

Supporting pupils with Medical Conditions Policy

Northgate Primary School

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Jane Tanner (Head teacher) /Allyson Booth (Medical Lead)

2. Legislation and statutory responsibilities

This policy has been devised in accordance with the Managing Medicine in Schools and Early Years Settings (2004) guidance, the Disability Discrimination Act (1995) and the Special Educational Needs and Disability Acts (2001 and 2005). It pays special attention to the Children and Families Act (2010) and the Supporting Pupils at School with Medical Conditions guidance (2014), AND ADHERES TO THE Health and Safety Guidance provided by Hertfordshire County Council.

At Northgate Primary School we recognise that all children will experience some illness during their time at school that may range from common transient self-limiting infections to more chronic or longer-term medical needs. Some pupils may require additional support in school in order to minimise the negative impact their medical conditions may have on their learning and access to the curriculum. It is an expectation at Northgate Primary School that staff working with pupils who have specific medical needs should understand the nature of these needs, and the additional considerations necessary in order to fully support them in school. Staff will endeavour to work collaboratively with the family of the pupil and with any other professionals involved in their care.

3. Roles and responsibilities

3.1 The governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment
- Keep a record of medication expiry dates and send replacements (in original packaging with pharmacy labels attached) via school office as needed

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our school is clear 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.

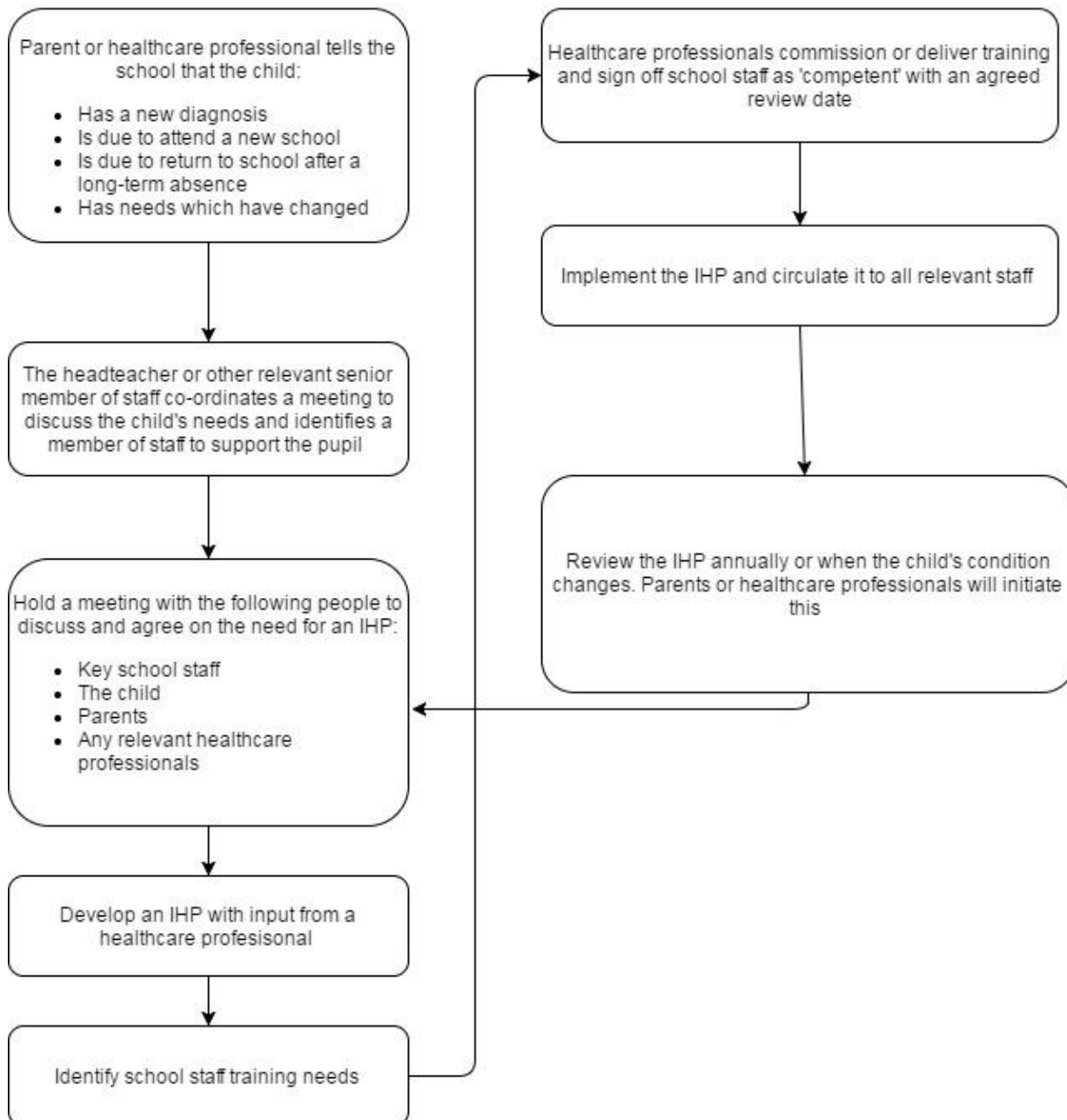
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



6. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Medical Lead/SENDCo

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEND or education, health and care (EHC) plan. If a pupil has SEND but does not have a statement or EHC plan, the SEND will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, Head/ Medical Lead/SENDCo will consider the following when deciding what information to record on IHPs:

- 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, requirements for extra time to complete 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 pupil is self-managing their medication, this will 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 pupil'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 pupil'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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

On occasion, children may need to take medicine whilst in school. This may either be long term, regular medication for chronic conditions or emergency/as needed medication to treat a change in their underlying condition.

Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition. There is no legal duty, which requires school staff to administer medication; this is a voluntary role. Staff who provide support for pupils with medical needs or who volunteer to administer medication need support from the Head Teacher and parents, access to information, training and reassurance about their legal liability.

The administration of medicine is the responsibility of a pupil's parents/carers. There is no absolute requirement for teachers or support staff to administer medicines. However, Northgate Primary School does have a set of guidelines to adhere to as and when administration of medicines at school occurs.

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container with dispensing label attached, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

The member of staff administering the medicine will ensure they have read and understood the instructions on the request form, will check the expiry date and will measure out the prescribed dose. Please note that parents should provide measuring spoons/syringes. Once the medicine has been administered, the member of staff will complete and sign the Administration of Medicine Record sheet. If the member of staff is uncertain as to the instructions, they will not administer the medicine but will first check with the pupil's parents/carers and/or doctor. If a pupil refuses to take the medication, this will be recorded and parents will be contacted as soon as possible.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents (via the school office), to arrange for safe disposal when no longer required or expired.

Short-term illness:

- Children who are suffering from short-term ailments and who are clearly unwell should not be in school, and the Head Teacher is within her rights to ask that parents/carers keep them at home
- Northgate Primary School will administer non-prescribed medicines with parental permission and for a legitimate medical reason on condition it is in original packaging.
- The parents/carers of a pupil who has an infectious disease are asked to comply with the HPA guidelines for keeping a pupil away from school, in order to prevent further infection amongst other pupils. These can be found at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf
- Children who have had sickness and/or diarrhoea should be kept off school until they have been symptom free for 48 hours

Chronic illness

It may be necessary for children with long term conditions to take prescribed medicines during school hours. At Northgate Primary School we encourage pupils, even those who are very young, to manage their own medical condition, as far as is reasonably possible. This may include pupils self-administering medication, e.g. using an inhaler or giving themselves insulin injections. Where this is not appropriate or possible, for instance for very young children or those with special needs, adult support is necessary. See 7.2 for further information on pupils managing their own needs.

Asthma, Epilepsy, Diabetes, Anaphylaxis, ADHD.

Treatment for the above-mentioned (and some other) chronic conditions may be required on a frequent basis. The school will respond reasonably and sympathetically to the needs of children falling into these categories and will endeavor to set up suitable arrangements for the administration of regular doses of medicine under appropriate supervision, on the basis of these guidelines. All such medicines will be held in compliance with the procedure set out below, notwithstanding the need for inhalers etc., to be readily available when required.

For the most serious or chronic conditions which require additional support or involvement from the school for the pupil e.g. in the case of an allergy requiring the use of an auto injector, the pupil will require a medical care plan to be in place. This will be devised collaboratively, most usually between the class teacher, SENDCo, First Aid Lead, parents/carers and the school nurse. The school nursing team is based at Herts and Essex Hospital (T: 01279 827909).

Acute illness:

The teaching profession has a general duty of care towards children in schools. Although legally this duty does not require teachers to administer medicines, it is expected that teachers react promptly and reasonably if a child is taken suddenly ill. In these cases, clear procedures must be followed, particularly in life threatening situations.

In all cases, 'universal precautions' and common sense hygiene procedures will minimise risk of infection when contact with blood or other bodily fluids is unavoidable. Staff must always wear disposable gloves,

wash hands before and after administering first aid and medicines as well as using hand sanitiser when provided.

