



Supporting Pupils at School with Medical Conditions: Policy and Guidance

To be read in conjunction with:

Supporting Pupils at School with Medical Conditions

In accordance with DfE Statutory guidance for governing bodies - September 2014

This policy is updated annually



**Supported and recommended by Hampshire
Healthy Schools Team**



Key Roles & Responsibilities

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body is responsible for:

- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.
- Ensuring that sufficient staff have received suitable training and are competent before they take on any responsibility to support children with medical conditions.
- Ensuring that school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher is responsible for:

- Ensuring that the school's policy is developed effectively with partners.
- Ensuring that all staff who need to know are aware of the child's conditions.
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all Individual Health Care Plans (IHCP).
- Ensuring that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Ensure that Outside Agencies are contacted in the case of any child who has a medical condition that require support at school but who has not yet been brought to their attention.

Teachers and Support Staff are responsible for:

- Taking into account the needs of a child with medical conditions.
- Knowing what to do and respond accordingly when they become aware that a child with medical condition needs help. (Whilst administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical needs. This may include being asked to administer medicines although cannot be required to do so.)

The School Link Nurse is responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school.
- Supporting school on implementing an IHCP; giving training and guidance as appropriate.

Local Arrangements

Identifying children with health conditions

Statutory Requirement: The governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use induction paperwork and ongoing dialogue with parents to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school in order to support them.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual health care plans (IHCP)

Statutory Requirement: The governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.

We recognise that Individual Healthcare Plans (IHCP) are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the School to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The School will work in partnership with the parents/carer, and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the IHCP.

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

Statutory Requirement: The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.

Statutory Requirement: When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- The medical condition and needs.
- Daily care
- Emergency actions
- Staff trained to support
- Family contact; GP number etc.
- Involving the parents in completing the IHCP (start of each academic year.)

Staff training

Statutory Requirement: The governing body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any IHCP).

All new staff will be inducted on the policy when they join the school through the Induction Process.

All staff will be provided awareness training on the school's policy for Supporting Children with Medical Conditions which will include what their role is in implementing the policy.

Nominated staff will be provided with specific training as appropriate to the needs of the children in their care. This training will be carried out following the review of the policy.

Awareness and understanding of the school's policy will be provided to staff during a staff meeting or Inservice Day as part of the school's calendar.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff Training Record' will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

The child's role

Statutory Requirement: The governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their IHCP. The IHCP will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their IHCP.

Managing medicines on School Premises

Statutory Requirement: The governing body will ensure that the school's policy is clear about the procedures to be followed for managing medicines.

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the School is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used at this school is 'The Children's Services Medication Tracking Form.'

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We 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, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Children who are able to use their own inhalers themselves are encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (Where the school have concerns guidance will be sought from the School Nurse).

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics

- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication i.e. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored in a lockable cupboard, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

In line with county procedure, any contaminated sharps will be stored in a 'sharps' box in a lockable cupboard in the school office.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips. During an emergency evacuation of the building e.g. during a fire drill, all emergency medications are taken by staff to the assembly point.

Where medicines need to be refrigerated, they will be stored in the staff refrigerator in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines.

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 and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through Cannon who will remove them from site when the medical bin is collected.

Medical Accommodation

The school offices or reception area will be used for all medical administration/treatment purposes.

Record keeping

Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children.

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any perceived side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures

Statutory Requirement: The governing body will ensure that the school's policy sets out what should happen in an emergency situation. The school will follow procedures set out on Template F, Appendix D.

Where a child has an IHCP, this will clearly define what constitutes an emergency and provide a process to follow. Staff will be made aware of the emergency symptoms and procedures of children in their class. A list of all children with medical needs will be located in the staff room, all class registers and also the lunchtime communication book. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, medicines, IHCP and documentation that the school holds).

Day trips/off site activities

Statutory Requirement: The governing body should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Other issues

Staff members appointed as first aiders will be trained in the use of CPR.

Asthma inhalers – once regulations have changed, we will hold asthma inhalers for emergency use.

Unacceptable practice

Statutory Requirement: The governing body will ensure that the school's policy is explicit about what practice is not acceptable.

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, 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 IHCP;
- if the child becomes ill, send them to the school office or medical room 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 children participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child.

Liability and Indemnity

Statutory Requirement: The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council's is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's Complaints Procedure.

