Supporting pupils with medical conditions policy

Written September 2023

To be reviewed 2025

Introduction

Marshlands 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 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.

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers 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 Stacey Tang

2. Legislation and statutory responsibilities

Marshlands Primary School takes account of all statutory guidance, considers it carefully and makes a full effort to comply. As a school we are also aware that OFSTED places a clear emphasis on meeting the needs of pupils with Special Educational Needs and Disabilities (SEND), including pupils with medical conditions. This policy has therefore been developed in line with the following statutory guidance:

- Section 100 of the Children and Families Act 2014: this statutory duty came into force 1st September 2014 and places a duty on Governing Boards to make arrangements for supporting pupils in school with medical conditions;
- Department for Education's (DfE) statutory guidance "Supporting Pupils at School with Medical Conditions";
- Part 3 of the Children and Families Act 2014: in relation to pupils with medical conditions that require Education Health Care Plans (EHC) so ensuring compliance with the SEND Code of Practice.

Marshlands Primary School also uses and refers to the "Medical Conditions at School: Management Resource Pack" (published jointly by the NHS and East Riding of Yorkshire Council) as part of the school's daily and operational management of medical needs in school.

3. Roles and responsibilities

3.1 The governing board

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

3.2 The headteacher

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

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 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.

3.4 Parents/carers

Parents/carers 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

3.5 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.

3.6 School nurses and other healthcare professionals

Our 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.

4. 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/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

We aim to identify children with medical needs on entry to the school by working in partnership with parents/carers. The LA's admission form will request information on pre-existing medical conditions. Marshlands Primary also requires parents/carers to complete a "Consent and Information Form" which asks for medical information. Healthcare Professionals will also notify the school when a child has been identified as requiring support in school due to a medical condition. This may be at any time in their school career.
The parents of children that require a Health Care Plan (including the use of inhalers and auto-injectors) will be asked to complete the relevant medical forms. These forms are held by the office and the lunchtime Medical Assistant and are the templates provided in the "Medical Conditions at School: Management Resource Pack". A meeting may be required to discuss a child's medical conditions in more detail.
If a child's condition develops or changes during the school year, parents must inform the Office Staff of the change in circumstances so that school records may be updated.

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.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

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/carers 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/carers 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 special educational needs (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 board 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/carers 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/carer or 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

7. Managing medicines

Appendix 2 lists the checks that office staff will undertake prior to accepting prescribed medication into school.

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents/carers' written consent
- The first dose of any new medication must be taken at home, to safeguard against any allergic reactions.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Consent to administer medicines

- 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, this includes those prescribed three times a day – before school, after school and bedtime;
- If this is not possible i.e. medicine is prescribed four times a day or younger children who go to bed early, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent form in black ink for the school to administer medicine;
- Parents/Carers are asked to come to the school office in the morning, once gates open, to complete forms. This should then be clarified with parents, to ensure correct understanding.
- In case of an allergic reaction, the first dose of any new prescription must be taken at home;
- Medicines must be handed in at the school office by an adult and then collected by an adult at the end of the day.
- Under no circumstances will medicines be given to children to take home. It is the parents/carers responsibility to deliver and collect medicine from school;
- No child will be given any prescription medicines without written parental consent.

No child will be given medication containing aspirin without a doctor's prescription;

- Medicine will not be administered without first checking maximum dosages and when the last dose was administered;
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions.
- If there is a change to dosage, the pharmacist must issue a new prescription label and parents must complete a new Consent to Administer form;
- Consent to administer medicines must always be written: it should not be obtained over the phone, unless in an emergency.

