



BARTONS PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL NEEDS

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Governor Committee	FGB/Resources
Chair of Governors signature	
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Context
<p>This policy was developed in consultation with parents/carers, staff and pupils and has regard to:</p> <ul style="list-style-type: none"> • Statutory Guidance : Supporting pupils at school with medical conditions – DfE – December 2015 • Section 100 of the Children and Families Act 2014 and associated regulations • The Equality Act 2010 • The SEND Code of Practice 2015
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This policy will be reviewed annually
Agreed by Governing Body: Autumn Term 2023
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This policy is to be read in conjunction with our:

- SEND Policy
- Inclusion Policy
- Safeguarding policy
- Equality Policy
- Behaviour Policy
- Health and Safety Policy
- School Visits Policy
- Complaints Policy

Aims and Objectives

Aim

To ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Objectives

- To establish a positive relationship with parents and carers, so that the needs of the child can be fully met.
- To work in close partnership with health care professionals, staff, parents and pupils to meet the needs of each child.
- To ensure any social and emotional needs are met for children with medical conditions.
- To minimise the impact of any medical condition on a child's educational achievement.
- To ensure that a Health Care Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively.
- To ensure as little disruption to our pupils education as possible.
- To develop staff knowledge and training in all areas necessary for our pupils.
- To ensure safe storage and administration of agreed medication.
- To provide a fully inclusive school.

Roles and Responsibilities

The Governing Body

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Bartons Primary School.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by specialists is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Monitoring written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Headteacher

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Bartons Primary School.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Ensure that all supply staff are aware of the policy and are briefed on individual pupil needs where appropriate.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

Staff Members

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Fully aware of staff with responsibility for administering injections.

There is no legal duty, which requires staff members to administer medication; this is a voluntary role.

School Nurses

- Notify the school when a child has been identified as requiring support in school due to a medical condition.
- Support staff on implementing a child's individual healthcare plan and provide advice where appropriate.
- Liaising locally with lead clinicians on appropriate support.

Parents/Carers/Guardians

- Parents have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed.
- Completing a parental agreement for school to administer medicine form before bringing medication into school. Draft in Annex 1.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- It is the parent/carers responsibility to make sure that their child is well enough to attend school.

The Pupil

- Pupils are often best placed to provide information about how their condition affects them.
- Pupils should be fully involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Pupils who are competent, will be encouraged to apply creams, lotions for skin ailments such as eczema themselves under the supervision of a member of staff.
- Where possible, asthma pumps will be located in an easily accessible location such as the classroom. All other medicines are kept in the office in a locked cupboard or the refrigerator if required.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

Local Authorities

- Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities should work with schools to support pupils with medical conditions to attend full-time.

- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.
- Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Individual Health Care Plans

- An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the 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.
- Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents.
- Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.
- Parents will receive a copy of the Health Care Plan with the originals kept by the School. Medical notices, including pictures and information on symptoms and treatment are placed in the child's class for quick identification, together with details of what to do in an emergency.

Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

- Medicines MUST be in date, labelled with name clearly, 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.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- Medication will be stored in a locked cupboard or refrigerator in the school office. Children should know where their medicines are at all times and be able to access them as and when required. The keys to the medicine cupboard can be located in the Office situated on the side of the locked cupboard at a height where children cannot reach them. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away;
- Any medications left over at the end of the course will be returned to the child's parents or taken to the chemist to be disposed of correctly.
- Pupils with asthma keep their inhalers in the classroom. Children with diabetes are encouraged to keep medication close to hand and this is monitored by a member of staff. They are able to take high energy snacks when needed and at any point in the day and a member of staff oversees this.
- Medication for anaphylaxis is stored in the school office with children's health care plans.
- Written records will be kept of any medication administered to children. An example can be found in Annex 3.
- Pupils will never be prevented from accessing their medication.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- Bartons Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

Educational Visits

- We actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.
- A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional that are responsible for ensuring that pupils can participate. A copy of the child's health care plan should be taken with the child on an Educational Visit.
- The class teacher must also ensure that medication such as inhalers and epi-pens are taken on all school trips and given to the responsible adult that works alongside the pupil throughout the day. A First Aid kit must be taken on all school trips. The Trip Leader must ensure that all adults have the telephone number of the school in case of an emergency.

