



# Supporting Pupils at School with Medical Conditions & Administration of Medicines Policy **Hayward's Primary School**



Written by:	Devon County Council Model Policy with Hayward's additions.	Signed:
Approved by Governors:	November 2023	
Next review due by:	November 2024	

## **Supporting Pupils at School with Medical Conditions & Administration of Medicines Policy (ref. Adult Medical Conditions also)**

This policy needs to be read in conjunction with: *Supporting pupils at school with medical conditions*. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015. It also needs to be considered in line with the school's first aid policy, which can be found by clicking on the following link: [https://docs.google.com/document/d/1Vys\\_BhCaWXYdJJNQqgtJ37\\_EZbk4UcfW/edit?usp=sharing&oid=100688831810485218565&rtpof=true&sd=true](https://docs.google.com/document/d/1Vys_BhCaWXYdJJNQqgtJ37_EZbk4UcfW/edit?usp=sharing&oid=100688831810485218565&rtpof=true&sd=true)

### **RATIONALE**

The school has a duty under Section 100 of the Children and Families Act 2014 to make arrangements for supporting pupils at school with medical conditions. The governing body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. The governing body 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 governing body will ensure that arrangements give parents and pupils 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. They will ensure that staff are properly trained to provide the support that pupils need.

### **PURPOSE**

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission (see School Admissions Code 2012) or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governors do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

### **GENERAL GUIDELINES**

When school is notified that a child has a medical condition, procedures are in place to cover any transitional arrangements between schools and arrangements for any staff training or support. School does not have to wait for a formal diagnosis before providing support to a pupil. In cases where a pupil'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. A list of children who have medical or allergy needs is taken directly from the SIMs.net records within school.

An up-to-date list of children with medical needs is to be found:

- In the class first aid bag
- in the medical confidential file in the locked cupboard, in the school office
- in the first aid confidential file in a locked cupboard in the first aid room
- in the class profile folder kept in the teacher's lockable cupboard.

## **POINTS FOR CONSIDERATION**

- School does not assume that every child with the same condition requires the same treatment.
- School will not send children with medical conditions home frequently, or prevent them from staying for normal school activities, unless this is specified in their IHP.
- If a child becomes ill, they will not be sent to the school office or medical room unaccompanied.
- School will take into consideration hospital appointments when monitoring attendance.
- School does not prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- School will avoid making parents/carers feel obliged to attend school to administer medication or provide medical support to their child, including toileting issues. However this may be necessary in specific cases.
- No parent /carer will have to give up working because the school is failing to support their child's medical needs.
- School will not make a child's participation in any aspect of school life, including school trips, dependent on a parent accompanying them.

## **INDIVIDUAL HEALTHCARE PLANS**

Individual Healthcare Plans (IHP) will help school effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom (see Appendices A and B).

- Plans will be drawn up in partnership between school, parent / carers and a relevant healthcare professional e.g. school or specialist nurse. Pupils will be involved whenever appropriate.
- Plans will be reviewed at least annually or earlier if evidence presented shows the child's needs have changed.
- Where a child has a special educational need identified in an Educational Health and Care Plan (EHCP), the Individual Healthcare Plan (IHP) will be linked to, or become part of that EHCP.

## **Points considered when developing an IHP**

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting need, including: medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues (e.g. crowded corridors, travel time between lessons etc.).
- Specific support for the child's educational, social and emotional needs: 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. School will encourage the individual child to take an appropriate level of responsibility for their

medical condition depending on their age, level of understanding and complexity of the condition, to enable them to develop their independence.

- Who will provide this support, their training needs, and 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 or delegated person, for medication to be administered by a member of staff or self-administered by the child during school hours. See Appendix C for administration of medicine form – three forms and a letter.
- Separate arrangements or procedures for school trips or other school activities outside of the normal school timetable that will ensure that the child can participate. Risk assessments will detail these arrangements.
- Where confidentiality issues are raised by the parent / carer, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including who to contact and contingency arrangements.

## **ROLES AND RESPONSIBILITIES**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. School will work in partnership with healthcare professionals, social care professionals, local authorities, parents/carers and pupils.

**Governing Body** will ensure that the school makes arrangements to support children with medical conditions in school and ensure that a policy is developed and implemented. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

**Head teacher** will ensure that:

- the school's policy is developed and effectively implemented with partners
- all staff are aware of the policy and understand their role in its implementation
- all staff who need to know are aware of the child's condition
- there are sufficient trained numbers of staff available to implement the policy and deliver against all IHPs including in contingency and emergency situations
- co-ordination occurs between the school and the school nurse service.
- Parents / carers are provided with regular opportunities to update information (e.g. at parents evening)

**School Staff** may be asked to provide support to children with medical conditions, including administration of medicines (although they cannot be required to do so). They will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions.