Storage of medicine:

All medicines must be handed in by parents/guardian on arrival at school to the school office. No pupil must keep in his or her possession, medicines, tablets or capsules etc. during the school day. It is the Head Teacher's responsibility to ensure that medicines are safely stored in school. All medicines should be kept in the container in which they were supplied. This container should be clearly labelled with the child's name, date of birth and instruction for usage. All children with medical conditions should have easy access to their emergency medication. Those medicines, e.g. liquid antibiotics, insulin, that require refrigeration are stored in a designated refrigerator located in the medical room. This is not accessible to children. All other medicines are stored in a cupboard in the medical room which is out of reach of the pupils. Parents are asked to collect out-of-date medication. If this does not occur, medication will be taken to a pharmacy for safe disposal. The first aid leader is responsible for monitoring medication. Sharps boxes are used to dispose of needles, and are stored in a cupboard out of reach of the children in the medical room. Collection of these boxes is the responsibility of the parents/guardians who are asked to collect and dispose of the boxes regularly.

On occasion medication is passed from school Medical Room (auto injectors, antibiotics, non-prescribed medicines), Foundation (auto injectors) or Classes (inhalers) to the after school club. A member of staff will collect the medication and return it to the relevant places in the evening after the sessions have ended or in the morning by 9am.

Staff and facilities:

At Northgate Primary School we have a designated first aid room with a first aid trained member of staff on call (as needed) throughout the day. This room contains a broad range of medical equipment and first aid supplies to allow trained members of staff to administer first aid treatment as and when necessary. Please note, only staff with the appropriate training and certification can administer medication. Any staff involved in the administration of medicines to pupils must have appropriate training and be certified competent to carry out any necessary treatment. When necessary, teachers and support staff will receive appropriate training and guidance regarding non-routine administrations. The school nurse can provide additional information when needed.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in the locked medical room fridge or a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents

- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Should a child be taken suddenly ill during the course of the school day, or a serious accident occur, a school First Aider should be called immediately. If required the emergency services will be notified by the First Aider. A First Aider will make every effort to contact the relevant parents/carers, who will be notified of any action taken. Care should be taken not to alarm parents unnecessarily – it is up to an attending physician to diagnose the extent of any injury. Members of staff should not transport a child to A&E.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head Teacher/ Medical Lead. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

The following records are kept regarding the medical needs of pupils at Northgate Primary School:

1. Enrolment forms should highlight existing health conditions when pupils arrive at school
2. Healthcare plans when appropriate
3. Centralised register of children with medical needs is kept and regularly updated
4. Medical administration forms provided by parents
5. Medication log completed after every administration of medicine to a pupil. The following information must be recorded in the medication log: Date, time, name of medication, dose given, a note if any reaction was noticed, a signature of the person administering the medication, name of the person administering the medication, a note if the medicine was refused.
6. A log is kept of training conducted/received relevant to medical conditions

11. Off-Site Visits:

A first aid kit will be taken whenever children are taken off-site. If appropriate, travel sickness precautions will also be taken e.g. bucket, towels. All members of staff taking part in off-site visits will be aware of any pupils with medical conditions who are in attendance. They will have received information about the type of condition, what additional considerations are necessary and will ensure they have correct medication and/or equipment. A suitably competent person must be included in the staff supervising the trip if medication is to be administered. Arrangements for the storing and administering of medicines including record keeping must be included in the plans for a school trip.

12. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. No member of staff is under any obligation to agree to accept responsibility for the administering of medication to pupils, given the potential difficulties and risk involved. If there is any doubt as to whether to accept this responsibility, parents will be advised that they should, either arrange for their child to take the medicine at home or where this is not possible, that they, the parents, should attend school to administer the medicine directly.

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Head Teacher/Medical Lead in the first instance. If they cannot resolve the matter, parents will be directed to the school's complaints procedure.

14. Confidentiality

The Head Teacher/Medical Lead and school staff should treat medical information confidentially. The Head Teacher/Medical Lead should agree with the pupil (where he/she has the capacity) or otherwise with the parents, who else should have access to the records and other information about the pupil. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

15. Impaired Mobility

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be associated restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

16. Monitoring arrangements

This policy will be reviewed and approved by the governing board annually.

17. Further advice and resources

The Anaphylaxis Campaign
PO Box 275
Farnborough
Hampshire
GU14 6SX
T: 01252 546100
Email: info@anaphylaxis.org.uk

Asthma UK
Summit House
70 Wilson Street
London
EC2A 2DB
T: 02077 864900
Email: info@asthma.org.uk

Diabetes UK
Macleod House
10 Parkway
London
NW1 7AA

Epilepsy Action
New Anstey House
GateWay Drive
Yeadon
Leeds
LS19 7XY
T: 0113 210 8800
Email: epilepsy@epilepsy.org.uk

Long Term Conditions Alliance
202 Hatton Square
16 Baldwin Gardnes
London
EC1N 7RJ
T: 02078 133637
Email: info@ltca.org.uk

Department for Children, Schools and Families
Sanctuary Buildings
Great Smith Street
London
SW1P 3BT
T: 0870 000 2288
Email: info@dcsf.gsi.gov.uk

Council for Disabled Children
National Children's Bureau
8 Wakely Street
London
EC1V 7QE
T: 02078 436000