



## **Policy for Supporting Pupils with Medical Conditions in School incorporating the Management of Medicines**

**Review Period: Annually**

|   |                              |
|---|------------------------------|
| <b>Formally adopted by the Governing Body of:</b> | <b>Pulham Primary School</b> |
| <b>On:</b>  | <b>12/12/17</b>              |
| <b>Chair of Governors:</b>                        | <b>Nick Buxton</b>           |
| <b>Signature:</b>                                 | <i>N. J. Buxton</i>          |
| <b>Head Teacher:</b>                              | <b>Simone Goddard</b>        |
| <b>Signature:</b>                                 | <i>Simone Goddard</i>        |
| <b>Date of last review:</b>                       | <b>Autumn 2016</b>           |
| <b>Date of next review:</b>                       | <b>Autumn 2018</b>           |

## **Introduction**

This policy has been developed in response to Department for Education (DfE) statutory guidance 'Supporting Pupils at School with Medical Conditions – December 2015'.

The Children and Families Act 2014 includes a duty for schools to support children with medical conditions to ensure that they are able to play a full and active role in school life, remain healthy and achieve their academic potential.

- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEND Code of Practice will also apply.
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
- We recognise that medical conditions may impact on social and emotional development as well as having educational implications.
- Our school will build relationships with parents, healthcare professionals and other agencies in order to effectively support pupils with a medical condition.

## **Roles and responsibilities**

The Headteacher has overall responsibility for children with medical conditions. Under this responsibility the following duties will be delegated to and shared by the **Special Educational Needs and Disability Co-ordinator** (SENDCo) and the **School Business Manager** (SBM).

- Informing relevant staff of medical conditions
- Arranging training for identified staff (Refer to Appendix A – Staff training record - administration of medicines)
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans (IHCP)
- Working together with parents, pupils, healthcare professionals and other agencies

### **The governing body is responsible for:**

- Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions.

### **The Headteacher is responsible for:**

- The effective implementation of the policy 'Supporting Pupils with Medical Conditions in School'

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver IHCPs, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured

**Teachers and Support Staff are responsible for:**

- The day to day management of the medical conditions of children they work with, in line with training received and this policy. ***Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support.***
- Working with the Headteacher, ensure that risk assessments, that include individual medical needs, are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance
- Ensuring they have achieved the necessary level of competency before taking on responsibility to support pupils with medical conditions

**The school nurse is responsible for:**

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school. However, we recognise that most often parents are the first to notify the school of their child's medical conditions.
- Providing support for staff on implementing a child's IHCP and providing advice and liaison including with regard to training

**Parents are responsible for:**

- Providing the school with sufficient and up to date information about their child's medical needs.
- Taking an active part in drafting, developing and reviewing their child's IHCP.
- Carrying out any action they have agreed to as part of the IHCP
- Providing, checking and regularly updating the required medicines and equipment
- Ensuring they or another nominated adult are contactable at all times

## **Procedure when notification is received that a pupil has a medical condition**

- Any medical information will be recorded on the child's record.
- Where the condition is long term e.g. sensitivities to medication or food parents will be asked to confirm this in writing; this will also be recorded on a whole school list for staff reference.
- It may be clear from the outset that a more detailed plan needs to be in place in which case a meeting to draw up an IHCP will be arranged (see section on IHCP below). This will be essential where the condition fluctuates and/or has a high risk of emergency. It will be helpful where the condition is long term and/or complex.
- The named people will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child
- Refer to Appendix B – Model process for developing IHCP
- Refer to Appendix C – IHCP template

## **Individual healthcare plans (IHCP)**

- An IHCP will be written for pupils with a medical condition that fluctuates and/or has a high risk of emergency. One may be written for conditions that are long term and/or complex.
- Parents, named staff, medical professionals and when appropriate pupils, will collaborate to write the IHCP.
- It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency.
- IHCPs will be reviewed annually, or earlier if evidence is provided that a child's needs have changed.

## **Administering medicines**

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so, in these cases an IHCP would usually be in place i.e. the medical need fluctuates, is high risk, long term and/or complex.
- In certain rare circumstances where the schedule of medicines prescribed for minor short term conditions require a dose during school hours, arrangements will be made on an individual basis with parents.
- The one exception to the above is administration of 6+ Calpol to KS2 pupils, when it is felt by the teacher that this would allow the pupil to comfortably continue their school day, relieving for example the symptoms of headaches or period pain.
- Written consent from parents must be received before administering any medicine to a child at school. (Refer to Appendix D – Parental agreement for setting to administer medicine)

- For Calpol, parents will provide written consent to a dose in line with government guidelines; 6 to 8 year olds = 5ml, 8 to 10 year olds 7.5 ml and 10 to 12 year olds = 10ml as well as permission to repeat the dose (<https://www.gov.uk/drug-safety-update/paracetamol-updated-dosing-for-children-to-be-introduced>). Parents also have to give verbal consent prior to administration of the dose.
- Medicines will only be accepted for administration if they are:
  - Prescribed.
  - In-date.
  - Labelled.
  - Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
  - One exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container.
- Medicines will be stored safely. Children will know where their medicines are at all times.
- A written record is kept of all occasions when medicines are administered to children. (Refer to Appendix E – Record of medicine administration to an individual child during a residential and Appendix F - Record of medicine administration to all children in school.)
- Medicines in school will be checked termly; any out of date will be returned to parents for disposal.
- Pupils who are competent to manage their own health needs and medicines, after discussion with parents/carers will be allowed to carry their own medicines and relevant devices and/or will be allowed to access their medicines for self-medication; these occasions will be overseen by a member of staff and also recorded in writing.
- Where medication for **Asthma** needs to be administered this will be carried out in accordance with:
  - i) The principles of this policy
  - ii) ‘Guidance on the use of emergency salbutamol inhalers in schools’ (Department for Health (DfH), March 2015) (click on the link below) <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools> and
  - iii) ‘Supporting pupils at school with medical conditions Statutory guidance for governing bodies’ (DfE December 2015) (Click on the link below) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/349435/Statutory\\_guidance\\_on\\_supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf)

In brief –

- Named staff, parents and medical professionals will have agreed an IHCP.
- Parents are responsible for providing prescribed, in date and labelled inhalers for use in school (though a termly check by a member of staff will be carried out for all medicines on site).

- Parents should ensure the child is familiar with the dosage and subject to age and physical/mental capacity is able to self-administer the medicine under adult supervision
- A child's inhaler will be taken/administered in accordance with their IHCP
- Named inhalers with spacers will be kept safely in a closed box in the classrooms. Two emergency inhalers with spacers will be kept in the school office.
- When an inhaler is taken/administered a written record will be made
- When the prescribed dose does not relieve symptoms, signs for a severe asthma attack are watched for e.g.
  - Distress
  - Unable to talk in sentences
  - Blue around the lips.

In such a case another dose is given, medical assistance is requested and parents are informed. These incidents will be recorded in writing.

- Out of date inhalers will be returned to parents for disposal.
- Changes in the dosage or other arrangements must be notified by parents in writing with confirmation from the pupil's G.P.
- Where medication for **Diabetes** needs to be administered this will be carried out in accordance with:
  - i) The principles of this policy
  - ii) 'Diabetes guidelines for schools, colleges and early years settings' (East of England Paediatric Diabetes Network, September 2013 (Updated May 2014) (Click on the link below)
 

<http://www.schools.norfolk.gov.uk/view/NCC159396>
  - iii) 'Supporting pupils at school with medical conditions Statutory guidance for governing bodies' (DfE December 2015) (Click on the link below)
 

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/349435/Statutory\\_guidance\\_on\\_supporting\\_pupils\\_at\\_school\\_with\\_medical\\_conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf)

In brief –

- Named staff, parents and medical professionals will have agreed an IHCP.
- Parents are responsible for providing prescribed, in date and labelled medication and equipment together with any appropriate food for use in school (though a termly check by a member of staff will be carried out for all medicines on site).
- Staff will be appropriately trained in order to support the child with their blood glucose monitoring and insulin injection/pump therapy.
- A child's medication will be administered in accordance with their IHCP
- The child will be given immediate access to their blood glucose monitoring equipment, injection pens, 'hypo' treatment and snacks; these will be kept safely in a closed box in the school office.