**School Nurse.** Every school has access to school nursing services through the school nursing hub. They are responsible for:

- notifying the school when a child has been identified as having a medical condition which will require support in school. Ideally this should happen before the child starts school.

- liaising with lead clinicians locally on appropriate support for the child and associated staff training needs
- providing advice and liaising with staff on the implementation of a child's IHP

**Other Healthcare Professionals including GPs and Paediatricians** should notify the school nurse and or school when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

**Children** will be fully involved in discussions about their medical support needs and will contribute to, and comply with, their IHP as appropriate.

#### **Parents / carers**

- will provide the school with sufficient and up-to-date information about their child's medical needs
- will be involved in the development and review of their child's IHP
- will provide medicines and equipment and ensure they, or another nominated adult, are contactable at all times
- Parents will be responsible for making sure relevant medication is in date

#### **Local Authority**

The Local Authority should provide support, advice and guidance to support children with medical conditions to attend full time. Where children would not receive a suitable education at Hayward's Primary School, because of their health care needs, the LA has a duty to make other arrangements.

**Providers of Health Services** should co-operate with school in providing support, information, advice and guidance.

#### **STAFF TRAINING AND SUPPORT**

- The relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required and how this can be obtained. However school may wish to choose to arrange training and ensure this remains up-to-date
- Training will be sufficient to ensure that staff are competent and have confidence in their ability to support children. This includes an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. A record of the staff training will be kept (See Appendix D)
- Staff will not give prescription medicines or undertake healthcare procedures without appropriate training – the training will be updated to reflect any IHP
- A first-aid certificate does not constitute appropriate training in supporting children with medical needs. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine. School will have arrangements in place for whole-school awareness training regarding supporting children with medical conditions (e.g. non-pupil day, induction arrangements) to help ensure that all medical conditions affecting pupils in the school are understood fully; this includes preventative and emergency measures so that staff can recognise and

act quickly when a problem occurs. The child's family will be key in providing relevant information to school staff about how their child's needs can be met.

## **Pupils with asthma**

The school holds an emergency inhaler and spacer for the treatment of an asthma attack.

The medical team (Mrs Dixon and Ms Taylor) is responsible for ensuring that all staff are instructed on:

- the existence of this policy
- the symptoms of an asthma attack
- how to check the asthma register
- how to access the inhaler
- who are the designated staff and how to access their help

The medical team is responsible for ensuring that designated staff:

- Recognise the signs of an asthma attack and when emergency action is necessary
- Know how to administer inhalers through a spacer
- Make appropriate records of attacks

The medical team is responsible for:

- The storage, care and disposal of asthma medication.
- Ensuring that there has been written consent from parents for the administration of the emergency inhaler and spacer. The emergency inhaler/spacer will only be available for students who have been diagnosed with asthma and have been prescribed reliever inhaler AND for whom parental / carer consent has been given. This information shall be recorded in the student's IHCP plan.
- The supervision of administration of medication and for maintaining the asthma register.
- Ensuring parents / carers are informed in writing when the emergency inhaler/spacer has been used.

## **Students with anaphylaxis**

The school holds an emergency adrenaline auto-injector for the treatment of an anaphylaxis attack for pupils who have been diagnosed with anaphylaxis and prescribed an auto-injector.

The medical team is responsible for ensuring that all staff are instructed on:

- the symptoms of an anaphylaxis attack
- the existence of this policy
- how to check the pupil medical register
- how to access the auto-injector
- who are the designated staff and how to access their help

The medical team is responsible for ensuring that designated staff:

- Recognise the signs of an anaphylaxis attack and when emergency action is necessary
- Know how to administer the auto-injectors

- Make appropriate records of attacks

The medical team is responsible for:

- the storage, care and disposal of the adrenaline auto-injector.
- ensuring that there has been written consent from parents for the administration of the emergency auto-injector. The emergency auto-injector will only be available for students who have been diagnosed with anaphylaxis and have been prescribed an auto-injector AND for whom parental consent has been given. This information shall be recorded in the student's IHCP plan.
- the supervision of administration of medication and for maintaining the pupil medical register.
- ensuring parents / carers are informed when the auto-injector has been used.

