



## MEDICINE AND SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

<b>Approved by:</b>	Finance and General Purposes	<b>Date:</b> 28 March 2024
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<b>Last reviewed on:</b>	March 2024
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<b>Next review due by:</b>	March 2025
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**This Policy is founded within our School ethos which provides a caring, friendly and safe environment for all members of our community.**

## **1.0 Introduction**

- 1.1 Schools have a responsibility for the health and safety of students in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of students with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all students at the School. This may mean making special arrangements for particular students who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.
- 1.2 Section 100 of The Children and Families Act 2014, from September 2014, places a duty on schools to arrange for children with medical conditions. Students with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of students have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.
- 1.3 The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the School with information. The School encourages self-administration of medication when possible.
- 1.4 This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our School website.

## **2.0 Definitions of Medical Conditions**

- 2.1 Students' medical needs may be broadly summarised as being of two types:
- [a] Short-term affecting their participation in school activities, which they are on a course of medication.
  - [b] Long-term potentially limiting their access to education and requiring extra care and support [deemed special medical needs].

## **3.0 Aims**

- 3.1 The School aims to:
- Assist parents in providing medical care for their children
  - Educate staff and children in respect of special medical needs
  - Adopt and implement a policy of Medication in Schools
  - Arrange training for volunteer staff to support individual pupils
  - Liaise as necessary with medical services in support of the individual pupil
  - Ensure access to full education if possible
  - Monitor and keep appropriate records.

## **4.0 Entitlement**

- 4.1 The School accepts that students with medical needs should be assisted if possible and that they have a right to the full education available to other students.
- 4.2 The School believes that students with medical needs should be enabled to have full attendance and receive necessary proper care and support.
- 4.3 The School accepts all employees have rights in relation to supporting students with medical needs as follows:
- Choose whether or not they are prepared to be involved
  - Receive appropriate training
  - Work to clear guidelines
  - Have concerns about legal liability
  - Bring to the attention of management any concern or matter relating to supporting students with medical needs.

## **5.0 Expectations**

- 5.1 It is expected that:
- Parents will be encouraged to cooperate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative
  - Where parents have asked the School to administer the medication for their child they must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The School will only administer medicines in which the dosage is required 4 times a day. The name of the pharmacist should be visible. School staff will not accept any medications not presented properly. Students should not bring in their own medicine. This should be brought into school by the parent
  - Employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately
  - The School will liaise with the School Health Service for advice about a student's special medical needs and will seek support from the relevant practitioners where necessary and in the interests of the student
  - Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the students. Any staff medicine is the responsibility of the individual concerned and not the school.

## **6.0 Role of Staff**

- 6.1 Some children with medical conditions may be disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a Education, Health and Care Plan [EHCP], which brings together health and social care needs, as well as their special educational provision. For children with SEND,

this guidance should be read in conjunction with the SEND Code of Practice and Offer.

6.2 If a child is deemed to have a long-term medical condition, the School will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The School, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

6.3 Staff must not give prescription medicines or undertake health care procedures without appropriate training [updated to reflect any Individual Health Care Plans]. At the School, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare Professionals to whom we have regular access will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication. [Annex G]

## **7.0 Procedures to be followed when Notification is received that a Student has a Medical Condition**

7.1 We will ensure that the correct procedures will be followed whenever we are notified that a student has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when student's needs change and arrangements for any staff training or support. For children starting at the School, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Heston Community School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

7.2 In arranging, the School will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The School will ensure that arrangements give parents/carers and students confidence in the School's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that students need. The School will ensure that arrangements are clear and unambiguous about the need to support actively students with medical conditions to participate in school trips and visits or in sporting activities, and not prevent them from doing so. The School will make arrangements for the inclusion of students in such activities with any

adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The School will make sure that no child with a medical condition is denied admission or prevented from attending the School because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that students' health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

- 7.3 The School does not have to wait for a formal diagnosis before providing support to students. In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by Assistant Headteacher [Inclusion]. Following the discussions an Individual Health Care Plan will be put in place.
- 7.4 Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the School should know what to do in general terms, such as informing a Teacher immediately if they think help is needed. If a child [regardless of whether they have an Individual Health Care Plan] needs to be taken to hospital, staff should stay with the child until the parent/carer arrives or accompany a child taken to hospital by ambulance.

