

# Supporting Children with Medical Conditions Policy

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Signed by Head Teacher: .....

Signed by Chair of Governors: .....

Date: .....

## General Principles

- We are committed to pursuing a policy of inclusive education. Pupils at school with medical conditions should be properly supported so that they have full access to education, including day trips, residential visits and sporting activities.
- No pupil with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, pupils' health must not be put at unnecessary risk from, for example, infectious disease. A pupil with a medical condition does not therefore have to be accepted in school at times where it would be detrimental to the health of that pupil, or others to do so.
- The governing body should ensure that their arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school.
- The governing body should ensure that school's management consult health and social care professionals, pupils and parents/carers to ensure that the needs of pupils with medical conditions are effectively supported.
- Risk assessments and individual health care plans (IHCP) are compiled prior or as soon as possible to the child starting at the school. They should be developed in conjunction with parents/carers and determine the procedures which our schools adopts to comply with the LA's policy of inclusive education. They also identify any exceptions to normal participation in school activities.
- Teachers and support staff have a responsibility to act as any reasonably prudent parent would to maintain the health and safety of the pupils under their control, whether this is at school or during any other school event or activity. In exceptional circumstances, this might extend to administering medicine or taking other medical action in an emergency. Reasonable adjustments may be necessary where older pupils are unable to administer their own medication.
- Subject to the bullet point above, it is entirely the decision of the school management whether to allow a member of staff to administer medication to pupils which has been prescribed by an appropriate medical practitioner i.e. GP or Paediatrician. If a school chooses not to take on this responsibility, then parents must be informed.
- Subject to point 3 above, it is the entirely the decision of each individual employee, within any school that chooses to accept the responsibility for the administration of prescribed medication, as to whether he/she is prepared to personally administer medication. No sanction must be taken against any employee who declines to undertake this task.
- No *prescribed* medication must be given to any pupil or child without the specific written consent of the parent/carer concerned and evidence of the need from an appropriate professional. Even then consideration should be given to the need for the medicine to be taken during school hours – most courses of medication can be taken satisfactorily before and after school and at night. Some older children may also be deemed capable of administering their own medication.
- Non-prescribed medicines should not be given unless parental permission has been obtained.  
*Written confirmation from a GP or other practitioner is not required for over-the-counter*

*non-prescription medication.*

## **Children taking Medication**

- Medicines should only be administered at school when it would be detrimental to a pupil's health not to. Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. 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". The same principle can also be applied to medication such as creams/drops for conjunctivitis etc. However, the school should not assume that this will always be the case as some prescribed medication will have times or conditions stipulated by the doctor. In these cases, written evidence for the need from an appropriate health professional should be seen/ provided.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to pupils and not locked away. This is particularly important to remember when outside the school premises.
- Where pupils are recovering from a short-term illness or surgery which requires medication (such as tablets, creams, eye drops, mixtures), any request for school staff to administer medicine by a parent/carer must be in writing and include evidence that the child needs to take medicine during school hours, e.g. instructions on the container or advice from the pharmacist.
- Standard forms have been drawn up to assist in this process:
- Form 1 (Form of Parental Consent) is required to be completed fully in all instances of medication being given whether they be prescribed or non-prescribed.
- Form 2 (Record of Medicines given to child in school) is required to be completed by the responsible member of staff for each administration.
- Form 3 (Confirmation by Medical Practitioners form) has been withdrawn and is no longer required.
- The medicine, together with the completed and signed consent Form 1, should be delivered to the school, where possible by a parent, and should be handed personally to a designated member of staff. In no circumstances should staff administer prescribed medication on their own initiative or without the written consent of parents/carers.
- A written record should be kept of the administration of all medication to pupils, using Form 2. This 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. It is recommended that you print Form 2 on the reverse of Form 1 in order that the two documents do not become separated.

- Medicines must be stored safely in the pharmacist's original container and be clearly labelled with the contents, the child's name, and the dosage and/or other instructions. The receiving member of staff should check the accuracy of the name and date. Some medication such as liquid antibiotics or insulin may need to be kept in a refrigerator. Certain medicines will also need to be securely stored but where they can be quickly and easily accessed in the event of an emergency i.e. epi-pens. These medicines must be placed in a suitable sealed container, e.g. plastic box and clearly marked "medicines". **Under no circumstances should medicines be kept in first aid boxes.**
- Any medication which has passed its expiry date should be collected from school by parents within 5 days of the expiry date or it should be disposed of safely (e.g. by returning it to the local pharmacist). Medicines should not be disposed of in the sink or toilet.

### Special Circumstances

- Some children have unusual or special specific medical needs which may require treatment in an emergency. Examples would be extreme allergic reaction (anaphylactic shock) to wasp stings or food such as peanuts; epileptic seizure, which may involve invasive medical procedures such as giving an injection. Other instances where children require special personal care involving intimate or invasive treatment include assistance with catheters or the use of equipment for children with tracheotomies.
- The number of such cases will be small and early identification and careful planning with the relevant Health Service should result in detailed discussion with a receiving school and the formulation of a carefully designed individual health care plan, to meet the needs and circumstances of a particular child.
- Children and young people with a health care need requiring administration of medication or procedures (not covered under the school's generic administration of medication policy) will require a Health Care Needs Risk Assessment and, where this risk assessment identifies the need, a Health Care Plan should be developed in conjunction with the school nursing service. Responsibility for undertaking a Health Care Needs Risk Assessment lies with the school. It should be undertaken with the support of parents and the appropriate nursing representative.

The Health Care Needs Risk Assessment will identify:

- Any risk around the health care need for the child;
- Any risk around the health care need for the others, including children, staff and visitors;
- Control measures to manage the risks, i.e. 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.

