



## **Supporting Children with Medical Conditions**

### **Legislation**

This policy is based upon Section 100 of the Children and Families Act 2014 places a duty on The Governing Board of maintained school to make arrangements for supporting pupils with medical conditions.

The DfE publication 'Supporting Pupils at School with Medical Conditions' originally published in December 2015 and updated August 2017 includes statutory guidance for the Governing Board.

### **Key aims**

- Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Governing Board ensures that arrangements are in place in schools to support pupils at school with medical conditions.
- The Governing Board ensures that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

### **The Role of the Governing Board**

- To ensure that arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school as any other child.
- To take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening so the focus of action taken is on the needs of each individual child and how their medical condition impacts on their school life.
- To make arrangements to ensure that parents and pupils have confidence in the school's ability to provide effective support for medical conditions in school; showing an understanding of how medical conditions impact on a child's ability to learn, as well as increasing confidence and promoting self-care and finally ensuring staff are properly trained to provide the support that pupil's need.
- To monitor arrangements put in place to ensure that policies, plans, procedures and systems are properly and effectively implemented in accordance with statutory requirements, in particular procedures for administration of medicines.
- To ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.



- To ensure that the school's policy is explicit about what practice is not acceptable when administering medicines in school, sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition and outlines the role of Individual Health Care Plans.
- To regularly review the policy for supporting pupils with medical conditions and ensure it is readily accessible to parents and school staff.
- To ensure that any complaints made, concerning the support provided to pupils with medical conditions, are handled appropriately.
- To ensure the policy is implemented effectively by the Headteacher who has overall responsibility for policy implementation, with delegated responsibility to the SENDCo.

### **The Role of the Head Teacher and Special Educational Needs Coordinator (SENDCO)**

- The Head Teacher and SENDCo will ensure that the school's policy for supporting pupils with medical conditions is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- The Headteacher and SENDCo ensures that all staff, who need to know, are aware of the child's condition and that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- The Headteacher and SENDCo are also responsible for contacting the school nursing service in the case of any child 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.
- Ensuring that sufficient staff are suitably trained.
- Ensuring that all relevant staff will be made aware of the child's condition.
- Ensuring cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- Ensuring the briefing of supply teachers.
- Ensuring the completion of risk assessments for school visits and other school activities outside of the normal timetable.
- Ensuring the monitoring of individual healthcare plans which are to be reviewed at least annually.



## **The Role of Staff**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be made to do so.

Administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff are to receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

## **The Role of School Nurses**

The school nursing services are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.

Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example, on training.

## **The Role of Pupils**

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

## **The Role of Parents**

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

## **The Role of Personnel & Individual Health Care Plans**

The Head Teacher and SENDCo have overall responsibility to ensure that procedures are in place and followed whenever a school is notified that a pupil has a medical condition (see procedures below).

The SENDCo may delegate responsibility within staff team for Individual Health Care Plans and/or Medical Alerts, their development and use in supporting pupils at school with medical conditions.

Individual Health Care plans and/or Medical Alerts are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind and assess and manage risks to the child's education, health and social well-being and minimises disruption.



When deciding what information should be recorded on individual healthcare plans, the named personnel consider the following:

- 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 tests/exams, 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 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 child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## **Procedures for Handling and Administering Medicines**

### **Rationale**

As a school with a caring ethos, we want all our pupils to be happy, safe, fit and well. In order to achieve this, we believe a clear policy on the handling and administration of medicines in school is necessary to safeguard all of the pupils in our care.



Most medications can be given at home, with doses fitted in around the school day. However, occasionally, this may not be possible and so, as long as the guidance in this policy is adhered to, medication can be administered in school.

**Medicines will only be administered in school if it would be detrimental to a child's health or school attendance not to do so.**

**a) Medical Equipment:** It is the responsibility of all staff reporting to the office staff, to ensure that the first aid stocks are checked and replenished regularly and that all first aid equipment is maintained.

**b) Storage, administration and handling of Medicines:** For safety reasons, most medicines are stored safely in the locked medicine cabinet outside the school office. The exception to this is inhalers and insulin which are stored in the classrooms so they are easily accessible to the children as required. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.

Parents are asked to deliver any medication to school via the office so medication can be stored safely. Only medicines that have parental authorisation and are appropriately named are allowed in school.

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

**c) Parental Authorisation Forms: No child under 16 should be given prescription or non-prescription medicines without their parents written consent** (in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent, every effort should be made to encourage the child to involve their parents while respecting their right to confidentiality.)

Before medication can be given in school, parents must complete the appropriate '**Parental consent / Administration of Medicine in School' Form**, clearly indicating the name of medication and relevant dosage to be taken. These forms can be obtained from the school office.

All forms must be checked by authorised staff on a regular basis to ensure accuracy of information and expiry dates of medicines.

**d) Medicine Administration:** Staff dispense all oral medicine to children and supervise/support diabetic children administering their own insulin. Children with asthma are supported in their administration.

The date, time, medication and dose given is witnessed and signed on an '**Administration of Medicines Log**' which is personal to that child.



**e) Prescribed Medicines:** School will only accept prescribed medicines if they 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 to schools inside an insulin pen or pump, rather than in its original container).

**f) Non-prescribed Medicines:** Non-prescribed medicines will only be administered in school if it would be detrimental to a child's health or school attendance not to do so. Where at all possible these should be administered by the child's parent or nominated adult.

The appropriate '**Parental Agreement for School to Administer Medicine**' Form, clearly indicating the name of the medication and relevant dosage to be taken, must be completed by a parent before we will administer the medication. This must be sent in to school with the child.

The non-prescribed medicine will be kept securely in the School office. It is administered by the child and supervised with a trained member of staff recording the time and dose on an '**Administration of Medicine Log**' which is personal to that child. This is witnessed by an additional member of staff.

**g) Administration of Antibiotics:** The administration of antibiotics in school will be permitted only if the recommended dosage is four or more times per day. A prescribed dosage of 3 times per day is usually taken at home before school, after school and at bedtime.

**h) Monitoring of Administration of Medicines:** When a child receives medication in school, details are to be recorded on an '**Administration of Medicines**' form which will be stored with the child's Health Care Plan/Parental Consent Form. A First Aider will sign the form following administration and a witness will counter sign.

**i) Children managing their own medical needs:**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within Individual Healthcare Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.

Children who can take their medicines themselves or manage procedures still require an appropriate level of supervision. If it is not appropriate for a child to self-manage, 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 follow the procedure agreed in the Individual Healthcare Plan. Parents should be informed so that alternative options can be considered.

**j) Qualified First Aid Staff:**

First Aid staff must hold the appropriate up-to-date Health and Safety at Work Certificate and should attend renewal courses as appropriate. A list of First Aid trained staff is available in the school office. The list comprises of staff first aid trained across the school



and the nature of their accreditation.

### **k) Educational Visits:**

A portable First-Aid kit and individual pupil medicines must be taken on all educational visits. This is the only time medication will be allowed outside the designated storage area for medicines in school. On such visits, medicines are to be transported and administered by a designated member of staff (see Educational Visits Policy and relevant authorised Risk Assessments for each visit).

### **l) Unacceptable Practice when handling medicines in school:**

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

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

Policy written in January 2023.

To be reviewed in January 2024.

Draft to be ratified at FGB 13.03.23.