## **8.0 Individual Healthcare Plans**

- 8.1 Individual Health Care Plans will be written and reviewed by the Assistant Headteacher [Inclusion] but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The Learning Coordinator and Tutor will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.
- 8.2 Individual Healthcare Plans will help to ensure that the School effectively supports students with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The School, Healthcare Professional and parents/carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.
- 8.2 Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within Plans will depend on the complexity of the child's condition and the

degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an EHC Plan, their SEND should be mentioned in their Individual Health Care Plan. Annex B&E shows a template for the Individual Health Care Plan and the information needed to be included. Individual Health Care Plans [and their Review] may be initiated, in consultation with the Parent/Carer, by a member of school staff or a Healthcare Professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional [usually the SENCO] with support from parents/carers 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. Students should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the Academy.

- 8.3 The School will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the School assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEND identified in a statement or EHC Plan, the Individual Health Care Plan should be linked to or become part of the EHC plan.
- 8.4 Annex B&E provides a template for the Individual Health Care Plan and each one must include:
- The medical condition, its triggers, signs, symptoms and treatments
  - The student'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/noisy conditions, travel time between lessons
  - Specific support for the student's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions
  - 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, their training needs, expectations of their role and confirmation of proficiency to provide support for the child'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 child'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 student 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 child can participate, e.g. risk assessments

- Where confidentiality issues are raised by the parents/carers or child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their Lead Clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.

## **9.0 The Child's Role in managing their own Medical Needs**

- 9.1 If it is deemed, after discussion with the parents/carers, that a child is competent to manage their own health needs and medicines, the School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.
- 9.2 Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. These will be stored in the cupboard in the Medical Room to ensure that the safeguarding of other children is not compromised. The School does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.
- 9.3 If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

## **10.0 Managing Medicines on the School Site**

- 10.1 The following are the procedures to be followed for managing medicines:
- Medicines should only be administered at the School when it would be detrimental to a child's health or school attendance not to do so
  - No child under 16 should be given prescription or non-prescription medicines without their parents'/carers' written consent
  - We will not administer non-prescription medicines to a child, if a parent/carer wishes a child to have the non-prescription medicine administered during the School Day, they will need to come to the School to administer it to their child
  - The School 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 inside an insulin pen or a pump, rather than in its original container
  - All medicines will be stored safely in the Medical Room. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility, which will be the Student Welfare Assistants
  - Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. These will be stored where both class teacher and

child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the School at all times

- During school trips, the first aid trained member of staff or member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the Academy should be noted. Annex C and Annex D outline these procedures. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

## **11.0 Unacceptable Practice**

11.1 Although School staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, 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/carers 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 their Individual Healthcare Plans
- If the child becomes ill, send them to the School Office or Student Welfare 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 students 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 the School to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the School is failing to support their child's medical needs
- 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/carers to accompany the child.

