



Langham Primary School

Medicine and Supporting Pupils at School with Medical Conditions Policy

Adopted	June 2015	Author/ Owner	<i>Pupil Related Committee</i>
Last Reviewed	29th March 2022	Review Cycle	<i>Three Years</i>

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our website.

Policy Implementation

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this policy is given to **Andrew MacDonald**, headteacher. He will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site. He is also responsible for authorising risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. Essential medical information about each child is detailed on a **class profile sheet** which is given to supply staff. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

Definitions of Medical Conditions:

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

- Short-term affecting their participation in school activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**).

Statutory responsibilities and links to other policies

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Some children may also have Special Educational Needs and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice and the Langham Primary School SEN Information Report.

The Role of Staff

Staff must not undertake specialist health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). We recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse who we have regular access to, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. When notified of a medical condition we will ensure that arrangements ***are put in place within two weeks.***

Parents have the opportunity to advise us of a medical condition on our admission forms. We review the information we hold about all our pupils every September. Medical information from this is collated and shared with staff in a medical needs summary.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We will ensure that arrangements give Parents/Carers and pupils confidence in our ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will

ensure that staff are properly trained to provide the support that pupils need. We will ensure that 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 make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. ***We will make sure that no child with a medical condition is denied admission or prevented from attending school because arrangements for their medical condition have not been made.*** However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

We do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. In such cases an Individual Health Care Plan will be put in place. Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by the SENCO but it will be the ***responsibility of all members of staff supporting the individual children to ensure that the Plan is followed.*** The class teacher is responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Healthcare Plans will help to ensure that we effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The

Individual Health Care Plan must be completed by the Lead Professional (usually the SENCO) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

We will ensure that Individual Health Care Plans are **reviewed at least annually** or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that we assess and manage risks to the child's education, health and social wellbeing and minimise disruption.

Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

Annex B provides a template for the Individual Health Care Plan but it is a necessity that each one includes;

- 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/noisy conditions, 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 tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
- 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 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 Parents/Carers or 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 Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the school's responsibility to write or review.

The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, we will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices. Where child's age, advice of parents or medical professionals does not allow this, children should be able to access medicines for self-medication quickly and easily.

Medicines which are regularly and routinely planned for administration are stored in the staff room. Where medication needs to be accessed quickly in an emergency (for example emergency inhalers/ epi-pens) these are kept in a clearly marked box in the classroom.

We also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

Managing Medicines at school

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent.
- ***We will not administer non-prescription medicines to a child, if a Parent/Carer wishes a child to have the non-prescription medicine administered during the school day, they will need to come to the school to administer it to their child.***
- We will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely in the staff room. Children should know 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 should be always readily available to children and not locked away; these will be stored in the classroom cupboards where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in school at all times.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- ***Staff administering medicines should do so in accordance with the prescriber's instructions. We keep a record of all medicines administered to individual children,***

stating what, how and how much was administered, when and by whom. Any side effects of the medication should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.

- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Unacceptable Practice

Although staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering prescription 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/Carers; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from attending 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 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/Carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including with toileting issues. No Parent/Carer should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring Parents/Carers to accompany the child.

Complaints

Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the our Complaints Policy.

Appendix 1
Example Medical Information Sheet

Epilepsy Summary Sheet

Stick
Child's
Photo
Here



Pupil's Name: _____

Class: _____

Date of Birth: _____



I (parent's name) _____ have provided the following medications and request that school staff administer the relevant medication in the event of my child having a seizure: -

Medication Name: _____ Dosage: _____

Medication Name: _____ Dosage: _____

Other relevant information: _____

All epilepsy medications are kept in the first aid cupboard located in the staff room.

We, the parents accept the responsibility for advising the school of any changes to the dosage or type of medication my child requires. We, the parents are also responsible for ensuring that all medications are within their expiry date.

I give my permission for above to be completed according to the instructions given.

Signed: _____

Dated: _____

Emergency Contact Details:

Mother's Name: _____ Contact Number: _____

Father's Name: _____ Contact Number: _____

Alternative Contact: _____ Contact Number: _____

Alternative contact's relationship to the child: _____

Doctors Name: _____ Contact Number: _____

Prevention:

- Parents will inform the school of any relevant changes.
- Arrangements for school trips should be discussed in advance by the parents and the school to agree appropriate provision and safe handling of medication(s).

Training:

- The head teacher will arrange for teachers and non-teaching staff, including midday assistants, to be briefed about _____ condition.
- All staff should be able to identify the child.
- The parents and the school together, agree to complete the *"Epilepsy Summary Sheet"* for display in appropriate places around the school.
- The staffs who volunteer to assist in administering medications in these circumstances should seek professional indemnity form from their employer.

Agreement:

The undersigned agree to the above protocol:

Parents/Guardians: _____ Dated: _____

Head teacher: _____ Dated: _____

Forms used for administration on prescription medication

Date & Time	Staff Signature

Dosage /Time: _____

Medicine: _____

Name: _____



Request to Administer Medicines in School

I (parent's name)..... would like to request that school staff administer the medicine detailed below *for days / *until the course is completed / *until the school is informed otherwise.

Administer (name of medicine): **Does this need refrigeration? *YES / NO**

Dosage: **Time to be given:**

Child's name: **Class:**

For the treatment of (name of illness/injury):

Other relevant information:

I give my permission for above to be administered according to the instructions given.

Signed:

Dated: