



# **SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

**Date Approved by Board – 18 September 2018**

**Next Review Date – September 2020**

**Responsible Officer – Governance & Policy Manager**

## **1. Statement of Intent**

The Nicholas Postgate Catholic Academy Trust 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 updated 11th December 2015 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014 <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

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

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.

<https://www.gov.uk/government/publications/send-code-of-practice-0>

### **Key roles and responsibilities:**

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

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions. Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- 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 Local Governing Body (LGB) of **INSERT SCHOOL NAME** School is responsible for:**

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- 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.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- 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.
- 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.
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the Trust's Complaints Policy.

### **The Head teacher is responsible for:**

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/ care
- Considering the purchase of a defibrillator (this is encouraged by the DfE but is not mandatory).

### **Staff members are responsible for:**

- 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.
- Knowing where controlled drugs are stored and where the key is held. Taking account of the needs of pupils with medical conditions in lessons.
- 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
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

### **School nurses are responsible for:**

- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- 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.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP.
- Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support.
- Assisting the Head teacher in identifying training needs and providers of training.

### **Parents and carers are responsible for:**

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.

- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

### **Pupils are responsible for:**

- Providing information on how their medical condition affects them.
- Contributing to their IHP 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 agreed by parents.

### **Training of Staff**

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. The clinical lead for each training area/session will be named on each IHP.

- Schools admissions forms should request information on pre-existing medical conditions. Parents must have 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.
- A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.
- For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

### **Individual Healthcare Plans (IHPs)**

- 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.
- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. ***In the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.***
- If consent is sought from parents a photo and instructions may be displayed. IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- 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.
- 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

### **Severe Allergy**

There is a copy of the Life Threatening Allergy Policy in the staff kitchen, pupil medication information file. Any child in school who has a severe allergy will have an individual care plan and

an epi-pen in school. These are kept at key points in school and will be in a box, clearly labelled with the child's name. Each child will also have medical alert posters located around school so they are easily identifiable to staff, lunchtime supervisors, kitchen staff, supply teachers etc. Each child also has a Protocol document signed by the parent, the Head teacher, the School Nurse and any staff who have undergone the epi-pen training and have volunteered to administer the medication if it is needed.

Possible signs that a child is having an anaphylactic reaction are:

- Sudden swelling of the face, tongue, lips, neck and eyes
- Hoarse voice "lump in the throat", developing into loud pitched noisy breathing (which may stop altogether)
- Difficult, wheezy breathing, tight chest.
- Rapid weak pulse.
- Nausea, vomiting, stomach cramps, diarrhoea.
- Itchy skin
- Red, blotchy skin eruption.
- Anxiety – a feeling of 'impending doom'

What to do:

- Keep the conscious child sat up to help breathing and administer his/her epi-pen immediately.
- Inform the child's parents immediately.
- If the child does not have an epi-pen or the symptoms do not subside **dial 999**.

## Epilepsy

Each child who is identified as suffering from epilepsy will have medical alert posters located around school so they are easily identifiable to staff, lunchtime supervisors, kitchen staff, supply teachers etc. Each child will have an Individual Care Plan in the **delete as appropriate - main office, pupil medication information file and a copy is kept in the classroom medical bag**. This Care Plan identifies the level of support required for the child and the treatment/medication the child is receiving for his/her condition. If a child has a seizure in school:

- Only move if in danger of injury.
- Place in recovery position to maintain airway.
- Cushion head.
- Do not restrict movement.
- Let seizure run its course and talk gently to the child, reassuring him/her that they are ok.
- **Dial 999** for paramedic ambulance if seizure is longer than 5 minutes, or the child is having repeated seizures, or has no previous history of seizures.
- Contact the parent to take the child home to sleep.

## Asthma

Each child in school who suffers from asthma should have a completed Asthma Care Plan (APPENDIX 1), and at least one inhaler in school. All inhalers are kept in the child's classroom. The care plan, which is completed by the parent, will state the type of inhaler, dosage needed, when needed and if he/she uses a spacer for ease of administration, and whether he/she can administer it themselves.

If a child has an asthma attack in school:

- Sit the child down, leaning slightly forward.

- Allow the child to take his/her own inhaler, **do not** give someone else's unless instructed to do so by a professional.
- The child should be monitored for improvement every minute after using his/her inhaler.
- **Dial 999** if this is the child's first attack, the child has no inhaler or the inhaler has run out, the inhaler does not bring relief in 5 minutes or you are unsure of the severity of the attack.
- Telephone the child's parents.