### **THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

- The governing body will ensure that arrangements are made for children who are competent to manage their own health needs and medicines. This should be reflected in their IHP
- Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Some children may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents / carers will be informed when the medication has not been administered for this reason.

### **ADULTS WITH MEDICAL CONDITIONS IN SCHOOL**

- If an adult working in school has a medical condition, allergy or is taking medication which may have an impact on their working routines, the headteacher needs to be made aware of this.
- The adult must complete an individual healthcare plan and then give this to the headteacher.
- The adult must have a conversation with the headteacher to ascertain if they are safe to work in school.
- This IHP and information will be passed onto the Health and Safety Officer who will support and manage the adult's IHP. It will be treated with the utmost confidence and only passed to the relevant persons in school who would need to know the adult's condition and medical/emergency procedures.
- If the adult's medical condition may influence a school trip, visit or residential or if information about their medical condition would need to be given to the emergency services i.e. allergies, epilepsy or diabetes, the adult's information must be added to any school trip, visit or residential risk assessment.
- It is the responsibility of the adult working in school to update the headteacher on their medical condition and any changes to their IHP.

- It is essential that all medication is securely stored and away from children. It will be important that the adult notifies a colleague of where this will be, in the event that it is urgently required. This information will be included in the adult's care plan.

## **MANAGING MEDICINES ON SCHOOL PREMISES**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child will be given prescription or non-prescription medicines without their parent / carer's written consent (verbal consent would be acceptable in an emergency – evidence is needed of this discussion with parents and it will be recorded on CPOMS). Forms are available from the office (see Appendix C). The school administration team will organise this and maintain records.
- No child will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum doses and when the previous dose was taken. Parents / carers will be informed when the dose was given.
- 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 may be available inside an insulin pen or a pump, rather than in its original container).
- All medicines will be stored safely. Children will be informed where their medicines are and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children in their classrooms, the school office or first aid room (consideration of this will be taken when off school premises e.g. school trips and detailed in the risk assessment).
- School will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom (see Appendix D). Any side effects will be noted.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. School staff may administer a controlled drug to the pupil to whom it has been prescribed in accordance with the prescriber's instructions. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.
- When no longer required, medicines will be returned to the parent / carer to arrange for safe disposal. Sharp boxes will always be used for the disposal of needles and other sharps.



## **EMERGENCY PROCEDURES**

- Where a child has an IHP this will 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 children 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 needs to be taken to the GP or hospital, staff should stay with the child until the parent/carer arrives. If the parent/carer is unable to get to the school in sufficient time and the child needs to be taken to a GP or hospital, two members of staff will always accompany the child, having gained parental/carer permission first. One of these adults will be first aid trained. This is to comply with the school's safeguarding policy.
- When local emergency services are called staff will give precise details of which entrance to use (See Appendix E).

## **DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES**

The Governing body will ensure that arrangements are clear and unambiguous about the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. School will make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician states that this is not possible.

A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included (refer to guidance on school trips).

## **LIABILITY AND INDEMNITY**

School has an Insurance Policy that provides liability cover relating to the administration of medication. Any parent / carer dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved, parents may make a formal complaint via the school's complaints procedure to the Governing Body. The Headteacher will have overall responsibility that this Policy is implemented and that risk assessments for school visits are undertaken.

