
| **Witness**  **Name** |  |  |  |  |  |  |  |  |  |  |
| **Witness Signature** |  |  |  |  |  |  |  |  |  |  |