## Administering Medication in School

- 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 prescribed four times a day, 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.
- No child will be given any prescription medicines without written parental consent except in exceptional circumstances.
- 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. Medicines which do not meet these criteria will not be administered.
- Controlled drugs should be easily accessible in an emergency.
- A member of staff, even one who is a qualified First Aider **does not** have to administer medicine to a child, this is done voluntarily. Every effort will be made to ensure a child has his/her medication at the correct time, however members of staff will not be held responsible if medication is missed. The member of staff will follow the guidance of the parental instructions on the appropriate form. All prescribed medicines **must** be clearly labelled with the child's name, and the dosage required. There are **two forms** available to parents to complete:
  - **Request for child to carry his/her own medicine** (APPENDIX 3) – this is for children who have inhalers in school and are able to administer it themselves.
  - **Parental Agreement for School to administer medicine** (APPENDIX 2)– this is for children who have medication kept in school all the time for use when needed such as:
    - Children with inhalers in school who need assistance to use them
    - Children requiring creams/ointments for skin conditions such as eczema
    - Children taking piriton/antihistamine for allergies such as hayfever
    - This is also for children requiring prescription medication for short periods of time such as antibiotics.
- If a parent sends prescription medication into school without a completed form, the parent needs to be contacted for permission before the child can be given the medicine, then a form sent home with the child to bring back the following day.
- A written note from a parent is sufficient for a child bringing calpol, throat lozengers, cough medicine or any other non-prescription pain relief medication.
- When a member of staff administers medication to a child this must be written on Form 6 (Record of medicines administered to all children) and signed.

## **Staff Indemnity**

In relation to Trust schools, the Trust fully indemnifies its employees against claims for alleged negligence, providing they are acting within the scope of their employment. For the purposes of indemnity the administration of medication falls within this definition and hence staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the Trust and not the employee will meet the costs of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent/guardian and the employer.

**Insert School Name and Logo**

---

---

Asthma Care Plan

Dear Parent/Carers,

Our records show that your child has Asthma. Could you please complete an Asthma Care Plan so that should the need arise we can treat your child in the appropriate way. This plan should be returned to school as soon as possible.

Name:.....

Address:.....

Date of birth:.....

Contact details:

First Contact:.....

Alternative Contact:.....

My child.....suffers from Asthma and at school takes..... puffs of Salbutamol inhaler ( blue in colour) 100mcg per puff for a cough, wheeze or breathlessness.

My child.....needs/does not need to take..... puffs of his/her inhaler 15 minutes before exercise and will have it with him/her on all school trips.

He/she does/does not uses a spacer to administer the dose of the inhaler

My child can administer the inhaler themselves.

OR

I give permission for a member of school staff to assist my child.

The inhaler will be administered following the steps listed below:

1. Speak calmly and encourage the child to sit up and encourage her/him to breathe slowly
2. Shake the inhaler
3. Slot the inhaler into the end of the spacer
4. Place the other end of the spacer in the mouth sealing lips around the mouth piece.
5. Press the canister
6. Encourage 5 big slow breaths in and out as slow as she/he can manage ,or 30 seconds per puff with mask on
7. Repeat from step 2 if more doses are needed
8. This medication should be effective within 5-10 minutes
9. Speak calmly and encourage the child to sit up and encourage her/him to breathe slowly.

10. If ..... needs her/ his inhaler ( 10 puffs) in a spacer more often than 4 hourly in school will contact parents to inform them.

At home .....takes other medication to try to control her/his asthma. These are listed below:

The expiry date for my child's ..... inhaler in school is.....

Please sign below to accept responsibility for the following;

I take full responsibility for checking my child's inhaler is in date and sending an up to date inhaler into school.

I will ensure the inhaler and spacer are clearly labelled with my child's name.

I give permission for a school representative to help in giving my child their inhaler if necessary.

Parent/ Carer:.....

Date:.....

**Insert School Name and Logo**

---

**PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE**

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

Name of Child:

Date of Birth:

Class:

Medical condition or illness:

**Medicine**

Name/type of medicine

Date dispensed:

Expiry date:

Dosage and method:

Times required:

Special precautions:

Are there any side effects that the school needs to know about?

Self administration

**Yes/No** (delete as appropriate)

Procedures to take in an emergency

**Emergency Contact Details**

Name:

Relationship to child:

Telephone No:

I understand that I must deliver the medicine personally to Mrs Day

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Insert School Name and Logo**

---

**REQUEST FOR CHILD TO CARRY HIS/HER OWN MEDICINE (INHALER)**

This form must be completed by parent/guardian

If staff have any concerns discuss this request with healthcare professionals

Name of Child:

Date of Birth:

Class:

Medical condition or illness:

**Medicine**

Name/type of medicine

Date dispensed:

Expiry date:

Dosage and method:

Times required:

Special precautions:

Are there any side effects that the school needs to know about?

Self administration

**Yes/No** (delete as appropriate)

Procedures to take in an emergency

**Emergency Contact Details**

Name:

Relationship to child:

Telephone No:

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Schools should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Any medications left over at the end of the course will be returned to the child's parents.

### **Day trips, residential visits and sporting activities**

- 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.
- 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



