



Supporting Pupils with Medical Conditions

Mission Statement (5 Promises)		
Keep Everyone LEARNING	<p><i>Because God calls us to fullness of life in Christ we provide varied exciting opportunities for children to achieve highly.</i></p> <p>God invites us to promise; to keep everyone learning</p>	
Keep Everyone INCLUDED	<p><i>Because God calls us to love our neighbour we respect and include each other and develop the skills of confidence, resilience, independence, empathy and understanding.</i></p> <p>God invites us to promise; to keep everyone included</p>	
Keep Everyone SAFE	<p><i>Because God shows us the best way to live we get to know ourselves and learn how to be safe.</i></p> <p>God invites us to promise; to keep everyone safe</p>	
Look After the World Around Us	<p><i>Because God calls us to live as faithful members of the community we respect the world around us.</i></p> <p>God invites us to promise; to look after the world around us</p>	
Be Honest	<p><i>Because God calls us to be like him we get to know ourselves and learn to respect the truth.</i></p> <p>God invites us to promise; to be honest</p>	
Approved by:	Approval Date:	Review Date:
SDC	10 th February 2020	Spring 2022

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, to make arrangements for supporting pupils at their school with medical conditions.

Supporting pupils with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.
December 2015

Our aim is to ensure that all children with medical conditions are properly supported in the school so that they can have full access to the curriculum, including visits and physical education. They should play a full and active role in school life, remain healthy and safe and achieve highly. It is our aim to ensure that parents/carers feel confident in our ability to provide effective support for medical conditions in the school.

“Medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours”

Supporting pupils with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.
December 2015

Some children with medical conditions may be disabled and where this is the case we will link our responsibilities to the Equality Act 2010. Some may have additional needs, a statement or an Education, Health and Care Plan which will address how best to meet their needs.

It is the parents/carers responsibility to inform the school about their child’s medical needs. It is expected that there would be a simple agreement between parents/carers and the school in relation to administering medicines or providing health care.

Parents/carers will be asked to complete an Administration of Medicines/Treatment Form (appendix i) which is available from the school office. Once completed these forms will be kept in the lockable cabinet in the reprographics room and must be updated by parents/carers and the beginning of each school year or as and when changes occur. If medicine is administered at school parents will be informed including the time given

All forms used by the School are in line with the templates provided by the Department for Education.

If a pupil/student is on constant, repeat prescription it is the responsibility of the parent/carer to ensure that there is always a stock in the school to avoid the danger of running out.

Parents/carers should also ensure that medication is in date. Parents are expected to dispose of out of date medication.

For ongoing and long term conditions an individual health care plan will be written in conjunction with parents and will be reviewed annually unless there are changes. (see appendix ii - model health care plan). This will be done before the child starts school where possible but no later than two weeks after the child starts, where this is mid-term or with a new diagnosis.

Individual Emergency plans will be written when appropriate for those children who may for medical reasons be unable to follow standard emergency procedures.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.

We will not administer medicine containing aspirin unless it is prescribed by a doctor.

The school will not administer medicines which are not prescribed by a medical professional, (this includes Calpol, Paracetamol, headache tablets, cough sweets or any medicines containing Ibuprofen), unless there are exceptional circumstances which have been discussed and agreed with parents/carers. It is expected that a note from the GP's surgery would be attached to the administration of medicines form to ensure that doses are correct.

Medicines are stored securely in a lockable cabinet / fridge with the exception of epipens and asthma inhalers which should be with the child in the child's classroom.

Medicines and devices such as asthma inhalers will be always readily available to children and not locked away. Those medicines needing cold storage will be stored in a specific locked fridge in the staff room. This is temperature controlled and checked daily if there are children requiring medicines and this temperature should be between 2 and 8 degrees.

Once medicines are administered a record is kept to include the time, dosage and staff responsible.

The school will consider what reasonable adjustments need to be made to enable children with medical needs to participate fully and safely on visits. This will be done in consultation with parents/carers. Appropriate risk assessments in line with local and national guidelines will be written.

When appropriate, children will be encouraged to be in control of managing their health needs. If a pupil/student refuses to take medicine staff will not force them to do so. Parents/carers will be contacted immediately to confirm alternative options.

If a pupil/student is accessing organised home to the school transport the school and parent/carers will ensure that escorts and drivers are aware of their medical needs.

