



## Supporting Pupils with Medical Conditions Policy

Mark First School Academy endeavours to ensure that all pupils with medical needs receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows, including school trips and physical education. We are an inclusive school that welcomes pupils with medical conditions and aims to ensure that our pupils achieve success in their academic work, social relationships and day-to-day experiences at school.

All children will experience illness in the course of their school careers, most commonly transient self-limiting infections, but some will have more chronic or longer-term medical needs that will require additional support at school to ensure that have full access to the curriculum and to minimise the impact of their medical conditions.

This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty for section 100 of the Children and Families Act 2014. The statutory duty came into force on 1<sup>st</sup> September 2014.

### Key roles and responsibilities

#### The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice/guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of the pupils who need to be out of school for 15 days or more due to a health need and who otherwise would not receive a suitable education.
- Arranging home-to-school transport for children and developing transport healthcare plans.

#### The Governing Body at Mark First School Academy are responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the policy is developed collaboratively across services; clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, gender, disability etc.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits/ trips/ sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

#### The Headteacher is responsible for:

- Ensuring the policy is developed effectively with other stakeholders and then making staff aware of this policy.
- The day-to-day implementation and management of Supporting Pupils with Medical Conditions Policy and Procedures of Mark First & Pre school Academy.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Continuous two way liaison with school nurses/ medical professionals and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment/ care.

#### Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with medical conditions needs help. *A first-aid certificate is not sufficient.*
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of pupils with medical conditions in lessons.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

#### Other healthcare professionals, including GPs and paediatricians:

- Should notify the school when a child has been identified as having a medical condition that will require support at school.
- They may provide advice on developing healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).

#### Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

#### Pupils are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHP (if appropriate).

- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.
- Pupils who have 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.

## **General Principles**

### **Short-term illness**

Children who are suffering from short-term ailments and who are clearly unwell should not be in school and head-teachers are within their rights to ask parents/carers to keep them at home.

Some parents may send children to school with non-prescribed medicines (i.e. cough mixture), however, as a school we do not recommend this and many are not effective treatments. Please note that the Medicines and Healthcare Products Regulatory Agency (MHRA) recommends that over-the-counter cough and cold medicines shouldn't be given to children under the age of six. Children aged 6 to 12 should only use them on the advice of a doctor or pharmacist. The school cannot take responsibility for these medicines.

There are recommended times away from school to limit the spread of infectious disease. Please see NHS direct website for guidelines on this. Children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

### **Chronic illness/disability**

It may be necessary for children with long term conditions to take prescribed medicines during school hours.

Many health advisors encourage children to take control of their medical conditions, including taking responsibility for managing their medical care (with help), from very young. This can include self-administration of medicines e.g. using an inhaler or giving own insulin injections. We support this practice wherever appropriate.

Where young children or those with special needs require medication, adult support will be needed. Whilst responsibility for the medical care of children rests with parents and their health professionals, it may not be feasible for these individuals to come to school to administer medicines, and such repeated attendances could slow the personal development of a child.

### **Acute illness**

The teaching profession has a general duty of care towards children in school. Legally this duty cannot require teachers to administer medicines, but it is expected that teachers react promptly and reasonably if a child is taken suddenly ill.

### **Mental health**

The school aims to properly support all children with medical conditions, both physical and mental health, so that they can play a full and active role in school life, remain healthy and achieve their academic potential. General 'wellbeing' is addressed within the classroom and can be targeted at a more higher level within small group or 1:1 interventions. There are also available services to support children/families and can offer advice to school, such as the Parent Family Support Advisor, CAMHS (Children Adolescents Mental Health Services) etc. In the advent that school would like to seek further support for a child, parents/ carers will always be consulted and permission gained before contact can be made.

However, should there be any other significant safety issues where a child or other is at risk from harm, social services may be contacted without parental consent, in line with the school safeguarding policy.

Some child may be self-conscious about their medical condition or long-term absences may have social or emotional implications at school. Reintegration back into school will be properly supported so that children with medical conditions can fully engage with learning. Frequent absences, including attending

medical appointments, will also need to be managed effectively and appropriate support put in place to limit the impact on the child's education, emotional and general wellbeing.

## **Good practice**

### **Documentation:**

Where medicines are to be administered at school, it is important that a written instruction should have been received from the parent or doctor, specifying:

1. Name and class of the child
2. Medication involved
3. Circumstances medication should be administered
4. Frequency and level of dosage

*(see the school office for a medical form)*

For more serious or chronic conditions, including allergies that require the potential use of an epipen, we require a care plan from a child's doctor stating exactly what needs to be given and when. This is usually requested via the school nurse service.

