



**Newbottle and Charlton
C.E.V.A. Primary School**

*Every Person Matters, Every Moment Counts
'I can do all this through him that gives me strength'*

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SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Adopted by the Governing Body on [Date]:	30 th November 2022
Date of review:	November 2022
Chair of Governors Signature:	
Date of next review:	November 2023



Newbottle and Charlton CEVA Primary School

Supporting Pupils with Medical Conditions Policy

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 pupils' conditions, 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 the headteacher.

Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

ROLES AND RESPONSIBILITIES

The **Governing Body** for Newbottle & Charlton CEVA Primary School will ensure that

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

The **Headteacher** will ensure that 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
- Ensure that all staff who need to know are aware of a child's condition
- 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

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.

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, and ensure they or another nominated adult are contactable at all times

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.

School nurses and other healthcare professionals

Our county 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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

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.

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. See Appendix 1.

STAFF TRAINING AND SUPPORT

- The Headteacher will ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance.
- Training needs will be identified during the development or review of individual healthcare plans and will be reviewed annually. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views but will not be the sole trainer.
- Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Training for new staff will be provided on induction;
- Training will be provided by appropriate healthcare professional so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs.

INDIVIDUAL HEALTHCARE PLANS (see Appendix 3)

A Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided. Individual Healthcare Plans for pupils with medical conditions, (e.g. asthma, anaphylaxis, diabetes, epilepsy) will be drafted with parents/pupils and other healthcare professionals where appropriate.

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 no 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 education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN 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 body and the headteacher 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

MANAGING MEDICINES ON SCHOOL PREMISES

Pupils will only be given prescription and non-prescription medicines after parents have completed a consent form (except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases the school will encourage the pupil to involve their parents while respecting their right to confidentiality).

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps. Medicine brought into school must be given to School Administrator

Prescribed medication the school 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 be available inside an insulin pen or a pump, rather than in its original container

- Parents should note the expiry date so that they can provide a new prescription as and when required.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.

It is the parent's responsibility to bring and collect the antibiotic each day and to complete the necessary forms prior to medicine being administered. All medicines must be signed in and out by a parent.

Controlled Drugs

- Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence.
- The school will keep controlled drugs in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency.
- The following school staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions.
 - School Administrator
 - Headteacher
 - First Aiders
- A record will be kept of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining.
- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. Authorisation for administration will be gained from parents.

THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

- Relevant staff will help to administer medicines and manage procedures for them; a record of administration will be made. See appendix 4
- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will contact the parents and follow the procedure agreed in the individual healthcare plan.

- Parents will be contacted where a pupil is seen to be using their asthma inhaler more frequently than usual as this may indicate their condition is not well controlled.

Non-prescription Medication

Non-prescription medication will only be given in exceptional circumstances. An exception may be made for school residential visits.

The school will keep Calpol or hay fever remedies to administer on an ad-hoc basis during the school day if the child requires and permission has been sourced. Parents will be contacted if their child has a fever. If pupils require medication to control hay fever symptoms, then parents will be asked to take their children to their GP for a formal diagnosis and advice on appropriate medication.

Parents will be asked to sign a consent form confirming that the medicine has been administered without adverse effect to the child in the past and that they will inform the school immediately if this changes.

Pain Relief

Pupils sometimes ask for pain relief (analgesics) at school, i.e. paracetamol tablets or liquid.

Pain relief will only be given with the expressed consent of the Headteacher for example, for pupils returning to school after sustaining a fracture, dental treatment or older girls with dysmenorrhoea (painful periods).

- Parents will be asked to sign a consent form when they bring the medicine to school, which confirms that they have given the medicine to their child without adverse effect in the past and that they will inform the school immediately if this changes.
- The school will only administer paracetamol to those pupils requesting analgesics; generally non-prescription ibuprofen will not be given.
- If ibuprofen is the analgesic of choice then parents will be advised that a dose could be given before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol.
- When a pupil requests pain relief staff will first check maximum dosages and when the previous dose was taken. Parents will be contacted for confirmation.
- A record will be made of all doses given.