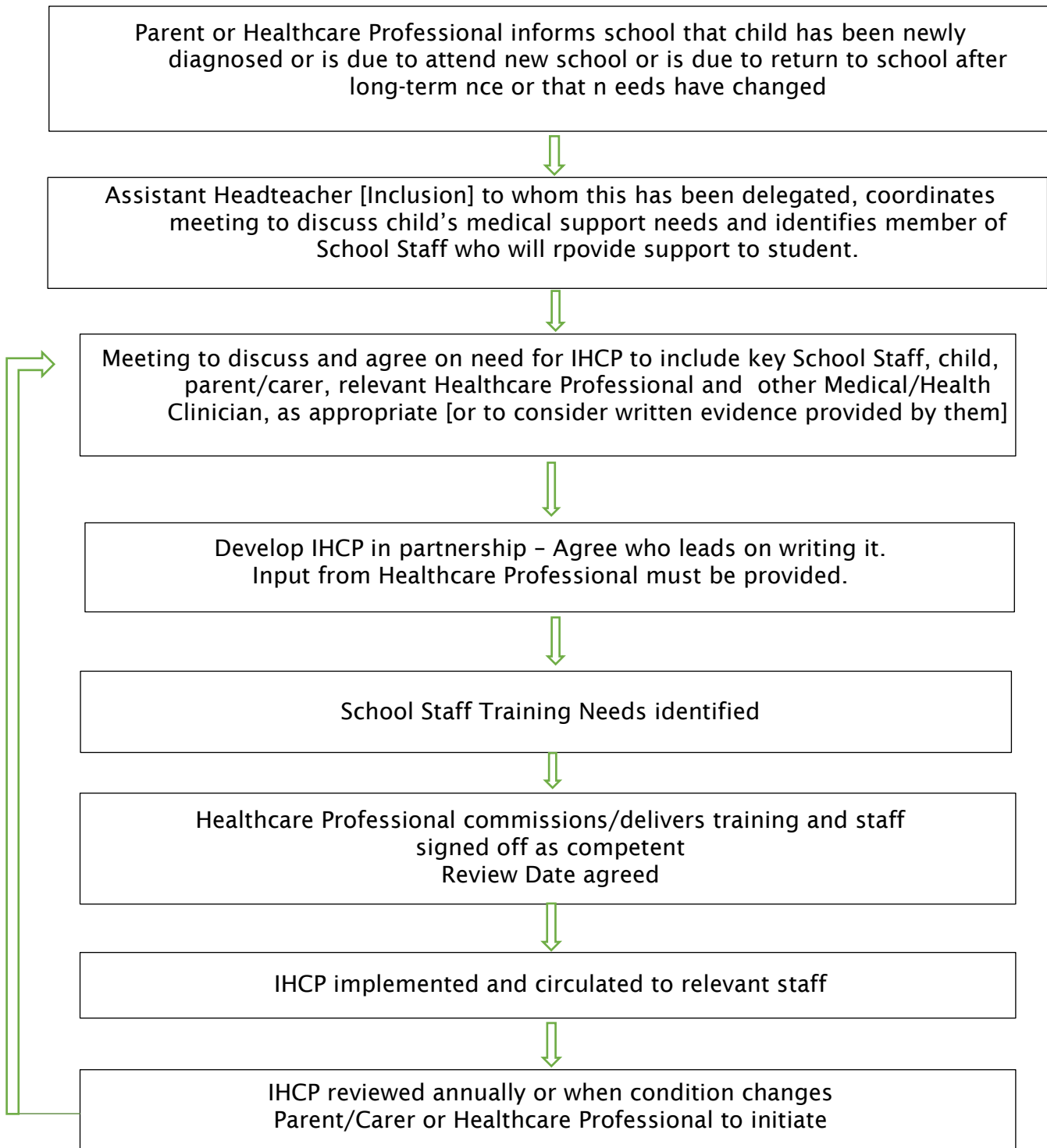
## **12.0 Policy into Practice**

12.1 There is a need for proper documentation at all stages when considering the issue of support for students with medical needs in school.



## Annex A

### Model Process for Developing Individual Health Care Plans



# Annex B

## Individual Health Care Plan



### Personal Details

Name of School	Heston Community School
Name	
Tutor Group	
Date of Birth	
Child's Address	
Medical Condition	
Communications	Parent to advise the school of any changes
Date	
Review Date	
Parent Signature	

### Family Contact Information

Parent/Carer 1	
Relationship	
Primary Number	
Home Number	
Mobile Number	
Parent/Carer 2	
Relationship	
Primary Number	
Home Number	
Mobile Number	
Parent/Carer 2	
Relationship	
Primary Number	

## GP Details

GP Name, Address, Tel Number	

## Clinic / Hospital Details

Clinic/Hospital	
Clinic/Hospital Details	

## Additional Information

Other information	PARENT TO UPDATE US OF CHANGES
Describe what constitutes an emergency and the action to take if this occurs	
Who is responsible in an emergency [State if different for off-site activities]?	-
Plan developed with	
Staff training needed/undertaken - who, what, when	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues.

Daily Care Requirements
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Specific support for the student's educational, social and emotional needs.
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**Arrangements for School Visits/Trips**

**How to administer**

**Who is responsible in an emergency [State if different for off-site activities]?**

**Form copied to:**

Sims

# Annex C

1 Basic Details 2 Registration 3 Addresses 4 Telephones and Email Addresses 5 Family/Home 6 Dietary 7 Medical 8 Ethnic/Cultural 9 Additional Information 10 Welfare 11 School History 12 Parental Consent 13 User Defined Fields

### 11 School History

Date of Leaving:  Reason for Leaving:

Destination After Leaving:

Destination Institution:

Destination Expected Start Date:  CMJ file sent or not required:  CML file sent or not required:

Grounds for Removal:

Previous Schools

School	Date of Arrival	Date of Leaving	Reason for Leaving	Enrolment Mode
Prestwich Arts College		15/09/2017		
Prestwich Arts College	06/06/2016	14/09/2017	Missing Pupil	

