



St Bede's RC Primary School

**Supporting Pupils with
Medical Conditions**

Policy

March 2020

The purpose of this policy is to ensure that the best practice is followed in school and all staff are familiar with the procedures St Bede's RC Primary has in place to meet the duty of care we have for all our pupils, present and in the future.

St Bede's RC Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014

The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities, also including those pupils with medical conditions.

The Special Educational Needs and Disabilities Act of 2000 states the importance of providing effective learning opportunities for all pupils and offers key principles for inclusion. These principals include those related to overcoming barriers to learning which takes account of those with medical needs. Pupils with special medical needs have the same right of admission to our school and cannot be excluded on medical grounds alone.

Administering medication within school is a voluntary role and staff carrying out this role will have successfully completed the course 'Administration of Medication in Schools', so that they understand the legislation and guidelines around medical issues. In addition, specialised training e.g. the use of epi pen, inhaler etc, will also be completed by the staff.

The staff currently trained are known as Identified Persons (IP) for administering medication within the school, and are displayed in the School Office.

The Headteacher accepts the responsibility for the supervision and administration of medicines and is supported by 7 IPs.

N.B. Early years settings should continue to apply the Statutory Framework for Early Years foundation Stage.

Signed by:

Head Teacher		Date:
Chair of Governors		Date:

To be reviewed September 2021

Key roles and responsibilities

a) The Local Authority (LA) is responsible for:

- 1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- 2) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- 3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Body of St Bede's RC Primary School is responsible for:

- 1) Ensuring arrangements are in place to support pupils with medical conditions.
- 2) Ensuring the policy is developed collaboratively across services clearly identifies roles and responsibilities and is implemented effectively.
- 3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- 4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- 5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- 6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- 7) Ensuring written records are kept of, any and all, medicines administered to pupils.
- 8) Ensuring the policy sets out procedures in place for emergency situations.
- 9) Ensuring the level of insurance in place reflects the level of risk.
- 10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

c) The Head teacher is responsible for:

- 1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- 2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of **St Bede's RC Primary School**.
- 3) Liaising with healthcare professionals regarding the training required for staff.
- 4) Identifying staff who need to be aware of a child's medical condition.
- 5) Developing Individual Healthcare Plans (IHPs).
- 6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- 7) If necessary, facilitating the recruitment of staff for delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- 8) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 9) Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- 10) Ensuring confidentiality and data protection
- 11) Assigning appropriate accommodation for medical treatment/ care
- 12) Considering the purchase of a defibrillator.

d) Staff members are responsible for:

- 1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A *first-aid certificate is not sufficient*.
- 2) Knowing where controlled drugs are stored and where the key is held.
- 3) Taking account of the needs of pupils with medical conditions in lessons.
- 4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- 5) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

e) School nurses are responsible for:

- 1) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- 2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- 3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- 4) Liaising locally with lead clinicians on appropriate support. Assisting the Head teacher in identifying training needs and providers of training.

f) Parents and carers are responsible for:

- 1) Keeping the school informed about any new medical condition or changes to their child/children's health.
- 2) Participating in the development and regular reviews of their child's IHP.
- 3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- 4) Providing the school with the prescribed medication their child requires and keeping it up to date including collecting leftover medicine.
- 5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

g) Pupils are responsible for:

- 1) Providing information on how their medical condition affects them.
- 2) Contributing to their IHP
- 3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and is agreed by parents.

2) Training of staff

- a) Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- b) The clinical lead for each training area/session will be named on each IHP.
- c) No staff member may administer prescription medicines to children with medical conditions or undertake any healthcare procedures without undergoing training

specific to the condition and deemed as proficient by a school nurse as per paragraph 28 in the Supporting pupils in schools with medical conditions guidance by the Department of Education

- d) School will keep a record of medical conditions supported, training undertaken and a list of teacher's proficient to undertake responsibilities under this policy. They will notify Health & Safety DCC, and Risk, Insurance & Governance Manager, DCC.

3) **Medical conditions register /list**

- a) Schools admissions forms will request information on pre-existing medical conditions. Parents must have an easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- b) A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class teacher should have an overview of the list for the pupils in their care, within easy access.
- c) Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- d) For pupils on the medical conditions list, key stage/class transition meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

4) **Individual Healthcare Plans (IHPs)**

It is recommended that IHP's are set up for any pupil who has a medical need, including pupils who require prescription medication within school, at home or any other child who has a medical condition, even if they do not need access to medication on a regular basis, e.g. nut allergy, eczema. A care plan is not required for children on short term medication e.g. antibiotics. All care plans are individually tailored to meet the child's needs.

- a) Where necessary (Head teachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Head teacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
- b) IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. ***P.S. However, in the case of conditions with***

potential life-threatening implications the information should be available clearly and accessible to everyone.