7.2 STORAGE OF MEDICATION

- A maximum of four weeks' supply of the medication may be provided to the school at one time;
- 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. Marshlands Primary School keeps all controlled drugs that have been prescribed for a pupil securely . Controlled drugs should be easily accessible in an emergency;
- Medicines will be stored securely in the school office or fridge (if needed). Children and staff will know where their medicines are at all times and be able to access them immediately. For ease of access, pupils in FSU have their medication stored securely in the FSU unit.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. This is particularly important when outside of school e.g. on school trips;
- Emergency inhalers and adrenalin auto-injectors are kept in the office. Emergency salbutamol inhaler and adrenalin auto-injector kits will be kept voluntarily by school.
- Any medicines left over at the end of the course, or those that have passed their expiry date, will be returned to the child's parents for disposal. Sharp boxes should always be used for the disposal of needles. Parents/carers should provide these via the GP or paediatrician;
- Pupils will never be prevented from accessing their medication. Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication .

7.3 Administering medicines

- Marshlands Primary School cannot be held responsible for side effects that occur when medication is taken correctly;
- Only one member of staff should be responsible for administering medicines so to avoid the risk of double dosing. However, backup cover should be arranged in the event of the designated member of staff being away;
- Staff will not force a pupil to take their medication. If the pupil refuses to comply with their health procedure the resulting actions will be clearly written into the IHP which will include informing parents as soon as possible. If refusal to take medication results in an emergency, the school's emergency procedures should be followed;
- Medicines should only be administered by staff that have undertaken the relevant training or a trained first aider.
- Medicines should be administered in a quiet area where staff can concentrate on ensuring the dose is administered correctly. Good practice would be two members of staff present so that administration can be checked eg correct dose administered.
- Any member of staff giving medicine to a child should check: child's name; prescribed dose; expiry date; any written instructions. The medicine log (either short- or long-term) should then be completed; If there is any doubt about the dosage or procedure, staff must not administer the medicine but seek guidance from the parent/carer or a health professional

7.4 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.5 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

7.6 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher / SENDco. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

General information about medical conditions and emergencies (ie allergies, medical conditions) are posted in secure locations around the school for staff to access..

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

Written records will be kept of any medication administered to children including:

- The name of the child and their class;
- The name of the medication and its expiry date;
- The dose given: quantity, timing and name of person administering it;
- it is good practice not to administer any medication before 12.30pm so to ensure there has been a minimum of 4 hours between doses.

Appendix 3 highlights the records kept.