### **Giving regular medicines:**

- We encourage parents whose child is taking medication three times a day to give it before school, after school and at bedtime. If a doctor has specified that one of the doses should be given at lunchtime and the parent/carer is unable to administer the dose, then we will follow standard practice (see below).
- If medicine has to be taken four times a day and a lunchtime dose is necessary, the standard practice (see below) is followed.
- Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take medicines themselves or manage procedures 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.

### **Standard Practice**

1. Ask the parent/carer to complete a Medicine Administration request form.
2. Refer to this form prior to giving the medicine.
3. Check the child's name on the form and the medicine.
4. Check the prescribed dose.
5. Check the expiry date.
6. Check the prescribed frequency of the medicine.
7. Measure out the prescribed dose (parents should provide measuring spoons/syringes). If the child is old enough, they can measure the medicine.
8. Check the child's name again and administer the medicine.
9. Complete and sign the Administration of Medicine Record Book when the child has taken the medicine and the child should counter-sign.
10. If uncertain, DO NOT give – check first with parents or doctor.
11. If a child refuses medication, record and inform parents as soon as possible.

### **Medicine storage**

It is the responsibility of the headteacher to ensure safe storage of medicines. All medicines should be kept in the container supplied which should be clearly labelled with the child's name, another identifier (such as date of birth) and instructions for usage. All children with medical conditions should have easy access to their emergency medication (or know where to get it / speak to a member of staff).

Some medicines (e.g. liquid antibiotics, insulin) require refrigeration – but must not be frozen. These should be kept in suitable additional and airtight containers (e.g. Tupperware boxes) and marked 'Medicines'.

## **Medical disposal**

Parents are asked to collect out-of-date medication. If this does not occur, medication should be taken to a pharmacy for disposal.

A named member of staff is responsible for checking dates of medication and arranging disposal if any have expired. This check should occur three times a year and be documented.

Sharp boxes are used to dispose of needles. These can be obtained on prescription. They should be stored in a locked cupboard. Collection of sharp boxes is arranged with the local authority's environmental services.

## **General medical issues**

### **Record keeping**

- Enrolment forms – should highlight any health condition.
- Healthcare plans – for children with medical conditions giving details of individual children's medical needs at school. These need to be updated after a medical emergency or if there is a change in treatment etc. and should be reviewed annually. They should be kept in a secure location but specified members of staff (agreed by parents) should have access to copies. All staff must protect a pupil's confidentiality.
- Centralised register of children with medical needs.
- Request to administer medicines at school.
- Log of training relevant to medical conditions.
- Records of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

### **Medi-alerts** (bracelets/ necklaces alerting others to a medical condition)

As with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

### **Impaired mobility**

Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play. Some relaxation or normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.

### **Off-site visits**

First Aid kits are taken wherever children are off-site. Buckets and towels, in case of sickness on a journey may also be considered.

All staff attending off-site visits are to be aware of any pupils with medical conditions on the visit. They should receive information about the type of condition, what to do in an emergency and any other additional medication or equipment necessary. A risk assessment will be carried out where necessary and consideration to reasonable adjustments which may be made to enable children with medical needs to participate fully (to their abilities) and safely on visits. This consultation may involve parents, the pupil and a health professional. A child with medical needs may not participate if evidence from a clinician such as a GP states that this is not possible.

### **Employee's medicines**

Staff and other employees may need to bring their own medicine into school. They have clear personal responsibility to ensure that their medication is not accessible to children.

### **Staff protection**

"Universal precautions" and common sense hygiene precautions will minimise the risk of infection when contact with blood or other bodily fluids is unavoidable.

- Always wear gloves.

- Wash your hands before and after administering first aid and medicines.

### **Liability and indemnity**

The school will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

### **Education, Health and Care Plan (EHC Plan)**

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Some may also have Special Education Needs (SEN) and may have a Statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. Multi-agency meetings will take place during the year to review the plan – usually annually unless changes need to be made earlier. Please also see the SEND Policy. Where a pupil has an EHC plan the IHP (Individual Healthcare Plan) will be linked to it or become part of it.

### **Individual Healthcare Plans (IHPs)**

Individual healthcare plans can help to ensure that school effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in appendix F.

IHPs will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be drawn up in partnership between school, parents and a relevant healthcare professional. Pupils should also be involved where appropriate. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

IHPs will be easily accessible to all relevant staff, including supply staff, whilst persevering confidentiality. Staffrooms may be an inappropriate location as visitors/parent helpers could enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage may be considered. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.

