



St James CE Primary School

Supporting children and young people with Medical Conditions in school

Policy and Implementation Guidance

Policy statement

At St James CE Primary School, the ‘Supporting children and Young People with Medical Conditions in School’ policy will provide guidance to ensure.

- That school meets its statutory responsibilities to manage medicines and medical conditions in line with Government guidance ‘Supporting pupils at school with Medical conditions’ and the ‘Special Educational Needs and Disability code of practice: 0-25 years’.
- That school implements inclusive practices to support children and young people with medical conditions.
- That school aims to provide all pupils with all medical conditions the same opportunities as others at school.

School will ensure the implementation of the Supporting Medical Conditions in school Policy to meet the following values and principles:

- all children/young people and staff are healthy and stay safe.
- parents, children and young people feel secure and confident in the school’s ability to support their child.
- pupils make a positive contribution and get to experience a wide and varied curriculum and experiences.
- ensure all staff understand their duty of care to safeguard children and young people in all aspects of their needs and especially within the event of an emergency.
- ensure all staff are appropriately trained, competent and confident in knowing what to do in an emergency.
- develop the schools understanding that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- that the school understands the importance of medication being taken as prescribed.
- all staff understand common medical conditions that affect children/young people at our school. Our staff receive training on the impact medical conditions can have on children/young people from specialist medical staff.

Policy

1. St James is an inclusive school that aims to support and welcome all children and young people including those with medical conditions

- i. The governing body understand that it has a responsibility to make arrangements for supporting pupils with medical conditions who currently attend and to those who may attend in the future.
- ii. Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.
- iii. The school ensures to provide all children with all medical conditions the same opportunities at school.
- iv. The school aims to include all pupils with medical conditions in all school activities.
- v. The school ensures all staff (Teaching and Support) understand their duty of care to children and young people in the event of an emergency.
- vi. Parents of pupils with medical conditions feel secure in the care their children receive both in the transportation, school and on educational visits.
- vii. All staff are confident in knowing what to do in an emergency and receive regular training to do so.

- viii. There is knowledge that certain medical conditions are serious and can be potentially life-threatening.
- ix. All staff understand the common medical conditions¹ that can affect all children/young people in school. Staff receive training on the impact this can have on pupils.

2. All staff have a sound knowledge, understand their role, and are trained to a level that fulfills and informs them in what to do to support children/young people with the most common serious medical conditions found at the school and how to uphold the policy

- i. All staff at the school are aware of the most common serious medical conditions which they may come across when children are in their care.
- ii. Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- iii. All staff that work directly with pupils receive training and know what to do in an emergency for the pupils in their care with medical conditions.
- iv. Training is refreshed for all staff as appropriate and should be referred to the child/young person's Individual Healthcare Plan.
- v. Action for staff to take in an emergency for the common serious conditions at the school is displayed in prominent locations for all staff including classrooms, kitchens, and the staff room.
- vi. The school uses the child/young person's Individual Healthcare Plan to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- vii. The school has procedures in place so that the most up to date/single master copy of the child/young person's Individual Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- viii. The school have plans in place to cover staff absence and sickness.

The following roles and responsibilities are recommended practice within the policy. These roles are understood and communicated regularly.

The school's Governing body has a responsibility to:

- uphold the Equality Act 2010 and make any reasonable adjustments.
- ensure that arrangements are in place to support pupils with medical conditions (plans and suitable accommodation). In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening and therefore focuses on the needs of the individual child/young person.
- make sure the supporting medical conditions in school policy is effectively implemented, monitored and evaluated and updated in line with the school policy review timeline.
- ensure all parents are fully aware and understand their responsibilities

The school's Head of School has a responsibility to:

- ensure the school puts the policy into practice and develop detailed procedures.
- liaise between interested parties including child/young people, school staff, SENCO, pastoral support staff, teaching assistants, parents, governors, the school health service, the Local Authority and local emergency care services and seek advice when necessary.

¹ Common medical conditions include Asthma, Epilepsy, Diabetes and Anaphylaxis

- ensure every aspect of the policy are maintained even if they are not the governing bodies nominated staff member.
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using child/young person's Individual Healthcare Plans.
- ensure child/young person's confidentiality.
- assess quality assured training and support the development needs of staff and arrange for them to be met via formally commissioned arrangements.
- ensure all supply teachers and new staff know the medical conditions policy.
- delegate staff members to check the expiry date of medicines kept at school and maintain the school medical register.
- monitor and review the policy at least once a year, with input from child/young people, parents, staff, and external stakeholders and update according to review recommendations and recent local and national guidance and legislation.
- report back to all key stakeholders about implementation of the policy.
- In partnership with the parent have joint responsibility for the safe travel of the child/young person.
- Provide staff to cover absence.