Signature of Responsible Manager/Headteacher:	
Date:	January 2024

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p>Policy/Procedures</p> <p>Lack of policy/procedures</p> <p>Lack of clarity and staff awareness of policy and procedures</p> <p>Failure to follow policy/procedures</p>	<p>Children with medical needs.</p>	<p>Local administration of medicines policy documented for premises</p> <p>Medical needs of children explained at induction and staff updated as required</p> <p>Investigation procedure in place in the event of failure e.g. refresher training, disciplinary procedures or review of policy</p>	<p>Ensure that this is included in induction process (medical needs sheet)</p>	<p>HT</p>	<p>When policy introduced to staff.</p>	

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p>Training</p> <p>Lack of awareness training to safely administer medicines e.g. asthmas, epi-pen etc.</p> <p>Lack of awareness training in control and storage of medication</p> <p>Lack of specific awareness training to meet individual needs of children on the premises</p>	Children with medical needs.	<p>Periodic awareness training provided for medical conditions such as asthma or epi-pen etc. by a competent person e.g. school nurse or other medical professional</p> <p>Induction awareness training on local storage procedures and periodic refresher information provided (annually) to relevant staff e.g. policy/procedures</p> <p>Questionnaire (provided by School Nursing Team) to be completed by parents/guardian for pupils on admission to school to ensure medical needs are identified</p> <p>Periodic training provided for specific medical conditions by competent person e.g. school nurse or other medical professional</p>	<p>Regularly update staff regarding changes in medical information for all children and staff members.</p> <p>Arrange training as appropriate to needs of children in school</p>	<p>HT</p> <p>HT</p>	<p>As necessary</p> <p>Annual</p>	

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p><u>Administration</u></p> <p>Incorrect dosage given</p> <p>Incorrect pupil given medication</p> <p>Out of date medication administered</p>	Children requiring medicine	<p>Medication to be provided in the original container/labelled with the name of the appropriate pupil and dose required</p> <p>Local procedure for checking name and dosage on medication prior to administration</p> <p>Part of local procedure should be to review expiry date prior to administering medication</p>	Ensure that medicines are stored and checked regularly.	HT	Termly basis	
<p><u>Controlled Drugs</u></p> <p>Any specific procedures</p>		Only trained staff to administer medication	Attend initial training followed by periodic training as required.	Appropriate staff to be identified at the time of training	As required	

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p><u>Storage</u></p> <p>No locked cabinet or room in use/available prescribed medicines and controlled drugs not locked away e.g. stored in pigeonholes</p> <p>No secure refrigerator available/in use</p> <p>Medicines not in original containers or clearly labelled</p> <p>Emergency medicines locked away</p>		<p>Locked cabinet (not easily removable) or lockable room for use of storing all medication</p> <p>A normal refrigerator is used and medicine is stored in a separate sealed container and clearly labelled</p> <p>Medicines to be provided in the original container labelled with the name of the appropriate pupil</p> <p>All emergency medicines (asthma inhalers, epi-pens etc.) readily available and not locked away.</p>	Regular checks			

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p>Consent</p> <p>Lack of parents' consent</p> <p>Inappropriate person providing consent</p> <p>Limited information on consent form (leading to lack of clarity)</p> <p>Formal consent forms not used</p>	<p>Children with medical needs</p>	<p>Parental consent forms to be completed using standard template, provided by department and fully completed by a parent or guardian of child only, providing all relevant information requested</p>	<p>Check IHCPs at least annually or when there is a change in the level of need.</p>	<p>Office staff and HT</p>	<p>At least annually</p>	

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
<p><u>Health Care Plans</u></p> <p>School unaware that child has health issues requiring monitoring in school</p> <p>No health care plans in place</p> <p>Lack of involvement of family and health care professionals</p> <p>Lack of awareness of health care plan by relevant staff</p>	<p>Children with medical needs.</p>	<p>Process in place for identifying a child who has health issues that require monitoring in school i.e. identifying Children with Health Conditions questionnaire</p> <p>An IHCP must be devised when required in conjunction with appropriate medical practitioner, parents, guardian and Headteacher using standard forms provided by department</p> <p>IHCPs to be provided to all relevant staff</p>	<p>Ensure that we follow up medical needs as identified on indication paperwork for YR and any child who is admitted to school mid-year if parents have indicated that their child has a medical need on the initial enrolment form.</p>	<p>HT/Office staff</p>	<p>When required</p>	

Standard Risk Assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to manage this risk?	Action by whom?	Action by when?	Done
		Reminder system in place for informing parents of their responsibility of ensuring medication is not expired e.g. newsletter		HT		
<u>Disposal of Medication</u> Medication not disposed of responsibly		Parents' responsibility to safely dispose of medication school has returned to parent		Office staff		

Standard Risk Assessment:

Action Plan for Risk Assessment

Action Plan to be completed based on the findings of risk assessment. The following actions are to be undertaken to reduce the risk level as far as reasonably practical and to ensure that all of the standard controls and local arrangements are in place.

No.	Hazard not fully controlled	Performance Status	Action required	Person Responsible	Target Date	Date of Completion
		Imminent				
		High				
		Medium				
		Low				
Very low						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Signature of Responsible Manager.....

Date.....

