



# Supporting Pupils with Medical Conditions/Administration of Medication Policy

Signed: \_\_\_\_\_

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

Next Review: \_\_\_\_\_

## **Supporting Pupils with Medical Conditions**

Pupils at East Tilbury Primary School & Nursery with medical conditions will be properly supported so that they can play an active part in school, remaining healthy and able to achieve their academic potential, with full access to education, including school trips and physical education.

Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

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

**Short-term** affecting their participation at school because they are on a course of medication. If anti-biotics are required, parents/carers should ask the doctor for a dose that can be taken before school, after school and at bedtime. If it is necessary for a lunchtime dose, parents/carers will have to arrange for a suitable adult to attend school.

**Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents/carers feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case the Local Governing Body, acting on behalf of The Trust, must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

## **Responsibilities**

The Local Governing Body must ensure that arrangements are in place in school to support pupils with medical conditions. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child. The school, Trust, Local Authority, health professionals and other support services should work together to ensure that children with medical conditions receive a full education.

The Local Governing Body should ensure that the school's leaders liaise with health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported. The needs of each individual child must be considered and how their medical condition impacts on their school life.

The Local Governing Body must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties. Policies should be reviewed regularly and be readily accessible to parents/carers and school staff.

The Local Governing body should carry out monitoring checks to ensure that:

- ❖ the arrangements they set up include details on how the school's policy will be **implemented** effectively, including a **named person** who has overall responsibility for policy implementation.
- ❖ the school's policy covers the role of **Individual Health Care Plans**, and who is responsible for their development, in supporting pupils at school with medical conditions.
- ❖ **written records** are kept of all medicines administered to children.
- ❖ that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to **participate in school trips and visits, or in sporting activities**, and not prevent them from doing so.
- ❖ that **staff are properly trained** to provide the support that pupils need.
- ❖ that the school's policy sets out what should happen in an **emergency situation**.
- ❖ that the appropriate **level of insurance** is in place and appropriately reflects the level of risk, with **risk assessment** being carried, when appropriate.

Where pupils would not receive a suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements. Statutory guidance for Local Authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs.

### **Parents/Carers Responsibilities**

Parents/carers should provide the school with sufficient and up to date information about their child's medical needs. If school staff are to administer medication, the parent/carer must complete a consent form, verbal instructions are not acceptable. Only one parent/carer with parental responsibility is required to give consent. A health care plan may be put into place following consultation with the school, parent/carer and health team. Parents/carers must ensure that there is sufficient medication in school and that it is in date. They are also responsible for returning out of date medication to the pharmacy for safe disposal.

At the end of term parents/carers should check medication in school is still in date and will remain in date throughout the next term.

### **School Staff**

- ❖ Will be made aware of any medical needs of new children joining the school
- ❖ Will ensure pupils in our care are safe and secure
- ❖ Are fully aware of the medical needs of pupils in their care
- ❖ Will follow the Individual Health Care Plan that has been put in place
- ❖ Keep medication labelled and accessible in lockable storage or out of reach of pupils
- ❖ Understand the needs of children in class and encourage pupils to have an awareness and empathy around their peers needs
- ❖ Staff will follow school procedures to administer any medication and inform parents/carers as necessary
- ❖ Remain vigilant on pupil's medical conditions, well-being and emotional aid requirements
- ❖ Ensure paperwork is kept up to date
- ❖ The consistent adult in the classroom who is likely to be the LSA, should make colleagues aware of needs (year groups/PPA/supply staff)
- ❖ Communicate effectively with parents/carers with regards to medical concerns

- ❖ To ensure all staff are aware of the medical needs of the children in their care – handover
- ❖ Be aware of policies with regards to medical concerns and be confident in following these policies.

### **Statement of intent**

All students attending East Tilbury Primary School & Nursery with a medical condition (meeting the above definition) must have an Individual Healthcare Plan.

The school, healthcare professionals and parents/carers should agree, based on evidence, when an Individual Healthcare Plan would be inappropriate or disproportionate. Where there is a discrepancy an appropriate healthcare professional should be asked to arbitrate.