- Staff will be trained in recognising and responding to hypoglycaemic (low blood glucose) episodes e.g.

#### Mild symptoms

- Sweating
- Feeling shaky
- Pallor
- Hunger

#### Moderate to severe symptoms

- Moody or aggressive behaviour
- Quiet or anxious
- Glazed eyes or drowsiness
- Vagueness or loss of concentration
- Seizures
- Loss of consciousness

In such a case immediate treatment will be given in accordance with the child's IHCP.

- Staff will be trained to recognise and respond to hyperglycaemic (high blood glucose) symptoms e.g.
  - Thirst
  - Frequent passing of urine
  - Lethargy

In such a case treatment will be given in accordance with the child's IHCP and the child will be allowed water to drink and access to the toilet as required.

- Any spare supplies of insulin, will be stored in the fridge in the staffroom.
- Out of date medication/equipment will be returned to parents for disposal.
- Changes in the dosage or other arrangements must be notified by parents in writing.

## Action in medical emergencies

A copy of this information will be displayed in the school office

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.
  - The school's telephone number     **01379 676313**
  - Your name
  - Your location: **Harleston Road, Pulham Market, Diss IP21 4SZ**
  - Provide the exact location of the patient within the school
  - Provide the name of the child and a brief description of their symptoms
  - Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
- Open relevant gates for entry if required

- Contact the parents to inform them of the situation
- A member of staff will stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff will accompany the child in the ambulance

### **Activities beyond the usual curriculum**

- Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum
- When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate

### **Unacceptable practice**

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner.

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assuming that every child with the same condition requires the same treatment
- Ignoring the views of the child or their parents; ignoring medical evidence or opinion, (although both of these may be challenged by school staff)
- Sending 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, sending them to the school office or medical room unaccompanied or with someone unsuitable
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Requiring parents, or otherwise making 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
- Preventing 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**

- Should any individual be dissatisfied with the support or actions of the school, they should discuss the concerns directly with the school in the first instance.
- If the issue is not resolved, then a formal complaint may be made, as described in the 'Procedure for Handling Concerns and Complaints'  
[http://www.pulhamprimaryschool.org.uk/Z-files/Procedures for Handling Concerns and Complaints May 2011%20\(1\).pdf](http://www.pulhamprimaryschool.org.uk/Z-files/Procedures%20for%20Handling%20Concerns%20and%20Complaints%20May%202011%20(1).pdf)

## **Useful Websites**

### **Norfolk Local Offer - SEND**

[http://www.norfolk.gov.uk/Childrens\\_services/Special\\_educational\\_needs\\_and\\_disabilities/index.htm](http://www.norfolk.gov.uk/Childrens_services/Special_educational_needs_and_disabilities/index.htm)

### **Asthma UK**

[www.asthma.org.uk](http://www.asthma.org.uk)

### **Diabetes UK**

[www.diabetes.org.uk](http://www.diabetes.org.uk)

### **Health Conditions in Schools Alliance**

<http://medicalconditionsatschool.org.uk>

### **Epilepsy Action**

[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

### **The Anaphylaxis Campaign**

[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

## Appendix A - Staff training record – administration of medicines

|                            |  |
|----------------------------|--|
| Name of school/setting     |  |
| 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 \_\_\_\_\_