- c) IHPs will be reviewed annually or when a child's medical circumstances change, whichever is sooner.
- d) Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- e) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

5) Transport arrangements

- a) Where a pupil with an IHP is allocated school transport, the school should invite a member of DCC Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.
- b) For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- c) When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.
- d) Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

6) Education Health Needs (EHN) referrals

- a) All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.
- b) In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

7) Medicines

- a) Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- b) If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.
- c) No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances. (*residential trip, grandparents, childminder etc*)
- d) Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, the staff member acting in loco parentis will contact the child's parents as soon as possible to advise of the situation/outcome.
- e) No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- f) Prescription medicines MUST be in date, labelled with child's name and dosage, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. **Medicines which do not meet these criteria will not be administered.**
- g) All medications kept in school will be within their dates
- h) **A child 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 child for use is an offence.** Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable lockable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
- i) Medications/ inhalers will be stored in a lockable cupboard in the office; medicines, which need to be kept at a low temperature, will be placed in a Tupperware box and placed in the centre of the refrigerator in staff room.
- j) Any medications left over at the end of the course will be returned to the child's parents.
- k) A record of individual medication for a child will be kept in school. This will record the date the medication is received by the school, the date the medication will expire, the date new medication is requested and received in school. The return of the old/expired medication will also be recorded. This information will be signed for by both the staff member and parents/guardians.
- l) Medication which needs to be returned home on a daily basis, must be signed in and out each day by a staff member and parent/carer.
- m) Medication will always be returned to an adult.

- n) New medication will be requested by the school two months before the medication held in school is due to expire. This will allow for delays in obtaining the new prescriptions.
- o) Non- prescribed medication (i.e. Calpol) can be given to a child for a maximum of 2 days with written parental consent to ease the effects of colds, toothache etc. Should the administration of medication be requested for a longer period, parents would be referred to the child's GP for medical assessment. Non- prescribed medication will only be extended with written notification from the GP.
- p) Written records will be kept of all medication administered to children. This will include: date, time, dosage, and signatures of the staff members who administer and witness the administration of the medication.
- q) Pupils will never be prevented from accessing their prescribed medications under the supervision of staff.
- r) Emergency salbutamol inhaler kits will be kept voluntarily by school.
- s) Spacers for inhalers must be washed on a monthly basis in hot soapy water and allowed to drain.
- t) All medication taken from the school office must be signed out by the person taking it. Return of the medication must be signed back in and placed in the office medical cupboard in the correct drawer by the person returning it.
- u) General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room
- v) St Bede's RC Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- w) Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

8) Emergencies

- a) Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
- b) Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- c) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9) Day trips, residential visits and sporting activities

- a) Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays,

sports activities and not prevent them from doing so unless a clinician states it is not possible.

- b) To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.
- c) A school backpack will be used for the transportation of medication on a school trip. A cool bag (medical appropriate) will be used to transport medication which needs to be stored within a specific temperature range.

10) Food Allergies

Some pupils and staff may suffer from food allergies e.g. nuts. These can be very serious, which could lead to anaphylactic shock, which is life threatening. Other pupils may also have dietary needs because of a medical condition. The child's parent/carer must inform the school of any allergy or dietary requirement.

Should your child require a school meal, requests will be passed to Taylor Shaw together with supporting evidence from a doctor or dietician. A special diet will be arranged and the cook in charge will be trained on the child's needs and take appropriate action. A photograph of the child and their allergy will be made available to the kitchen staff for identification purposes.

A risk assessment should be undertaken for each child at risk, and actions put in place to minimise the risk as much as possible. Emergency medication if required must accompany each child in the dining area. Supervisors on duty in the dinner hall must be trained to administer treatments e.g. epi pen.

Some floor polishes and soap can contain nut products. Non-nut products are available to replace these. The caretaker will check the cleaning products used in school.

11) Avoiding unacceptable practice

Each case will be judged individually but in general, the following is not considered acceptable.

The following behaviour is unacceptable in St Bede's RC Primary School:

- a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- b) Assuming that pupils with the same condition require the same treatment.
- c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- d) Sending pupils home frequently or preventing them from taking part in activities at school
- e) Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.

- f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- g) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- h) Creating barriers to children participating in school life, including school trips.
- i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

12) Insurance

- d) Teachers who undertake responsibilities within this policy will be assured by the Head Teacher that are covered by the LA/school's insurance.
- e) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

13) Complaints

- f) All complaints should be raised with the school in the first instance.
- g) The details of how to make a formal complaint can be found in the School Complaints Policy.

14) Definitions

- h) 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- i) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being 'unwell' and common childhood diseases are not covered.*
- j) 'Medication' is defined as any prescribed or over the counter treatment.
- k) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- l) A 'staff member' is defined as any member of staff employed at St Bede's RC Primary School.