All staff at the school have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency by receiving whole school awareness training.
- be aware that medical conditions can affect a child/young person's learning and provide extra help when child/young people need it.
- understand the policy and how this impacts on children and young person's education.
- know which child/young people in their care have a medical condition and be familiar with the content of the child/young person's Individual Healthcare Plan.
- allow all child/young people to have immediate access to their emergency medication, where appropriate.
- maintain effective communication with parents including informing them if their child has been unwell at school.
- ensure child/young people who carry their medication with them have it when they go on a school visit or out of the classroom.
- be aware of child/young people with medical conditions who may be experiencing bullying or need extra social support.
- understand the common medical conditions and the impact it can have on child/young people.
- ensure all child/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure child/young people have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

First aiders at the school have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- when necessary, ensure that an ambulance or other professional medical help is called.

The parents of a child/young person at the school have a responsibility to:

- tell the school if their child has a medical condition.
- ensure the school has a complete and up-to-date Healthcare Plan for their child.
- inform the school about the medication their child requires during school hours.
- inform the school of any medication their child requires while taking part in educational visits or residential visits, especially when these include overnight stays.
- tell the school about any changes to their child's medication, what they take, when, and how much.
- inform the school of any changes to their child's condition.
- ensure their child's medication and medical devices are labeled with their child's full name and date of birth and a spare is provided with the same information.
- ensure that their child's medication is within expiry dates.

- inform the school if your child is feeling unwell.
- ensure their child catches up on any schoolwork they have missed.
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional and information that will require the school to support your child is passed on to them.
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

3. All staff understand and are trained in the school's general emergency procedures

- i. The school has a general Health and Safety Policy that includes risk assessments and have arrangements in place to deal with emergencies.
- ii. All staff know what action to take in the event of a medical emergency. This includes:
 - how to contact emergency services and what information to give
 - who to contact within the school (First Aid at Work trained first aiders)
- iii. Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- iv. If a child/young person needs to be taken to hospital, school will contact the parent and a member of staff will always accompany the child and will stay with them until a parent arrives. The staff member accompanying the child to hospital will take records/pupil file regarding the child with them. The school tries to ensure that the staff member will be one the child knows. A follow up call is made in order to ascertain the outcome of the hospital treatment and to check on the child's welfare.

4. The school has clear guidance on the administration of medication at school and what is deemed as unacceptable practice

Administration – general

- i. The school understands the importance of medication being taken as prescribed.
- ii. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication. Only staff members who have completed the First Aid at Work first aid training are able to administer medication, which is witnessed, and counter signed in the administration book. Parental consent must be obtained.
- iii. All use of medication defined as a controlled drug, even if the child can administer the medication themselves, is done under the supervision of First Aid at Work trained staff at this school.
- iv. Where specific medication is required to be administered, school will identify specific members of staff who have been specifically trained to administer medication and will provide relevant training from healthcare professionals is provided to support this.
- v. If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to continue to provide this support.
- vi. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.
- vii. Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- viii. If a child at this school refuses their medication, staff should not force them and record this and follow procedures set out in the Individual Healthcare Plan. Parents are informed as soon as possible.
- ix. If a child misuses medication, either their own or another child's their parents are informed as soon as possible. The child is subject to the school's usual disciplinary procedures.

Administration – Emergency Medication

- x. All children with medical conditions have easy access to their medication.
- xi. Children who have asthma and who have an inhaler must have their inhaler available to them in class.
- xii. A child who does not carry and administer their own medication knows where their medication is stored and how to access it.
- xiii. Children who do not carry and administer their own medication understand the arrangements for a member of staff (and the secondary member of staff) to assist in helping them take their medication safely.
- xiv. Verbal permission to administer medication can be obtained when a child is unwell during the school day. This will be signed by the first aid officer administering the medication and countersigned by another first aid officer. At the end of the school day a medication slip will then be signed by parent/carer. A copy of this, stating medication, time and dosage will be given to the parent/carer.