- An appointed first aider should attend all school trips especially when a child with a specific medical need is going. The first aider provisions at the destination of the trip should be included as part of the risk assessment. The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip.

Medicines on Residential Visits

On residential visits, it may be necessary to administer non-prescription medicines i.e. paracetamol or hay fever medication to pupils. Parents must give written consent prior to the residential visit before non- prescription medication can be given (Form B.) The medication will be stored and administration recorded as for prescription medicines.

Staff Training

- The school provides regular whole-school awareness training to ensure that all staff are aware of this policy and their role in implementing the policy. This is also included in induction arrangements for new staff.
- Any member of staff providing support to a pupil with medical needs must have received suitable training. It is the responsibility of the Headteacher to lead on identifying with health specialists the type and level of training required, and putting this in place. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.
- Training must be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- It is important that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. The school ensures that training on conditions which they know to be common within their school is provided (asthma, epi pen, sickle cell, diabetes for example)
- Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met, this needs to be specific advice and not without a healthcare professional present.

Emergency Procedures

- Medical emergencies will be dealt with under the school's emergency procedures
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail
 - What constitutes an emergency

- What to do in an emergency
- Ensure all members of staff are aware of symptoms and emergency procedures
- Other children in school should know to inform a teacher if they think help is needed
- If a pupil needs taking to hospital, a member of staff will remain with the child until a parent arrives.

Unacceptable Practice

As outlined in the DfE statutory guidance.

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare 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; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition 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 medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints

Please refer to the school's complaint's policy.

Relevant Documents

Supporting pupils with medical conditions – DfE – December 2015

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Section 100 – Children and Families Act 2014

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

The Equality Act 2010

<https://www.gov.uk/guidance/equality-act-2010-guidance>

The SEND Code of Practice – 2015

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Health Conditions in Schools Alliance – this site has Individual Healthcare Plan information for specific conditions

<http://medicalconditionsatschool.org.uk/>

Administering Medicines Forms

September 2019

Form	Purpose
Form A – Pupil Health Information Form	Asthma to be completed once a year. Allergies, epilepsy and diabetes at HCP review.
Form B – Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines	General consent for paracetamol. Must complete the questions on the form with the parent if going to be administered.
Form C – Parental consent to administer medicine	Prescription medicines (4 daily doses or more only including prescribed piriton)
Form C1 – Individual protocol for non-prescribed medication	Medication dependent. Not often needed
Form D - Consent to administer non-prescribed medication on a school trip	
Form E – Record of medicine administered to an individual child	By parent
Form F – Record of medicine administered to all children	By staff
Form G – Staff training record – administration of medicines	
Form H – Contacting the emergency services	

Form A: Pupil Health Information Form

This information will be kept securely with your child’s other records. If further information is needed, we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Childs Name	D.O.B
Gender	Year/Tutor Group

Please complete if applicable

Has your child been diagnosed with or are you concerned about any of the following:

Condition	Yes	No	Medication
<p>Asthma</p> <p>NB:Parents of pupils with mild asthma must also sign an asthma protocol form (template 2 in Appendix 1) available from the school</p>			
<p>Allergies/Anaphylaxis</p> <p>NB:Parents of pupils prescribed an auto injector must also sign The relevant auto injector protocol form (template 3, 4, 5 in Appendix 1 or available from the school</p>			
<p>Epilepsy</p>			

Diabetes			
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Is your child taking regular medication for any condition other than those listed on the previous page – continue on a separate sheet if necessary.

Condition	Medication, emergency requirements

Please use the space below to tell us about any other concerns you have regarding your child’s health, continue on a separate sheet if necessary:

Thank you

Form B: Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines

PARACETAMOL ONLY

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Pupils Name	D.O.B
Year/Class	Member of staff administering:

PARACETAMOL MUST NOT BE ADMINISTERED WITHOUT TELEPHONE CONSENT. THIS FORM MUST BE SIGNED BY A PARENT AT THE END OF THE SCHOOL DAY.

1. Explain to the parent the reason why the children needs paracetamol.

The Medicines Policy permits the school to administer paracetamol if your child develops the relevant symptoms (fever, post immunisation fever, toothache, headache, sore throat, earache or other aches and pains) during the school day.