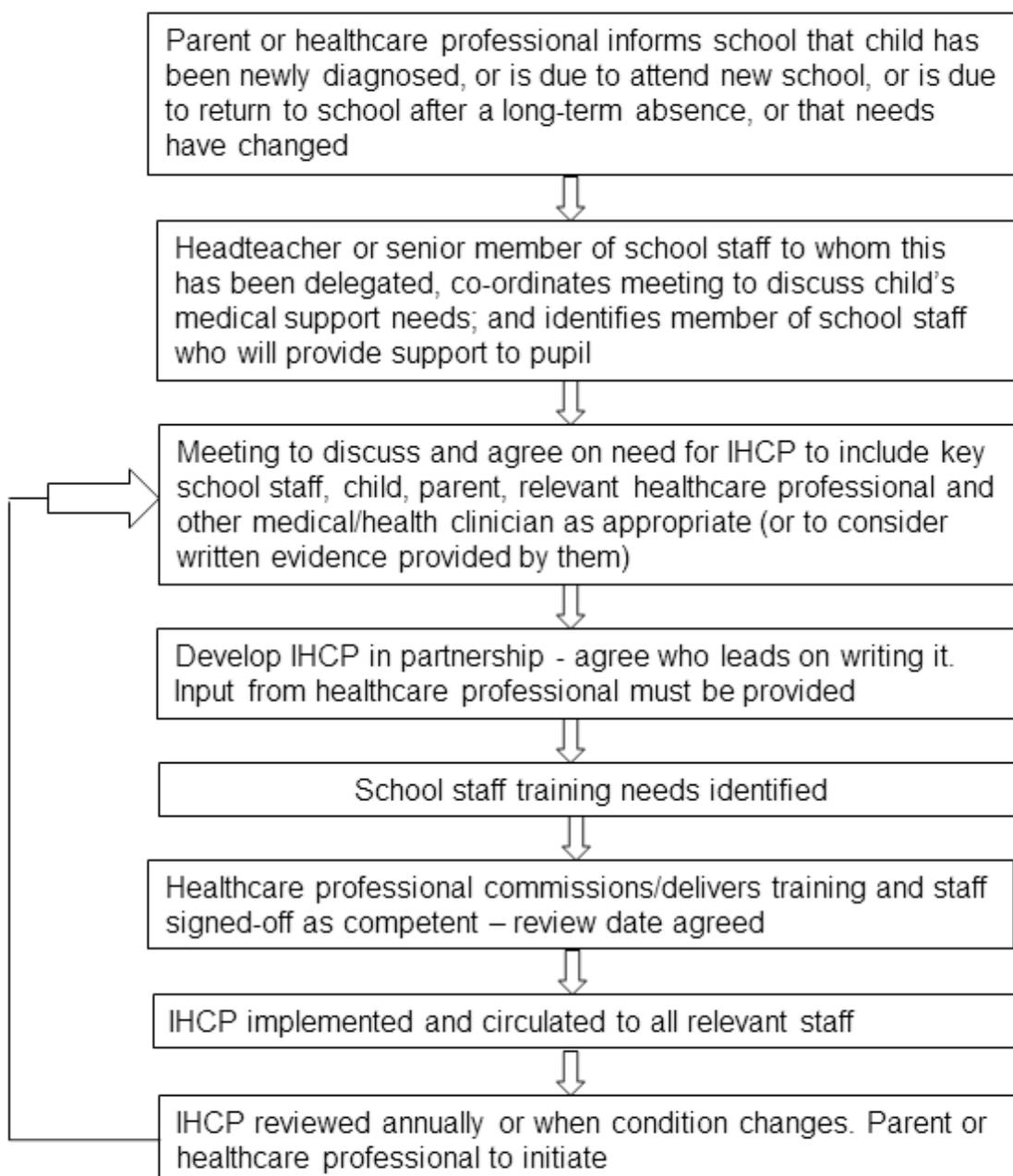
**I confirm that I have received the training detailed above.**

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

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## Appendix B – Model Process for developing individual healthcare plan



## Appendix C - Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

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### Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

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### Clinic/Hospital Contact

Name

Phone no.

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### G.P.

Name

Phone no.

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Who is responsible for providing support in school

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

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 D - Parental agreement for setting to administer medicine

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 school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

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### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

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

Self-administration – y/n

Procedures to take in an emergency

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**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

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|                          |
| [agreed member of staff] |

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 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 \_\_\_\_\_

## Appendix E - Record of medicine administered to an individual child

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

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

Signature of parent \_\_\_\_\_

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|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

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| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials          |  |  |  |

**Record of medicine administered to an individual child (Continued)**

Date

Time given

Dose given

Name of member of staff

Staff initials

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Date

Time given

Dose given

Name of member of staff

Staff initials

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Time given

Dose given

Name of member of staff

Staff initials

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Time given

Dose given

Name of member of staff

Staff initials

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