We ensure that children will drink, eat or take toilet breaks whenever they need to in order to manage their medical condition effectively.

We will make reasonable adjustments to rewarding good attendance if the medical condition means that the pupil/student has to attend regular medical appointments. Any long term absence in relation to the medical condition will be managed effectively alongside parents/carers and support put in place if deemed appropriate to limit the impact on the pupil's/student's educational attainment and emotional wellbeing.

We constantly strive to ensure that we are implementing national and local guidance.

Children Unwell at School

If a child is unwell at school an assessment will be made by staff and senior leader informed and where needed parents / carers will be contacted by the office administrator. All emergency contacts will be tried and a note of this contact made. Where emergency contacts are unavailable a further assessment will be made and medical intervention sought. This may indicate the need to take the child to hospital. In the event of an emergency an ambulance will be called before contacting parents.

Allergies

Information and photographs of those children who suffer from an allergy are available to all staff.

All staff in school are trained to be able to administer adrenaline via an Epi Pen when necessary.

If any allergy relief medication has to be administered in cases of urgency, the staff in attendance will administer and the child will be taken to hospital. If a child needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or accompany them to hospital by ambulance.

Staff Training and Awareness

The school will ensure that all staff are provided with training in relation to different conditions and that specific staff will be provided with bespoke training for individual children needing high level care.

A record of relevant training will be kept in the lockable cabinet in the Health Care File.

We work alongside the school nursing services as much as possible now called the Health Families Team.

All staff will be made aware of those children with a medical condition. Class teachers are issued with lists informing them of any medical issues. Staff are able to access information electronically through secure sites as well as having access to files and documents.

Liaison with pre-school services and providers, primary and secondary schools as appropriate, will ensure that transition arrangements are robust as a pupil/student moves settings. This will allow for adequate preparation and understanding by staff in the setting the pupil/student is moving to.

Senior leaders will address cover issues due to staff absence when necessary.

Individual staffing needs and professional development in relation to supporting children with medical conditions will also be integrated in the school's appraisal system where appropriate.

Those Responsible

The Governing Body is responsible for ensuring that policy is put into practice and this will be reviewed at least annually. They will also support all staff involved by agreeing to them accessing training and by ensuring that they feel secure and comfortable that they are adhering to national and local guidance.

The Governing Body with the Headteacher will ensure that there are appropriate levels of insurance in place.

The Headteacher with support from the Senior Leadership Team and the Special Needs Co-ordinator (SENCO) are responsible for ensuring that the day to day implementation of the policy is carried out in a smooth way and is embedded in practice.

The Special Needs Co-ordinator (SENCO) will oversee the individual support plans (eg health care plans) especially when they are connected to a special educational need and/or disability. It will usually be the case that the SENCO chairs any relevant multi-agency meetings involving parents/carers.

The SENCO will support the Headteacher by organising and facilitating staff training.

The SENCO will monitor the academic progress and attendance of those children with a medical condition and will address concerns when necessary.

A named identified member of staff will be responsible for administering medicines (S Allsop) and this will be made clear to parents/carers. This will be coordinated by the office administrator (Rebecca Woods) Identified members of staff will have up to date first aid training and certificates.

The parent/carer is responsible for passing on medical information to the school and for playing an equal part in ensuring that the child's needs are met.

The SENCO will ensure that there is adequate consultation with the pupil/student and will encourage the child to be part of discussions about their medical needs and support as much as possible.

Children who can take their medicines themselves or manage procedures must accept that they may require an appropriate level of supervision.

Children should know where their medicines are at all times.

An Automated External Defibrillator is available in the office for adult and paediatric use.

Appropriate links to Government documentation are:

<http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

Appendix i

Parental Agreement for School to Administer Medicine

Please complete and return to the school office with your child's medicine.

Name of Child		Class	
Name of Medicine			
Medicine Expiry Date			
Dosage to be Given			
Time to be Given			
Duration (how many days)			
Any Other Instructions			
Received in School by		Date	

MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parents Signature _____ Date _____

Print Name _____

Contact Number _____



SCHOOL USE ONLY

Date Given	Time Given	Dose Given	Administered by	Checked by

For Health and Safety reasons, all medicines must be collected from the school office once the medicine is no longer required.