CTF Attendance

Year	School	Possible	Attended	Authorised	Unauthorised
2017	Prestwich Arts College	16	16	0	0
2016	Prestwich Arts College	378	356	12	10
2015	Prestwich Arts College	62	62	0	0

### 12 Parental Consent

Consent Type

- Use photograph - School Prosp...
- Use image on video or web cam
- Record image on video or webc...
- To appear in the media
- Copyright Permission
- Internet Access
- Photograph Student
- Sex Education

Comments:

### 13 User Defined Fields

EAL Stage:

Paracetamol:

**Links**

- Linked Documents
- Quick letter
- Data Collection Sheet
- Send Message
- Student Teacher View
- History
- Reports
- SEN
- Exclusions
- Behaviour Management
- Timetable
- Classes
- Attendance
- Assessment
- Examinations
- Courses
- Communication Log
- Student Curriculum

**Help**

Apps and Tools



## ANNEX E example [we also have one for general conditions, and Epi Pens] Health Care Plan for a Student with Asthma [NEW]

Student Name	
Date of Birth	
Parent/Guardian's Name	
Home Telephone number	
Mobile number	
Name of GP	GP Telephone Number

Does your child tell you when he/she needs medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child need help taking asthma medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child need medication before exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What triggers your child's asthma or makes it worse	

<p>I agree that my child will carry reliever medication with them at all times. I will also provide a spare inhaler which will be stored in the medical room.</p>
<p>Spare Inhaler provided   <input type="checkbox"/> Yes   <input type="checkbox"/> No          Expiry Date: _____</p>

<p>I agree that the information provided may be shared with relevant staff.</p>
<p>Parent Signature: _____</p>
<p>Date: _____</p>

Information for staff:  
 Please radio for a first aid trained member of staff if you are concerned about a child's condition.  
 An emergency is when any of the following happen:

- The reliever inhaler [usually blue] doesn't help
- Symptom's get worse [ coughing, breathlessness, wheezing, tightness of chest]
- The child is too breathless to speak
- **An ambulance should be called if the reliever inhaler does not work after 5-10mins.**

Continue to give reliever medication every few minutes until help arrives and inform the parents

Copy of Allergy Plan sent to Parents to complete

# Allergy Action Plan

**THIS CHILD HAS THE FOLLOWING ALLERGIES:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

**Emergency contact details:**

1) \_\_\_\_\_

2) \_\_\_\_\_

Child's Weight: \_\_\_\_\_ Kg

**Mild-moderate allergic reaction:**

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**ACTION:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: **CETIRIZINE 2.5mg**
- Phone parent/emergency contact (if vomited, can repeat dose)

**Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)**

Anaphylaxis may occur *without* skin symptoms: **ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY**

- AIRWAY:** Persistent cough, hoarse voice  
difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing,  
wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy  
suddenly sleepy, collapse, unconscious

**If ANY ONE (or more) of these signs are present:**

1. **Lie child flat:** (if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector** (eg. EpiPen) **without delay**
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

**After giving Adrenaline:**

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a 2<sup>nd</sup> adrenaline dose using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

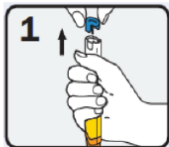
**PARENTAL CONSENT:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAls in schools.

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

(PRINT NAME)

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

**How to give EpiPen®**



Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

**Additional instructions:**

If wheezy, give adrenaline FIRST, then asthma reliever puffer (blue inhaler) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_



Date: 11 Sep, 2017



ANNEX F – all visits to medical are recorded on Sims including all medicine that his administered

Medical Conditions

Description	Information Received On
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New  
Open  
Delete

Medical Events

Description	Type	Date	Follow Up
BURN TO BODY...	VISIT MEDICAL...	17/11/2016	
STOMACH ACHE	VISIT MEDICAL...	21/09/2017	
STOMACH ACHE	VISIT MEDICAL...	22/09/2017	
STOMACH ACHE	VISIT MEDICAL...	25/09/2017	
STOMACH ACHE	VISIT MEDICAL...	05/10/2017	

New  
Open  
Delete

**8 Ethnic/Cultural**

## Annex G: Staff Training Record – Administration of Medicines

Name of School

Heston Community School

Name

Type of training received

Date of training completed

Training provided by

Profession and Title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's Signature: \_\_\_\_\_

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

**I confirm that I have received the training detailed above.**

Staff Signature: \_\_\_\_\_

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

Suggested Review Date: \_\_\_\_\_