Individual Healthcare Plans must:

- Be clear and concise.
- Be written in partnership with parents/carers, child, healthcare professional and key staff.
- Be reviewed annually or when there is a change in the condition of the child.
- Be easily accessible whilst preserving confidentiality.
- Contain details of the medical condition, its triggers, signs, symptoms and treatments.
- Include relevant SEND information.
- Provide details of 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, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons.
- Outline specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, changes to the school day and details of a personalised curriculum, requirements for extra time to complete SATs, use of rest periods or additional support in catching up with lessons, counselling sessions and any other requirement that should arise.
- Outline 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.
- State 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.

The school will:

- Ensure that pupils with medical conditions are identified as they transfer to the school and through the ongoing annual data check process.
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments.
- Have an identified member of staff who will receive the relevant training to specifically meet the needs of pupils with a EHCP linked to a medical condition.
- Be clear about what to do in an emergency, including who 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 Health Care Plan.

- Make all staff working directly with pupils aware of the pupils in the school with medical conditions, through the Individual Health Care Plan.
- Provide sufficient training for staff to meet the needs of pupils at the school with medical conditions.

### **Good Practice**

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. Pupils with a medical condition will not be denied admission or be prevented from taking up a place in school because arrangements for their medical condition have not been made.

Prescription medicines and health care procedures will only be given by staff following appropriate training from medical professionals.

Staff will not force pupils to take medicines or have necessary procedures against their will. They will aim to follow the procedure agreed in the Individual Healthcare Plan and contact parents/carers when alternative options may need to be considered.

Staff should use their discretion and judge each case on its merits with reference to the pupil's Individual Healthcare Plan. Staff should make sure inhalers and medication are out of reach of children but easily accessible to staff for pupils to administer their medication with adult supervision. Staff should give individual, personalised care to pupils even those with the same condition.

Staff should take the views of the pupil and their parents/carers into account; act on medical evidence and opinion but challenge it when appropriate.

Staff should encourage pupils with medical conditions to remain in school for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans. Staff should supervise pupils with medical conditions if they become ill.

Staff should encourage pupils to drink, eat and take toilet or other breaks whenever they need to in order to manage their medical condition effectively.

### **Asthma**

Children who suffer from asthma have airways which narrow as a reaction to various triggers which causes difficulty breathing. This can normally be controlled by using an inhaler.

- Asthma pumps must be sent into school in a named box which should contain the pharmacist's original label, child's name and date of birth, name and strength of medication, dose, dispensing date and expiry date. **It is the parent/carers responsibility to ensure all medication in school is in date.** If spacers are used, they too must be named. The spacer should be sent home at least once a term for cleaning and parents/carers should ensure it is returned to school at the beginning of the next term.
- Parents/carers must complete a medical conditions form stating the type of pump(s) held in school and the expected frequency of use.
- Asthma cards will be used for all new admissions from January 2017 and will be used for children already on roll from October 2017 or as they are diagnosed.

- A record should be kept of each time a pupil uses their inhaler and if they are using it excessively, parents/carers will be informed.
- Staff will receive annual training on managing asthma

Inhalers must be readily available when pupils need them including PE lessons and offsite visits. Inhalers which are out of date must be returned to parents/carers. **It is the parent/carers responsibility to return the in-date asthma pump to the school.**

### **Administration of Epipen**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within minutes of exposure to certain foods or other substances, but may happen after a few hours.

An epipen can only be administered by staff who have been trained by a health professional. A record will be kept of all staff who have undertaken training. An epipen can only be used for the person for whom it is prescribed.

If an epipen is required an Individual Health Care Plan will be put in place for the child. Epipen's should be readily accessible for use in an emergency. All epipens must be sent to school in a named container. They are kept in marked cupboards in the staff rooms for respective key stages. **It is the parent/carers responsibility to ensure epipens in school are in date.** Letters will be sent to parents/carers prior to the expiry date reminding them that a replacement is required. If an epipen is administered in school, this should be recorded on the record of medication administered form and parents/carers informed immediately. An ambulance should be called immediately after an epipen has been administered. The used epipen must be given to the ambulance crew.