12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

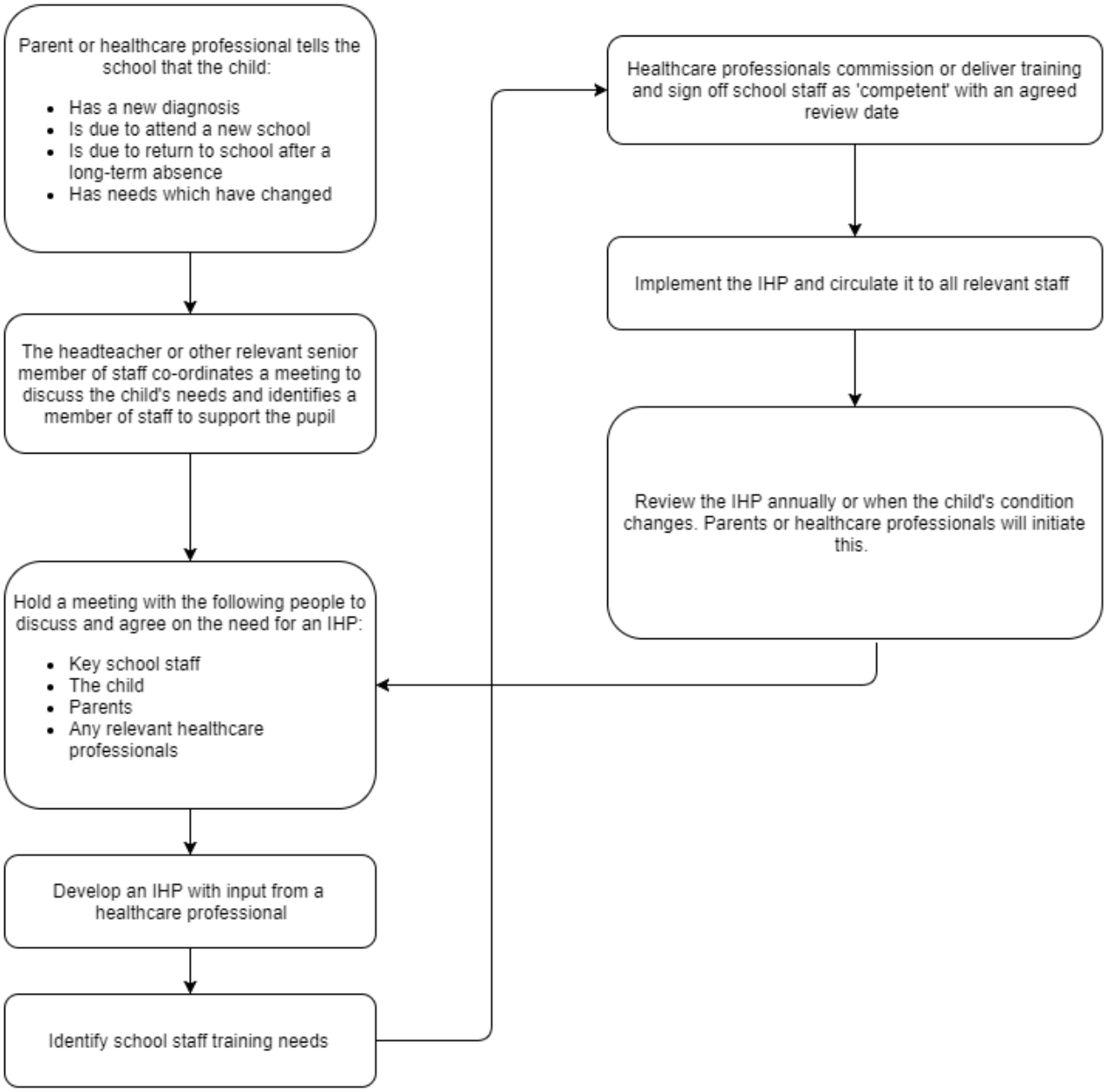
This policy will be reviewed and approved by the governing board every 2 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Initial Check: Can we administer this medicine?

1) Is the medicine prescribed and if so what is the date of the prescription?

   We will only administer non-prescription medications, at the request of parents and if doing so aids the pupil in attend school. Prescriptions must be current and in the name of the child to whom they are being administered to.

2) Are 4 doses needed in a day?

   We usually only administer medicines if 4 or more doses are required in the day. When only 3 doses are needed parents should be asked to dispense before and after school. Exceptions may be made for small children who go to bed early.

3) Has the child already had their first dose of this medicine?

   Children must have their first dose of any new medicine at home. This is to ensure that any severe reaction is experienced at home with those with parental responsibility.

4) Is the medicine in its original container with the Patient Information Leaflet?

   Medicines must be in their original container.

Appendix 3 Record sheet

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your child their prescribed medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of Child	
Class	
Date of birth	
Medical diagnosis or condition	

MEDICATION INFORMATION

Names and types of medications (as described on the container)

Name of medication	
Type – tablets / liquid / drops	
Dosage amount and time to be given	
Any other instructions	
Expiry date of medication	
Non prescribed/ over the counter medicine. Has this medicine been administered without adverse effect in the past?	YES / NO - please delete as appropriate

CONTACT DETAILS

Contact name	
Daytime telephone/mobile	

I give consent for school staff to administer the above mentioned prescribed medication(s) to my child.

I accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school in writing of any changes in my child's condition/medication.

Parent/guardian signature	Date

	Week commencing…….				
	Monday	Tuesday	Wednesday	Thursday	Friday
Time given					
Dose given					
Staff Initials					