2. If the parent agrees – explain we will give Calpol according to the dose on the packaging. Are they happy for you to administer this medication? YES/NO
3. Has the child been given Calpol before with no adverse reaction? YES/NO
4. Was the child given any Calpol before coming to school? YES/NO Time:
5. Is the child currently taking any other medication? YES/NO

Name of other medicine **(MUST NOT CONTAIN PARACETAMOL)**:

6. Tell the parent the amount being given and time it is being given.

Select the correct Calpol for the age of the child.



(PURPLE) Calpol 3m-6yrs (2-4 years 1 x 7.5ml/4-6 years 1 x 10ml)

(RED) Calpol 6plus (1x5ml age 6-8) (1x7.5ml age 8-10)



Time:..... Dose:.....

7. **Make sure the parent knows they should not give further doses within four hours.**

Signature(s) Parent/Guardian..... Date.....

Form C: Parental consent to administer medication (where an Individual Healthcare Plan or Education Healthcare Plan is not required)

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

Date for review to be initiated by	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer’s instructions and/or Patient Information Leaflet (PIL) must be included

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff or school location]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I

confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

If this is a request to administer non-prescribed medication, please work with the school to complete Form C1

Additional Notes

Form C1 - Individual Protocol for non-prescribed medication

This form should be completed in conjunction with Form C – parental consent

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines for a maximum of 48 hours.

Date (requirement reviewed daily)	Time last dose administered at home as informed by parent/guardian	Dosage given in school	Time	Comments
Day 1				
Day 2				

3 main side effects of medication as detailed on manufacturer’s instructions or PIL		
1.	2.	3.

Emergency procedures – if the pupil develops any of the signs or symptoms mentioned above or any other signs of reaction as detailed on the manufacturer’s instructions and/or PIL this might be a sign of a negative reaction or if it is suspected that the child has taken too much medication in a 24 hour period staff will call 999 and then contact the parent/guardian(s).

with

I am aware that each day I must inform the school when I last administered the medication and that I will be informed by the school in writing when medication has been administered by telephone

Agreed by:

Parent/guardian.....Date.....

Form D – Consent to administer non-prescribed medication on a Residential Visit

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child’s other records. Whilst away if your child feels unwell the school staff may wish to administer the appropriate non-prescription.

Please do not hesitate to contact the school if there are any issues you wish to discuss.

Pupils Name	D.O.B
Gender	Year/Tutor Group

If your child develops the relevant symptoms during the residential visit, they will be given a standard dose suitable to their age and weight of the appropriate non-prescribed medication. If symptoms persist medical advice will be sought and if necessary the emergency services called. You will be informed when the school has administered medication on our return. The school will hold a small stock of the following medicines:

- Paracetamol
- Anti-histamine
- Travel sickness

Tick the non-prescription medications above that you give your consent for the school to administer during the residential visit and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.

Signature(s) Parent/Guardian

Date.....

Print name.....

Form E: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Signature of parent _____

Date			
Time given			
Dose given			
Parents initials			
Witnessed by staff			

Date			
Time given			
Dose given			
Parents initials			
Witnessed by staff			

Date			
Time given			
Dose given			
Controlled drug stock			

Name of member of staff

Staff initials

Witnessed by

Date

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Time given

--	--	--

Dose given

--	--	--

Controlled drug stock

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Witnessed by

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Controlled drug stock

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Witnessed by

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Controlled drug stock

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Witnessed by

--	--	--

Form F: record of medicine administered to all children

Name of school/setting

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Date	Child's name	Time	Name of	Dose given	Any reactions	Signature	Print name	Comments

Form G: staff training record – administration of medicines

Training can also be recorded on a matrix, in SIMS or similar database or using this form.

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by – print name and signature	
Refresher/update training date	
Profession and title	
I confirm I have received and understood the above training	signature

Additional training:

Type of training received	
Date of training completed	
Training provided by – print name and signature	
Refresher/update training date	
Profession and title	
I confirm I have received and understood the above training	signature

Type of training received	
Date of training completed	
Training provided by – print name and signature	
Refresher/update training date	
Profession and title	

I confirm I have received and understood the above training

signature

Form H: 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. telephone number

School telephone

2. your location as follows [insert school/setting address]

School address

3. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

Postcode

4. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Best entrance is:

5. your name

6. provide the exact location of the patient within the school setting

7. provide the name of the child and a brief description of their symptoms

8. put a completed copy of this form by the phone