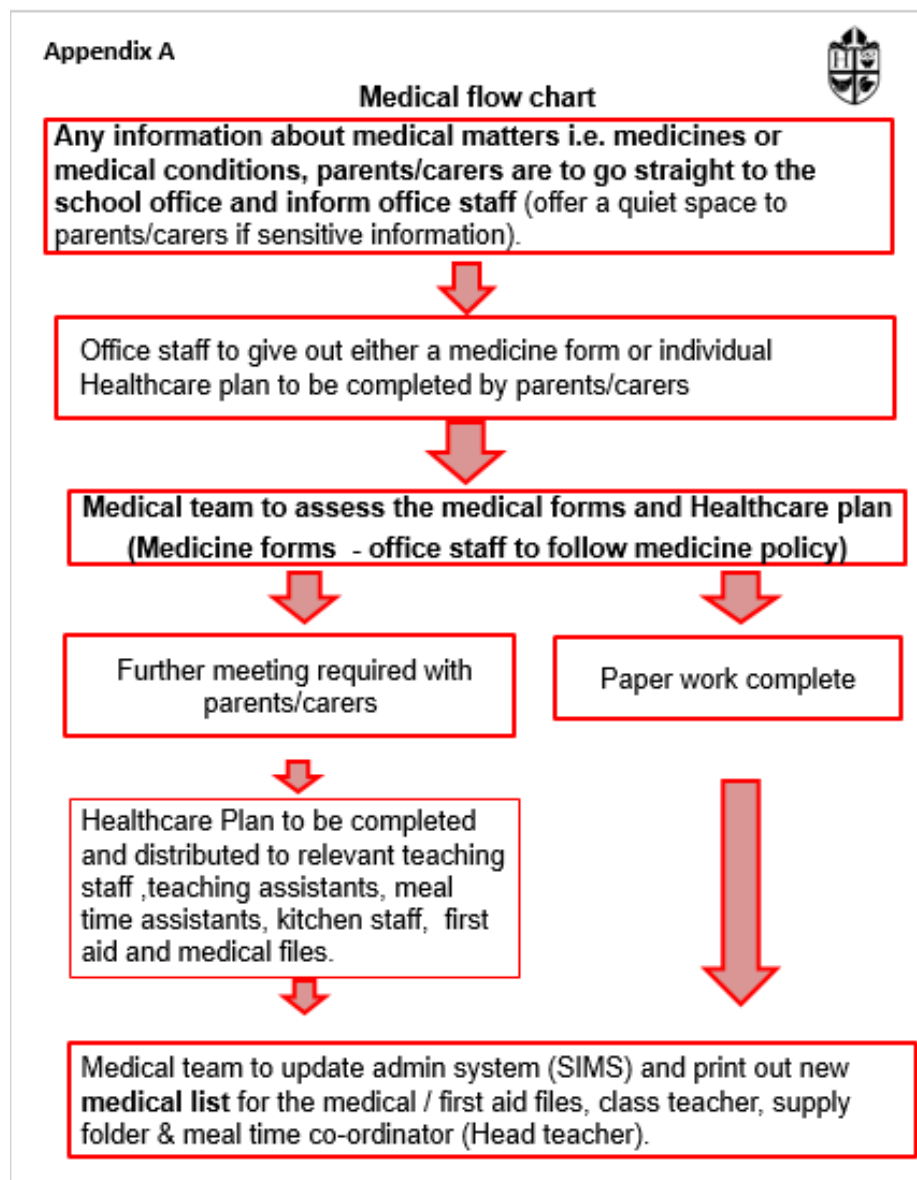
The Medical Team, Business Manager, Premises and Safety Administrator and Data Protection Officer will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHPs are monitored.

## **LINK TO OTHER POLICIES**


First Aid Asthma Policy

## Appendix A

### Model process for developing individual healthcare plans



## Appendix B: Hayward's Primary School: Individual Healthcare Plan

Name of school/setting	 <p>Hayward's Primary School East Street CREDITON Devon EX17 3AX 01363 772970</p>
Child's name	
Class	
Date of Birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
<b>Family Contact Information</b>	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
email	
Name ( second contact)	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
<b>Clinic/Hospital Contact</b>	
Name	
Phone no.	

<b>G.P.</b>	
Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs/dietary needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

--

Daily care requirements

--

Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips etc

--

Other information

--

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

Form copied to

# APPENDIX C PARENTAL AGREEMENT TO ADMINISTER PRESCRIPTION MEDICINE incl. ASTHMA INHALERS – 2023/24

## Notes to Parent / Guardians

Note 1: This school will only give your child medicine after you have completed and signed this form.

Note 2: All medicines must be in the original container as dispensed by the pharmacy, with the child's name, its contents, the dosage and the prescribing doctor's name

Note 3: The information is requested, in confidence, to ensure that the school is fully aware of the medical needs of your child.

Name of child	
Date of birth	
Class	
Reason for medication	

Name / type of medicine (as described on the container)	
Expiry date of medication	
Dosage and method	
Is the medication needed regularly or on an 'as and when needed' basis? (please delete as appropriate)	Regular / As and when
Time limit – please specify how long your child needs to be taking the medication	_____day/s _____week/s

Special precautions /other instructions (e.g. to be taken with/before/after food)	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

**For those with Asthma and/or an Inhaler:**

I give permission for my son/daughter to be administered the emergency inhaler held by the school in the event of an emergency	Yes / No
I give permission for my son/daughter to carry their own asthma inhalers	Yes / No
I give permission for my son/daughter to carry their own asthma inhaler and manage its use	Yes / No

**Details of Person Completing the Form:**

Name of parent/guardian	
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Relationship to pupil	
Daytime telephone number	
Alternative contact details in the event of an emergency	
Name and phone number of GP	
I understand that I must deliver the medicine personally to	<b>The member of staff on the school gates</b>

I confirm that I give my permission for the Head Teacher (or his/her nominee) to administer the medicine to my son/daughter during the time he/she is at Hayward's Primary School

I accept that this is a service that the school is not obliged to undertake and as a child's parent/carer continue to take full overall responsibility for medicine administration.