RECORD KEEPING

- The school will keep a record of all medicines administered to individual pupils, using stating what, how and how much was administered, when and by whom on a form in the office. Any side effects of the medication to be administered at school will be noted.
- A second person will also be informed of the administration of controlled drugs.
- A record of administration of medicine will not be recorded where the pupil has taken responsibility for their own medication, e.g. asthma inhalers and take their medication, as and when it is required.

- A record will be made where medication is held by the school but self-administered by the pupil.

SAFE STORAGE OF MEDICINES

Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.
- A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the staffroom refrigerator, which is not accessible to pupils.
- Medication will never be prepared ahead of time and left ready for staff to administer.
- An audit of pupil's medication will be undertaken every term disposing of any medication that is no longer required.
- It is the parent's responsibility to ensure their child's medication remains in date. The school will remind parents when their child's medication is due to expire.

DISPOSAL OF MEDICINES

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded;
- Parents should also collect medicines held at the end of the summer term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal;

DAY VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

- The school will actively support pupils with medical conditions to participate in school trips and visits or in sporting activities;
- The school will make reasonable adjustments for the inclusion of pupils in such activities;
- Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.
- The school will consider the reasonable adjustments that can be made to enable pupils with medical needs to participate fully and safely in visits. These arrangements will be included in the risk assessment for the event.
- One member of staff accompanying the visit will be asked to take on the lead role for administering medicines or healthcare procedures. Individual Healthcare Plans, medicines, equipment and consent forms will be taken on school visits.
- Medicines are administered and witnessed and recorded. This form is added to the file on return from the visit.

