



School policy for: Supporting pupils with medical conditions and medicines

Date last reviewed: 12/05/2018

INTRODUCTION

The purpose of this policy is to ensure that pupils with long term medical conditions, such as asthma, diabetes, epilepsy and cystic fibrosis are effectively supported so that they have full access to education, including school trips and Physical Education. It also gives guidance on administering medicines. It has been written using guidance from the Department for Education 'Supporting Pupils at School with a Medical Condition' April 2014. Section 100 of the Children and Families Act 2014 places a duty on Governing Bodies to make arrangements for supporting pupils at their school with medical conditions.

ROLES AND RESPONSIBILITIES

The Named Person responsible for children with medical conditions is Sarah Sadler or the Principal.

This person is responsible for:

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- 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
- 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 Principal is responsible for:

- 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 individual healthcare plans, 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 as set out in Individual Healthcare Plans
- Working with the named person, ensure that risk assessments 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
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NB. 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.

PARENTAL RESPONSIBILITY

- Parents/Carers have the prime responsibility for their child's health and should provide the academy with information about their child's long term medical condition.
- This should be done upon admission or when their child first develops a medical need.

PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION

- The named person 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
- Where appropriate, an Individual Healthcare Plan will be drawn up. Appendix 1
- Appendix 2 outlines the process for developing individual healthcare plans

INDIVIDUAL HEALTH CARE PLANS (IHCP)

- An IHCP will be written for pupils with a medical condition that is long term and complex
- 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 clarity
- IHCPs will be reviewed annually, or earlier if evidence is provided that a child's needs have changed
- The plans will be reviewed at least annually or earlier if there is evidence that the child's needs have changed.

ADMINISTERING MEDICINES

- Written consent from parents must be received before administering any medicine to a child at school. Appendix 3
- 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. The 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.
- Painkillers, such as Calpol, will be administered only when it is for a diagnosed condition and with written consent from parents. They will only be administered from 12.15 onwards to ensure that any previous dosage has left the child's system
- Antibiotics will only be administered if required 4 times a day
- Medicines should be stored safely in the locked admin cupboard or in the fridge if necessary
- Children should know where their medicines are at all times



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- Written records will be kept of all medicines administered to children (see Appendix 4 for form)
- An emergency asthma salbutamol inhaler kit is available for use by any pupil who has been diagnosed with asthma, and prescribed a reliever inhaler, or who has been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given.
- For use of asthma inhalers see Appendix 5, 6 and 7
- Sharps boxes should be used for the disposal of needles and other sharps.
- If a child refuses to take medicine, we will not force them to do so, but will note this in the records and contact the named contact on the medicine record form. If a refusal to take medicines results in an emergency, then our emergency procedures will be followed.
- Travel sickness tablets will be administered subject to written consent from the child's parents, (see Appendix 8). A member of staff will administer the tablet prior to making the return journey to school as per instructions.

ACTION IN 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.
 1. The school's telephone number:
 2. Your name
 3. Your location: [academy address]
 4. Provide the exact location of the patient within the school
 5. Provide the name of the child and a brief description of their symptoms
- Contact the parents to inform them of the situation
- A member of staff should 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 should 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
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)



- 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
- 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

- An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance
- If the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out in [as appropriate]

LIABILITY AND INDEMNITY

- The Governing Body should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. (See appendix 9)
- The Academy can only be responsible for medical conditions that parents and carers have informed us about

EQUALITY IMPACT STATEMENT

We will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. We will use an appropriate Equality Impact Assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

Appendices:

APPENDIX 1:

INDIVIDUAL HEALTHCARE PLAN



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Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

--

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 2:

INDIVIDUAL HEALTHCARE PLANS:

When deciding what information to include in individual healthcare plans, the following will be considered:

- o the medical condition, its triggers, signs, symptoms and treatments;
- o 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



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- this is used to manage their condition, dietary requirements and environmental issues e.g. movement between rooms;
- o specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed;
 - o the level of support needed, including emergencies;
 - o who will provide the 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;
 - o who in school needs to be aware of the child's condition and the support required;
 - o arrangements for written permission from parents and the Principal for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
 - o separate arrangements or procedures required for school trips or other school activities outside of the normal timetable that will ensure the child can participate, e.g. risk assessments;
 - o where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
 - o 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.