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. I also agree that I am responsible for collecting any unused or out of date supplies and that I will dispose of the supplies.

The above information is, to the best of my knowledge, accurate at the time of writing.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian/person with parental responsibility)

**Administration of medicines** will only be made to children whose parents have completed and signed this form. The Administrator will organise and maintain these records. No member of staff is under any obligation to administer medicines and the school can refuse to administer medicines if this is thought necessary. If you wish to administer medicine personally to your child we will always ensure you can. Unless specified by a parent or carer, children are to be supervised when taking prescribed medicines and staff will be trained in dealing with medical needs as required [e.g. in the use of an epi-pen] so that we are always able to assist children with long term or complex medical needs. Medicines within school will be kept in a safe, suitable locations [e.g. the school office or with a teacher in the event of a school trip]. Non-prescription medication will be given at the discretion of the Head Teacher (or their nominated representative).



The information in this form is collected and used in the management of medication within school, it will be stored securely and you may withdraw your consent at any time. Please contact the office.



# Hayward's Primary School



East Street  
 Crediton  
 Devon  
 EX17 3AX  
 (01363) 772970  
 office@haywards.devon.sch.uk  
 www.haywards.org

## INHALERS IN SCHOOL 2023/24 (LEVELS FORM)

Please tick (✓) one box and then follow the instructions accordingly.

<p><b>Prescribed inhaler. No asthma</b></p> <p><input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>● Prescribed an inhaler by GP</li> <li>● Complete a parental agreement form and hand to the office.</li> <li>● Provide the school with child's medication in the original box with their name on it, this needs to be in school at all times.</li> <li>● Keep their class teacher and office informed of any changes throughout the year.</li> </ul>
<p><b>Asthma Level 1</b></p> <p><input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>● Occasional asthma. My child does not need to take regular medication.</li> <li>● Complete a parental agreement form and hand to the office.</li> <li>● Provide school with my child's medication; in the original box with their name on it, this needs to be in school at all times.</li> <li>● Keep their class teacher and office informed of any changes throughout the year.</li> </ul>
<p><b>Asthma Level 2</b></p> <p><input type="checkbox"/></p>	<ul style="list-style-type: none"> <li>● Regularly suffers with asthma. My child often needs to take medication.</li> <li>● Complete a parental agreement form and hand to the office.</li> <li>● Provide school with my child's medication; in the original box with their name on it, this needs to be in school at all times.</li> <li>● Keep their class teacher and office informed of any changes throughout the year.</li> </ul>

<p><b>Asthma</b></p> <p><b>Level 3</b></p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<ul style="list-style-type: none"> <li>● My child has been diagnosed with asthma. I feel that my child may need an Individual Healthcare Plan. <i>(School will be in touch to arrange a medical needs assessment meeting following the return of this form)</i></li> <li>● Complete and return a parental agreement form and hand to the office.</li> <li>● Provide school with my child's medication in the original box with their name on it, together with their asthma card. This needs to be in school at all times</li> <li>● Keep their class teacher and office informed of any changes throughout the year.</li> </ul>
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Childs Name: ..... Class:  
 .....

Parent/Carers Name:  
 .....

Signature: ..... Date:  
 .....

**Appendix D**

**Staff Training Record Sheet and record of Administration of Medicines form**

Name	
Type of training received	
Date 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 (suggested review date).

Trainers signature \_\_\_\_\_

Date \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature \_\_\_\_\_

Date \_\_\_\_\_



## **Appendix E**

### **Contacting emergency services**

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. School telephone number – 01363 772970
2. Your name
3. School location – Hayward's Primary School, East Street, Crediton, Devon.
4. State the School postcode -EX17 3AX. HOWEVER it is important that you advise that it is the East Street entrance off the main road which is required to be used
5. Provide the exact location of the patient within the school setting
6. Provide the name and age of the child/adult and a brief description of their symptoms
7. Reiterate to Ambulance Control that the best entrance to use is off East Street and state that the crew will be met and taken to the patient
8. Be aware and make known (if appropriate) to the emergency services, that there is a defibrillator in school on the wall to the right of the headteachers office (in the alcove) which school can access when given the code by the emergency services.