Unacceptable Practice

- xv. The school uses its discretion and professional judgment on individual cases, but it is not generally acceptable practice to:
 - prevent a child from easily accessing their medication or inhalers when or where necessary.
 - assume that every child with the same condition requires similar or the same support.
 - ignore the views of the child and their parents
 - send children/young people home frequently or prevent them from staying for school activities.
 - send a child unaccompanied to the school office or medical room if they become ill.
 - prevent pupils from drinking, eating, or taking toilet or other breaks in order to effectively manage their own medical condition.
 - require parents or make them feel obliged to attend school to administer medication or provide medical support.
 - prevent or create unnecessary barriers to children participating in any aspect of their educational experience, this includes school visits, e.g., requiring the parents to accompany the child.

5. The school has clear guidance keeping clear and up to date records which supports the planning and access to school

Administration/Admission forms

- i. Parents at this school are asked if their child has any health conditions or health issues on the admission form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on admission forms. Medical updates are completed by parents each year thereafter.

School Medical register

- ii. Individual Healthcare Plans are one document that is used to create a medical register of pupils with medical needs, not all children with medical conditions will need an individual plan. An identified member of staff has responsibility for the medical register at school.
- iii. The identified member of staff has responsibility for the medical register and follows up with the parents any further details on a child's Individual Healthcare Plan required or if permission for administration of medication is unclear or incomplete.
- iv. An up-to-date medical register is kept and is updated from SIMS regularly.

Drawing up Individual Healthcare Plans

- v. An individual Healthcare plan may be initiated by a member of school staff, plans should be drawn up with the input of healthcare professionals e.g., Specialist Nurse, parents, and the child.
- vi. As a sign of good practice, the school will use Individual Healthcare Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication, and other treatments and used to identify the level support they need. Further documentation can be attached to the Individual Healthcare Plan if required.
- vii. An Individual Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:
 - at the start of the school year
 - at admission
 - when a diagnosis is first communicated to the school.
- viii. If a child has a short-term medical condition that requires medication during school hours, a medication form plus explanation must be completed by the pupil's parents.

Ongoing communication and review of the Individual Healthcare Plan

- ix. Parents at this school are regularly reminded to update their child's Individual Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication, treatments or conditions change.
- x. Staff at this school use opportunities to invite parents to review and check that information held by the school on a child/young person's condition is accurate and up to date.
- xi. Every child with an Individual Healthcare Plan at this school has their plan discussed and reviewed at least once a year.
- xii. Where the child has SEND, the Individual Healthcare Plan should be as part of the graduated approach of Assess, Plan, Do, Review and/or linked to their statement or Education Health and Care Plan if they have one.

Storage and access to Individual Healthcare Plans

- xiii. The school ensures that all staff protect confidentiality.
- xiv. Individual Healthcare Plans are kept in a secure central location at school or attached as linked documents using the school's computer system.
- xv. Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of Individual Healthcare Plans. These copies are updated at the same time as the central copy.
- xvi. All members of staff who work with groups of children/young people will access the Individual Healthcare Plans to provide support with their planning of teaching and learning.
- xvii. When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Individual Healthcare Plans of children in their care.
- xviii. The school seeks permission from parents to allow the Individual Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Individual Healthcare Plan.

Individual Healthcare Plans are used by the school to:

- inform the appropriate staff and supply teachers about the individual needs of children with a

medical condition in their care

- remind children with medical conditions to take their medication when they need to and, if appropriate, remind them to always keep their emergency medication with them
- identify common or important individual triggers for children/young people with medical conditions at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
- remind parents of a child with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Consent to administer medicines

- xix. If a child requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Individual Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is completed in school/online by the parent for pupils taking short courses of medication.
- xx. All parents of children with a medical condition who may require medication in an emergency are asked to provide consent on the Individual Healthcare Plan for staff to administer medication.
- xxi. If a child requires regular/daily help in administering their medication, then the school outlines the school's agreement to administer this medication on the Individual Healthcare Plan. The school and parents keep a copy of this agreement.