LIABILITY AND INDEMNITY

The Governing Body will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

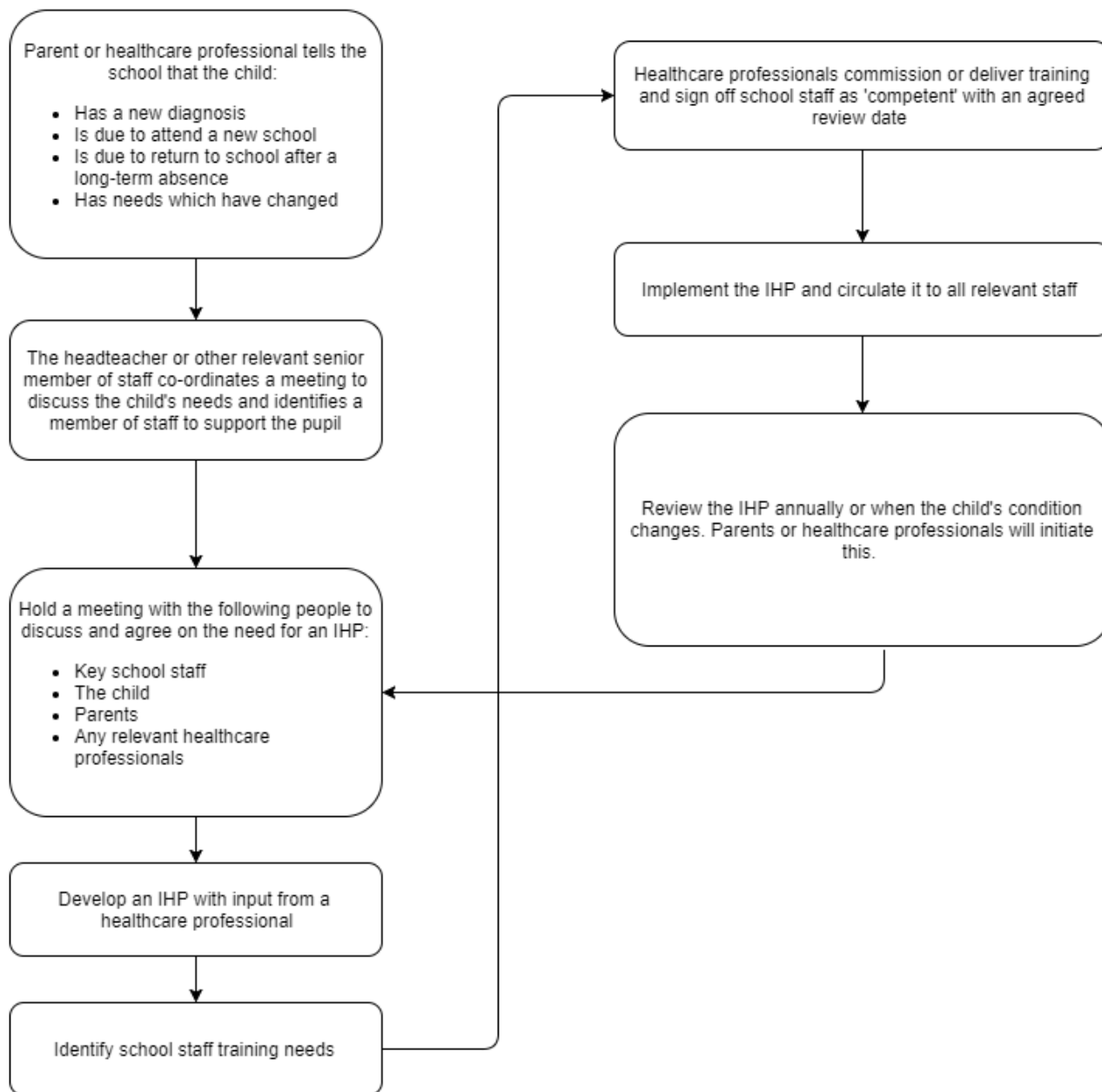
COMPLAINTS

Parents/pupils should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

MONITORING

This policy will be reviewed and approved by the governing body every year.

Appendix 1: Being notified a child has a medical condition



Appendix 2 **SCHOOL PROCEDURES FOR MANAGING MEDICINES**

1. Medicines should be brought to the school office parents/carers. The designated member of staff will ask the parent to sign the relevant consent form.
2. The designated person will check that the
3. medicine is in its original container as dispensed by a chemist and details match those on the form;
4. label clearly states the child's
 - a. first and last name
 - b. name of medicine
 - c. dose required
 - d. method of administration
 - e. time/frequency of administration
 - f. patient information leaflet is present to identify any side effects;
 - g. medication is in date
5. The designated person will log the medicine in the record book and store the medicine appropriately
6. Medicines requiring refrigeration will be kept in the fridge in a clean storage container
7. A daily temperature of the fridge will be taken and recorded.
8. The designated person will administer medication at the appropriate time.
9. The following procedure will be followed:
 - The pupil will be asked to state their name – this is checked against the label on the bottle, authorisation form and record sheet.
 - The name of the medicine will be checked against the authorisation form and record sheet.
 - The time, dosage and method of administration will be checked against the authorisation form and record sheet.
 - The expiry date will be checked and read out.
 - The medicine is administered.
 - The record sheet is signed by the designated person and the witness (Controlled medication must be witnessed by a second adult)
 - Any possible side effects will be noted.
 - The medicine is returned to appropriate storage.
10. If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the pupil's Healthcare Plan) and contact parents. If a refusal results in an emergency, the emergency procedures detailed in the Healthcare Plan will be followed.
11. If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.
12. At the end of the day parents of pupil's prescribed antibiotic medication should collect their child's medicine from the school office and sign it out.

Appendix 3

Individual healthcare plan

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 etc

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

Appendix 4

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 <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting 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/setting 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 _____

Appendix 5 - Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 6 - Record of medicine administered to all children

Name of school/setting

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Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name