Returned to Parents by _____ Date _____ Parent

Receiving _____
(Office)

Appendix ii

Individual Healthcare Plan – This should be completed at the beginning of each academic year and when changes occur.

Pupil Name:	
Date of Birth:	
Year Group:	
Medical Condition/Primary Need:	
Date of this Plan:	Review Date:
Completed By:	
Teacher:	Parent:

The medical condition, its:

- triggers
- signs
- symptoms and
- treatments

The pupil's resulting needs, including medication:

- dose, and
- storage
- side-effects and
- time,
- facilities,
- equipment,
- testing,
- access to food and drink where this is used to manage their condition,
- dietary requirements
- environmental issues eg 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
- differentiated PE lessons
- adaptations in other curriculum areas eg, food/ design technology
- break times and lunch times

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:

- training needs
- expectations of their role and
- confirmation of proficiency to provide support for the child's medical condition from a healthcare professional
- cover arrangements for when they are unavailable;

Any medical professionals involved? (Occupational Therapist, School Nurse etc)

Who in the school needs to be aware of the child's condition and the support required:

- communication and storage of information

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
- other school activities outside of the normal school timetable
- risk assessments

Named link person

-

(where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition)

What to do in an emergency,

- whom to contact, and
- contingency arrangements

Personal Emergency Evacuation Plan in place?

- Yes
- Who will action this if not in place?

Administering medicines forms completed and signed if appropriate?

- Yes
- Who will action this if not completed?

Any other relevant information:

The content of this Plan is taken from: "Supporting pupils in school with Medical Conditions"
DfE April 2014

<p>Incorrect storage of medication</p>	<p>Staff and pupils may experience sickness, fever and unconsciousness as a result of ingesting medication which has been stored incorrectly.</p>	<p>Arrangements are in place for the safe storage of medication. This is locked and access is available (keys/codes) should they be required.</p> <p>Containers with medication are kept securely for use during off-site visits.</p> <p>Staff and pupils with asthma have immediate access to their inhalers (including off-site visits).</p>										
<p>Disposal of Medicines</p>	<p>Staff and pupils may experience sickness, fever and unconsciousness as a result of ingesting medication which is past its use-by date.</p>	<p>Arrangements are in place to ensure that out-of-date medication can be disposed of (e.g. local pharmacy).</p> <p>Parents/carers are required to remove any excess medication before holiday periods.</p>										
<p>Record Keeping</p>	<p>Poorly maintained records may result in the incorrect type/quantity of medication. Staff and pupils may experience ill-health effects.</p>	<p>Records are reviewed routinely to ensure accuracy.</p> <p>Where necessary records are countersigned.</p>										
<p>Short term administration of medicines (e.g. antibiotics)</p>	<p>Staff and pupils may experience ill-health if incorrect/no information is provided about how to administer a new/short term medicine.</p>	<p>Consideration is given as to whether medication can be administered before or after the school day.</p> <p>When medication is to be administered during the school day written instructions are provided for their administration.</p>										

Consider if any additional hazards are created and control measures are required if this activity is undertaken in non-routine or emergency conditions		Review Date (<i>Step 5</i>) :	
Assessors Signature:	Date:	Authorised By:	Date:

Potential Severity of Harm	High (e.g. death or paralysis, long term serious ill health)	Medium	High	High
	Medium (an injury requiring further medical assistance or is a RIDDOR incident)	Low	Medium	High
	Low (minor injuries requiring first aid)	Low	Low	Medium
	Low (The event is unlikely to happen)	Medium (It is fairly likely it will happen)	High (It is likely to happen)	
	Likelihood of Harm Occurring			

Risk Definitions	
Low	Controls are adequate, no further action required, but ensure controls are monitored and any changes reassessed.
Medium	Consideration should be given as to whether the risks can be reduced using the hierarchy of control measures. Risk reduction measures should be implemented within a defined time periods. Arrangements should be made to ensure that the controls are maintained and monitored for adequacy.
High	Substantial improvements should be made to reduce the level to an acceptable level. Risk reduction measures should be implemented urgently with a defined period. Consider suspending or restricting the activity, or applying interim risks controls. Activities in this category must have a written method statement/safe system of work and arrangements must be made to ensure that the controls are maintained and monitored for adequacy.