



This policy is based upon the DfE statutory guidance 'Supporting pupils at school with medical conditions' (2015).

LEGISLATION

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to plan for supporting pupils at their school with medical conditions. The DfE publication 'SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS' published December 2015 includes statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

KEY AIMS

- Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Trust Board delegates monitoring of arrangements to support pupils at school with medical conditions to those closest to the children & families; this is the Local Governing Body (LGB) & school staff.
- The LGB ensures that school leaders consult health and social care professionals, pupils and parent/carer to ensure that the needs of children with medical conditions are effectively supported.

THE ROLE OF THE LOCAL GOVERNING BODY:

- To ensure that arrangements are in place to support pupils with medical conditions so they can access and enjoy the same opportunities at school as any other child.
- To take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening so the focus of action taken is on the needs of each individual child and how their medical condition impacts on their school life.
- To make arrangements give parent/carer and pupils confidence in the school's ability to provide effective support for medical conditions in school; showing an understanding of how medical conditions impact on a child's ability to learn, as well as increasing confidence and promoting self-care and finally ensuring staff are properly trained to provide the support that pupils need.
- To monitor arrangements put in place to ensure that policies, plans, procedures and systems are properly and effectively implemented in accordance with statutory requirements - In particular procedures for administration of medicines.
- To ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.
- To ensure that the school's policy is explicit about what practice is not acceptable when administering medicines in school.
- To ensure complaints may be made and will be handled concerning the support provided to pupils with medical conditions.
- To regularly review the policy for supporting pupils with medical conditions and ensure it is readily accessible to parent/carer and school staff.
- To ensure the policy is implemented effectively. The Executive Head & Head of School have overall responsibility for policy implementation and is responsible for ensuring:
 - sufficient staff are suitably trained,
 - a commitment that all relevant staff will be made aware of the child's condition,
 - cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
 - briefing for supply teachers,
 - risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
 - monitoring of individual healthcare plans.

THE ROLE OF THE HEADTEACHER:

The Headteacher, supported by the Senior Leadership Team (SLT) will ensure that the school's policy for supporting pupils with medical conditions is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

The SLT will ensure that all staff who need to know are aware of the child's condition and that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

THE ROLE OF STAFF:

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should consider the needs of pupils with medical conditions that they teach. School staff are to receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

THE ROLE OF SCHOOL NURSES:

The school nursing services are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

THE ROLE OF SCHOOL PUPILS:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

THE ROLE OF SCHOOL PARENT/CARER:

Parent/carer – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parent/carer are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting.

THE ROLE OF THE NAMED PERSON & INDIVIDUAL HEALTH CARE PLANS

The Headteacher is to ensure that procedures are followed, whenever the school is notified that a pupil has a medical condition, are in place and followed (see procedures below).

The named person is responsible for individual healthcare plans and their development and use in supporting pupils at school with medical conditions.

Individual Health Care plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind and assess and manage risks to the child's education, health and social well-being and minimises disruption.

When deciding what information should be recorded on individual healthcare plans, the named person considers the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil'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 eg crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, 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 parent/carer and the Head of School for medication to be administered by a member of staff, or self-administered by the pupil 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, eg risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

PROCEDURES FOR HANDLING AND ADMINISTERING MEDICINES IN SCHOOL

Rationale

We want all our pupils to be happy, safe, fit and well. To achieve this, we believe a clear policy on the handling and administration of medicines in school is necessary to safeguard all of the pupils in our care.

a) Medical Equipment:

It is the responsibility of **Lise and Vanessa** in school to ensure that the first aid stocks are checked and replenished regularly and that all first aid equipment is maintained. Where deficiencies are identified ensure, new stock is ordered.

b) Storage, administration and handling of Medicines:

For safety reasons, all medicines are stored centrally in the school first aid room and are handled by adults only. Parent/carer are asked to deliver any medication to school via the front office and to collect them at the end of the day in the same way. At no time should children be given medicines to bring in or take home from school. Only medicines that have parental authorisation and are appropriately named are allowed in school.

c) Timing of Administration of Medicines:

The Headteacher (or delegated senior leader in the HT's absence) must give authorisation for medicines to be administered at a time that suits the dosage and frequency of the prescribed medicine. The school office staff are responsible for administration of all prescribed medicines. No other staff should give children medicine at any other time (unless trained to do so in emergency situations).

d) Parental Authorisation Forms:

Before medication can be given in school, Parent/carer must complete the appropriate authorisation for administering medicines in school form, clearly indicating the name of medication and relevant dosage to be taken. These forms can be obtained from the school office. All forms must be checked by authorised First Aid staff on a regular basis to ensure accuracy of information and expiry dates of medicines.

e) Medicine Administration:

The school office staff (from the school office team) dispense all oral medicine to children and supervise diabetic children administering their own insulin. Children with asthma, administer their own medication under supervision of the First Aider.

f) Non-prescribed Medicines:

Due to the increasing number of children receiving medication in school, medicines that are not prescribed such as Calpol, Calprofen & cough lozenges etc. will not be administered by First Aid staff and are not to be brought to school.

g) Administration of Antibiotics:

The administration of antibiotics in school will be permitted only if the recommended dosage is four or more times per day. A prescribed dosage of 3 times per day is usually taken at home before school, after school and at bedtime.

h) Monitoring of Administration of Medicines:

When a child receives medication in school, details are to be recorded on the appropriate Daily Medical Register which is in the first aid room.

i) Emergency Asthma Inhaler:

The school has an asthma inhaler that is available to pupils who have been diagnosed with asthma and who usually have an inhaler in school. Emergency inhalers must only be used if a pupil's own inhaler is lost, broken, or expired. Parent/carers of pupils must give permission to say they are happy for an emergency inhaler to be used if their child's own inhaler is not available/able to be used. All pupils using an emergency inhaler must use a spacer for hygiene purposes. Parent/carers of pupils using an emergency inhaler must be informed immediately and a new inhaler provided as soon as possible. Staff administering the emergency inhaler must log this into the medical log and into CPOMS.

j) Qualified First Aid Staff:

All staff working in Early Years or staff working with children aged 5 and under must hold an appropriate up-to-date pediatric first aid qualification and should attend renewal courses as appropriate. All other staff receive First Aid training every 3 years.

k) Educational Visits:

A portable First-Aid kit and individual pupils' medicines must be taken on all off-site visits. This is the only time medication will be allowed outside the designated storage area for medicines in school. On such visits medicines are to be transported and administered by a designated member of staff (see Educational Visits Policy and relevant authorised Risk Assessments for each visit).

l) Unacceptable Practice when handling medicines in school:

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 parent/carer; 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 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

Date: Autumn 2023

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