APPENDIX 3:

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

Freeman's Academy 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.



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Name of Academy	
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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[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

RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting	
Name of child	



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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

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

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

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			

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

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

USE OF ASTHMA INHALERS

- o Inhalers will be stored in the child's classroom so that they are easily accessible.
- o A record will be kept of the amount of times a child uses their inhaler. Parents will be informed if the child uses it more than 3 times in a day



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- Staff will ask to see a child's inhaler before taking them off-site
- An emergency asthma salbutamol inhaler kit is available for use by any pupil who has been diagnosed with asthma, and prescribed a reliever inhaler, or who has been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given.
- A record of parental consent for using the emergency inhaler is kept on the asthma register and with the emergency kits to enable staff to quickly check whether a child is able to use the inhaler in an emergency.
- The children are also listed in the emergency kit.
- The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).
- It will be stored in the admin cupboard. There is also an additional kit in each school for taking on off-site visits
- Each kit will be clearly labelled 'emergency inhaler kit' and contain:
 - a salbutamol metered dose inhaler;
 - at least two single-use plastic spacers compatible with the inhaler;
 - instructions on using the inhaler and spacer/plastic chamber;
 - instructions on cleaning and storing the inhaler;
 - manufacturer's information;
 - a checklist of inhalers, identified by their batch number and expiry date, with checks recorded;
 - a note of the arrangements for replacing the inhaler and spacers (see below);
 - a list of children permitted to use the emergency inhaler;
 - a record of administration.
- The person responsible for checking and maintaining the First Aid stock in the academy will be responsible for regularly checking the inhaler and spacers to ensure that they are in working order, with sufficient doses available.
- When the expiry date approaches they will inform Victoria Wallis-O'Dell, who will organise the purchase of replacement inhalers.
- Upon use, the spacers will be replaced and the plastic inhaler housing and cap (which holds the canister) will be washed in warm running water and left to dry in a clean, safe place.
- The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to its designated storage place.
- However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should not be re-used but disposed of.

APPENDIX 6:

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER FREEMAN'S ENDOWED JUNIOR ACADEMY

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].



2. My child has a working, in-date inhaler, clearly labelled with their name, which they will keep in school with them.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name (print).....

Child's name:

Teacher/Class:

Telephone:

E-mail:

APPENDIX 7:

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use



the emergency asthma inhaler containing salbutamol. They were given puffs.

Yours sincerely,

APPENDIX 8:

**CONSENT FORM FOR ADMINISTERING TRAVEL SICK PREVENTION TABLET
(COVERING 4 YEARS AT FREEMAN'S)**

I consent for a member of staff to give my child a travel sick prevention tablet, which I have provided, prior to making a return journey to school.

Signed: Date:

Name (print)

Child's name:

Parent's contact number:



APPENDIX 9:

Note re academy liability and insurance

Dear Alex

Thank you for your enquiry concerning Pupil Medical Health Plans and the recent guidance issued by the DfE.

As such we do not exclude treatment risks and will indemnify the schools under the Public Liability part of their insurance for claims arising.

Our approach towards medical treatment or first aid is that:

- teachers or staff are suitably trained or qualified to carry out the procedure in question
- the school maintains suitable records, training and documented parental permission is in place
- this information is regularly updated
- It is expected that any training is refreshed and documented as per the guidance from their first aid or medical training provider
- any treatment provided is documented as to when and whom and if necessary why.

This is in parallel with the guidance provided by the Government.

I trust this information assists.

Kind regards
Fiona

Fiona Blackmore
Market Underwriter

Zurich Municipal
Zurich House, 2 Gladiator Way, Farnborough, GU14 6GB

Phone: [01252 387943](tel:01252387943); Internal: 7600 3943
Email: Fiona.Blackmore@uk.zurich.com