Some children and young people who need regular prescribed medication may not need an individual healthcare plan if it is determined, following the Health Care Needs Risk Assessment, that their care needs can be met under the existing policies and guidelines of the setting.

- Schools should be prepared for such eventualities and Headteachers should therefore seek staff who are willing to undertake the necessary training to enable them to act in emergencies or administer treatment in potentially life-threatening situations where there is no alternative. In many cases, the treatment will involve a simple procedure, such as using an “Epi-pen” to administer emergency intramuscular medication.
- Any invasive treatments should be risk assessed and appropriate precautions implemented such as having a second member of staff present while the more intimate procedures are being followed and details of the appropriate personal protection to be worn. Staff should protect the dignity of the child as far as possible, even in emergencies.
- For those children who require treatment including invasive medical procedures, only those who are both willing and appropriately trained should administer such treatment. Training in invasive procedures should be conducted by appropriately qualified medical personnel. The school nurse may be able to provide this training or direct you to another appropriate trainer.
- Subject to parents/carers consent all staff should be made aware of the pupil’s condition and where to locate the trained staff in the case of an emergency. There should be sufficient trained staff to cover for any absences. All staff should be made aware of the importance of respecting the confidentiality of medical information.
- It may be appropriate for pupils to keep items such as an Epi-pen with them in the school. Where this is not appropriate, sufficient care should be taken to handle and store medicines and medical aids for use in emergencies at the school. Items such as preassembled syringes or Epi-pens, must be placed in a suitable additional sealed container e.g. plastic box and clearly marked “Emergency Medication” and with the pupil’s name. Under no circumstances should medicines be kept in first aid boxes. It is essential, that wherever items are stored, the trained member of staff has immediate access to it.
- From the October 1st 2017, schools are allowed to buy spare adrenaline auto-injectors for use on children with serious allergies in emergencies, following a change in the law. Until now, AAI’s could only be obtained on prescription and this could mean that there was no spare in school if the child forgot. Keeping a record of use of any AAI(s), as required by Supporting Pupils and informing parents or carers that their pupil has been administered an AAI and whether this was the school’s spare AAI or the pupil’s own device

## **Roles and Responsibilities**

The Governing Body must ensure that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including day trips, residential visits and sporting activities.
- Ensure that the Policy for Supporting Children with Medical Conditions in school is implemented;
  - Ensure that sufficient staff have received suitable training and are competent in supporting children with medical conditions;
  - Ensure that staff who provide support have access to information and other support materials as needed;
  - Ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk to those supporting children with medical needs.

The Headteacher must ensure that: (or one of the SLT in the absence of the headteacher)

- All staff members of the school are aware of the policy and understand their role in its implementation;
- Sufficient numbers of staff are given suitable training to provide the support that pupils need;
- Cover is provided and/or supply teachers are briefed in the absence of key staff;
- Reasonable adjustments are made to enable children with medical needs to fully participate fully and safely during trips and residential;
- School staff are appropriately insured and are aware that they are insured to support pupils with medical conditions;
- The school nurse is contacted if a child arrives in school with a medical condition of which they are not yet aware.
- Ensure that any specific requirements of the school's insurance policy (i.e. training needs) are adhered to.
- Ensure that key points of school's insurance policy (Appendix 2) are understood by and is accessible to all staff.

The School appointed member of staff with overall responsibility for the implementation of this policy is the Pastoral manager: Mrs Verity Andriopoulou must ensure that:

- That health care plans and risk assessments are in place for children and that advice is sought from relevant healthcare professionals as needed and that they are regularly reviewed.
- That risk assessments will be carried out for school visits, residential trips and other activities outside the normal timetable by the class teacher.
- Ensuring that all necessary records and documents, including the pupil's Individual Health Care Plan (IHCP), are accessible to those that need them but that they are treated as confidential and stored accordingly
- Liaise with the head teacher to inform them of any specific needs of a pupil that may impact the school's insurance policy
- Documentation of a child's health care needs are updated as necessary and that individual healthcare plans are monitored.

Parents/carers are key partners and as such are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs;
- Contributing to the development and review of their child's IHCP;
- Providing medicines and equipment as agreed in the plan;
- Ensuring that they, or another responsible adult, are contactable at all times.

Pupils should be:

- Fully involved in discussions about their support needs as they are often best placed to provide information about how their condition affects them.

The Local authority should:

- Provide support, advice and guidance, including suitable training, to ensure that the support specified in IHP's can be delivered effectively;
- Work with schools to support children with medical conditions to attend full time.

### **Unacceptable Practice:**

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

- prevent pupils from easily accessing their inhalers and medication and administering their medication as and when necessary
- assume that every pupil with the same condition requires the same treatment
- ignore the views of the pupil or their parents/carers, or ignoring medical evidence or opinion (however this may still be challenged)
- frequently send pupils with medical conditions home or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP
- send the pupil to the school office or medical room unaccompanied or with someone unsuitable if they become ill.
- penalise pupils for their attendance record if absences are related to their medical condition (eg hospital appointments)
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need in order to manage their medical condition effectively
- require parents/carers or make them feel obliged to attend school to administer medication or provide medical support for their child, including toileting issues
- prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, eg by requesting parents/carers to accompany the child.

### **Liability and Indemnity**

Studley Green Primary School buys into the county policy through Right Choice Wiltshire. Staff are insured through Zurich Municipal.

### **Complaints**

Parents/carers who are dissatisfied with the support their child has received should discuss their concerns directly with the school. If concerns are not addressed or issues resolved, a formal complaint may be made to the Chair of Governors using the school's complaints procedure.

This policy should be read in conjunction with the following policies:

- Equalities
- Administration of Medicines contained in the First Aid policy
- Health and Safety Policy
- Child Protection
- Staff Code of Conduct
- Good Practice Guide for Volunteers and External Agencies
- Whistleblowing