Off-site, Sporting Activities and Residential visits

- xxii. Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the child's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help children manage their condition while they are away. This includes information about medication not normally taken during school hours.
- xxiii. When attending a residential visit or off-site activity (including sporting events) the lead staff member will have copies of all visit paperwork including risk assessments for children/young people where medication is required. A copy of the Individual Healthcare Plan's will accompany the child/young person if necessary and reference should be made to any medical conditions in the planning and risk assessment prior to the visit taking place.
- xxiv. All parents of a child with a medical condition attending an off-site activity or overnight residential are asked for written consent, giving staff permission to administer medication if required and an individual Healthcare plan has not been drawn up.
- xxv. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

6. There is clear guidance on the safe storage and handling of medication at school

- i. Emergency medication is readily available to children who always require it during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- ii. A defibrillator is on site and specific staff are trained to use this.
- iii. Where the child's healthcare professional advises that they are not yet able or old enough to self-manage and carry their own emergency medication, they know exactly where to access their emergency medication and which member of staff they see.

Safe storage – non-emergency medication

- iv. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place.
- v. Staff ensure that medication is only accessible to those for it is prescribed.

Safe storage – general

- vi. There is an identified member of staff who ensures the correct storage of medication at school.
- vii. All controlled drugs are kept in a locked cupboard. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away.
- viii. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.
- ix. First Aid at Work first aiders regularly check the expiry dates for all medication stored at school.
- x. The identified member of staff, along with the parents of children/young people with medical conditions, will ensure that all emergency and non-emergency medication brought into school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.
- xi. All medication is supplied and stored in its original containers/packages. All medication is labeled with the child/young person's name, date of birth, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- xii. Medication will be stored in accordance with instructions, paying note to temperature.
- xiii. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is clearly labeled. Refrigerators used for the storage of medication are in a secure area that is only accessible to staff.
- xiv. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

Safe disposal

- xv. Parents will be asked to collect out-of-date medication.
- xvi. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- xvii. A named member of staff is responsible for checking the dates of medication will arrange for the disposal of any that have expired.
- xviii. When required sharp boxes would be made available in school for the appropriate disposal of needles. Parents obtain sharps boxes from the child's GP or pediatrician on prescription.

7. Supporting Medical Conditions in school policy is regularly reviewed, evaluated, consulted with stakeholders and updated.

- i. The policy is reviewed, evaluated and updated annually in line with the school's policy review timeline and receives a full consultation with stakeholders.
- ii. Any new government guidance is actively sought and fed into the review; guidance will be provided by Local Authority Officers.

- iii. When evaluating the policy, the school seeks feedback and further consultation on the effectiveness and acceptability of the medical conditions policy with a wide range of key stakeholders within the school.

Key stakeholders include:

- Headteacher
 - Teachers
 - Special Educational Needs Coordinator (SENCO)
 - Pastoral support staff
 - First aiders
 - All other school staff
 - School governors
- iv. The views of children with various medical conditions are actively sought and considered central to the evaluation process.
 - v. Parents, school staff, governors, relevant local health staff and any other external stakeholders are informed and regularly reminded about the policy and how they impact on its implementation and review.

8. Complaints Procedure

- i. If parents or carers have concerns or are dissatisfied with the support provided, they should directly contact the school and follow the complaint procedure set by the school.

Legislation and Guidance

This policy and guidance have been compiled using recommended government documents and Acts, these include.

Supporting pupils with Medical Conditions – September 2014
Special Educational Needs and Disability Code of Practice: 0-25 years
Children and Families Act 2014 – Part 5: 100
Health and Safety: advice for schools – June 2014
Equality Act 2010
The management of Health and Safety at work regulations 1999
Education Act 1996
Health and Safety at work Act 1974
Medicines Act 1968

The Local Authority will provide both national and local guidance.

For further information and guidance see;

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

Individual Healthcare Plan (Annex A)

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, 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 pupil's educational, social and emotional needs

Arrangements for school visits/trips including Sporting Activities

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

Parental Agreement for setting to Administer Medicine

Longer term medication (Annex B)

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the 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

Timing

Special precautions/other instructions

Are there any side effects that the school needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be 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 staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Parental Agreement for setting to

Administer Medicine short term medication (Annex C)

The school will not give your child medicine unless you complete and sign this form / **after giving verbal consent for Adhoc medicines**. The school has a policy that the staff can administer medicine. Medicines can be administered in school or on school trips / residential.

Name of Child

Date of Birth

Class

Medical condition or illness

Name / type of medicine

What time was this medicine last given?

Expiry Date

Dosage and method

Timing

Special instructions

Are there any side effects / or allergies

Self-administration – Y/N

Procedures to take in an emergency

Medicine 1	Medicine 2

Contact Details

Name

Daytime telephone no.

Relationship to child

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school Medication Policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s).....

Date