### **Diabetes**

Children with type 1 manage their condition by:

- Regular monitoring of blood glucose levels
- Insulin injections or use of insulin pump
- Eating a healthy diet
- Exercise

Insulin will be stored in a locked fridge in the office.

Staff who are working with diabetic children will receive appropriate training. **It is the parent/carers responsibility to ensure insulin in school is in date.**

The Individual Health Care Plan should provide details regarding insulin requirements

### **Non-Prescribed Medication**

#### **Process for the Administration of Medicines in School – short term medical needs**

Written permission must be received from parents/carers for the medication to be self-administered by KS2 pupils during school hours, for pupils who suffer occasional discomfort such as toothache/period pain where they may require analgesics. This must be a single dose meltlet in a named box. Only one dose must be given to the school office. **Written permission must be given on every new occasion.** For children in EYFS & KS1,

parents/carers or a nominated adult must attend the school to administer medication during the school day.

Prescribed medicines should be administered at home and it is helpful if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. For example, medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Under no circumstances should a parent/carer send a child to school with any medicines, e.g. throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed.

Parent/Carers or a nominated responsible adult are welcome to come into school to administer medicines themselves if the dose of medicine requires it to be administered during the school day.

### **Process for the Administration of Medicines during residential visits and trips – all medical needs.**

For the purpose of residential visits and trips, there will be a named person with responsibility for the administration of all medicines including piriton, paracetamol, calpol and travel sickness tablets. All medication must be sent to school in a clear bag clearly labelled with your child's name. Parents/carers must complete a consent form advising when medication should be given, the dose and authorisation for school staff to administer.

All medication will be stored securely.

### **Record Keeping**

When staff administer medication a record must be made of the date, time and dose, and this record must be signed on the Medicine Consent Form. Reasons for any non-administration of regular medication i.e. child's refusal, must be recorded and parent/carer informed on the same day. The Consent Form must be kept with the medication.

Under the Data Protection Act medical documents are deemed sensitive information. The information in the Individual Health Care Plan and/or related medical information where a Individual Health Care Plan is not necessary, needs to be disseminated to relevant staff but balanced with the need to keep confidential information secure. Individual Health Care Plans must not be displayed in a public place, e.g. staff room, because of the sensitive information they contain unless there is a clear, justified need to do so and the parent/carer has also given their explicit written consent for this. Where appropriate, pupils should also be consulted.

### **Complaints**

Parents/Carers' concerns about the support provided for their child with a medical condition should be directed, in the first instance, to the designated lead for supporting pupils with medical conditions, Mrs Claire Dawson (Assistant Headteacher/Inclusion lead). Where parents/carers feel their concerns have not been addressed, they should contact Mrs Louise Coates (Headteacher). If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaint procedure. (See website for details)

### **Supporting documents:**

Children and Families Act 2014 - section 100



Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014

0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010



## Appendix A

A Care Plan is a written agreement that clarifies for staff, parents/carers and the child the help that the school/setting can provide and receive. A Care Plan is for a child with individual medical needs, but **not all pupils with medical needs will require a full Care Plan**. For some pupils with medical needs, the school/setting may simply require a written agreement in which parents authorise the school/setting to administer medicine.

### Care Plan for Child with Medical Needs – Part 1 of 2

<b>Name of child:</b>	<b>Photo:</b>
<b>Address:</b>	
<b>Date of birth:</b>	
<b>Condition:</b>	

<b>Name of school/setting</b>		<b>Year /Group</b>		<b>Date</b>	
<b>Review Dates</b>					

CONTACT INFORMATION		
<b>Family Contact 1</b>	<b>Name:</b>	<b>Tel Work:</b>
		<b>Tel Home:</b>
		<b>Tel Mobile:</b>
<b>Relationship</b>		
<b>Family Contact 2</b>	<b>Name:</b>	<b>Tel Work:</b>
		<b>Tel Home:</b>
		<b>Tel Mobile:</b>
<b>Relationship</b>		

<b>Clinic/Hospital Contact</b>	
<b>Name</b>	
<b>Clinic/Hospital</b>	
<b>Tel No</b>	
<b>Name of GP</b>	
<b>Tel No</b>	

**Describe condition and give details of child's individual symptoms:**

**Daily care requirements where relevant (e.g. before sport/at lunchtime):**

**Describe what constitutes an emergency for the child and the action and follow up required if this occurs:**

<b>Completed by</b>		<b>Date</b>	
<b>Agreed by Parent/Carer</b>		<b>Date</b>	

## APPENDIX B

### Care Plan for Child with Medical Needs – Part 2 of 2

This form completes the Care Plan and it is a record that parent/carer, staff and school nurse/doctor all agree with the Care Plan. The original will be kept at school/setting, and copies made for parent/carer, school nurse/health visitor/specialist nurse and GP.

Due to the complexity and unstable nature of some children's medical conditions, the Care Plan can be altered in an emergency to ensure the child's safety. This should be done through consultation between staff and health professionals who are present during the incident. Parents/carers should be contacted and the incident documented on the pupil's records.

**It is always the responsibility of parents/carers to keep staff and health professionals fully informed of changes in their child's condition. They must agree the Care Plan and supply necessary medication, ensuring it is in date on a termly basis.**

<b>Name of child</b>	
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<b>Name of parent/carer</b>			
<b>Signature of parent/carer</b>		<b>Date</b>	

<b>On behalf of school/setting</b>			
<b>Name of Head teacher/setting lead</b>			
<b>Signature of Head teacher/setting lead</b>		<b>Date</b>	

<b>On behalf of Heart of England Foundation Trust</b>			
<b>Name of Doctor/Nurse</b>			
<b>Signature of Doctor/Nurse</b>		<b>Date</b>	

#### Example **STAFF INDEMNITY** statement

East Tilbury Primary School & Nursery fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with appropriate training. For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. In practice, indemnity means East Tilbury Primary School & Nursery and not the employee will meet the cost of damages should a claim for negligence be successful. It is very rare for school/setting staff to be sued for negligence and instead the action will usually be between the parent/carer and the employer.

## MEDICATION TO BE HELD AT SCHOOL

### PUPIL DETAILS;

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

CLASS \_\_\_\_\_

CONFIRMED MEDICAL CONDITION (Please provide evidence from medical professional)  
(i.e. asthma, allergies, eczema etc.)

**Please provide us with any further information you think is relevant**

\_\_\_\_\_  
\_\_\_\_\_

**Does your child need to have medication kept in school for this condition? YES / NO**

### MEDICATION DETAILS

1. Medication (i.e. name of medicine) \_\_\_\_\_
2. Dose frequency \_\_\_\_\_
3. Maximum dosage allowed per school day \_\_\_\_\_
4. Expiry date of medication \_\_\_\_\_
5. Is there a particular time your child will need to take this medication i.e. before lunch or PE?  
\_\_\_\_\_

Please be reminded that your child must have an 'in date' medication in school at all times.

### INHALER INFORMATION

Does your child know how to use their inhaler Yes / No

How often should it be administered? \_\_\_\_\_

Is your child able to self-administer? YES / NO \_\_\_\_\_

Please be reminded that your child must have an 'in date' asthma pump in school at all times.  
When you send in a new pump, please ensure it is in the box, labelled by the pharmacist with your child's name on it

Signature \_\_\_\_\_ Parent/Carer Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Parents/Carers are responsible for providing** the school with sufficient and **up-to-date information** about their child's medical needs.

# Record of Medication Administered

Medication	Exp. Date	Dosage	Date Administered	Signed Member of staff	Witnessed by

**Parents/Carers are responsible for providing** the school with sufficient and **up-to-date information** about their child's medical needs.

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