### **Admission**

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. For children starting a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

In the case of short term illnesses, school has a duty to ensure pupils' health is not put at unnecessary risk from, for example, infectious diseases. School does 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.

### **Training**

Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual healthcare plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. The clinical lead for each training area/session will be named on each IHP.

Teachers and support staff should receive appropriate training and guidance for non-routine administrations from medical professionals.

### **Unacceptable practice**

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 inhaler 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 or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plan;
- 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 eg 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

### **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaint procedure. Making a formal complaint to the Department for Education should only occur if it comes with scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

**Date of policy: September 2022**

**Signed..... (headteacher)**

### **Non-prescribed medicines**

**Parent supplied** – parents may wish to send children with medicines such as cough mixtures. This should be discouraged as school cannot take responsibility for such medicines.

**Be wary of confusion** – brand names (eg Calpol, Neurofen) are often interchangeably used with generic names (paracetamol, ibuprofen) and this can lead to confusion, particularly now that some pharmaceutical companies have broadened their range (eg Calprufen is ibuprofen made by the manufacturers of Calpol).

Ibuprofen should not be used with asthmatic children or in very dehydrated children. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

### **Prescribed medicines**

#### **Antibiotics**

A child taking antibiotics can recover quickly and be well enough to attend school, but it is essential that the full prescribed course of treatment is completed to prevent relapse, possible complications and bacterial resistance.

#### **Inhalers**

A child with asthma may have inhaler(s) which may need to be used regularly or before exercise, or when the child becomes wheezy.

Most common, blue salbutamol inhalers (“relievers”) are used to relieve symptoms and brown steroid inhalers (“preventers”) are used to prevent exacerbations and control the severity of the illness.

If the school and parents feel that the child is capable and responsible, the child should look after and carry his/her own inhaler marked with his/her name. Cases should be considered individually after consulting with parents and any medical professions, if appropriate. However, in most cases the school will store medications/inhalers and support the child with managing their medication. This will then also allow the school to monitor the usage. Inhalers are very safe to use.

#### **Enzyme additives**

Child with cystic fibrosis may require added enzymes to ensure that they are able to digest their food. They are usually prescribed pancreatic supplements (eg Creon) and these must be taken with food. Children may need several capsules at a time. They are entirely safe if taken accidentally by another child.

#### **Maintenance drugs**

A child may be on medication (eg insulin) that requires a dose during the school day. There are many relevant medical charities that have developed resources to support schools looking after children with chronic medical problems.



## Appendix B – Non-routine administration of medicines

**Any request for ‘Unusual Administration’ of medicine or treatment should be referred to medical professionals for advice.**

### **Conditions requiring emergency action**

As a matter of routine, all schools must have clear procedures for summoning an ambulance in an emergency (Appendix D).

Some life-threatening conditions may require immediate treatment and some staff may volunteer to stand-by to administer these medicines in an emergency. If they do, they must receive professional training and guidance via the school health services.

If the trained member of staff is absent, immediate contact with the parent needs to be made to agree alternative arrangements. However, usually the school will have more than one person trained, so there is another member of staff who is able to stand in.

Medicines for these purposes should only be held where there is an individual protocol for the child concerned that has been written up for the school with health professionals input. Some of these conditions may include: anaphylaxis (acute allergic reaction) i.e to bee stings, nuts and require an immediate injection of adrenaline; some child with epilepsy require medication to prolonged seizures that do not spontaneously stop; or diabetic hypoglycaemia which may require an injection of Glucagon.

### Appendix C – Request for school to administer medication (see attached form)

### Appendix D – Procedure for summoning an ambulance in an emergency

When there is a concern regarding an adult or child who has had an accident or become ill, a trained First Aider should check the patient before taking further action.

If it is not an emergency and in the case of a child, a parent/carer should be contacted and asked to take the child to the GP or A&E if they think fit. Where it involves a member of staff, they should receive support from another adult.

Where it is deemed an emergency, a member of staff (usually the Admin Officer) will call for an ambulance. Ambulance control will need as much information about the casualty as possible (Name, DOB, suspected injury/illness, level of consciousness etc.) along with the school address and contact information.

The child’s parent/carer should be called immediately to accompany the casualty to hospital (or next of kin where a member of staff is involved). If a parent is unavailable immediately, then a member of staff needs to accompany the child in the first instance. Another member of staff should follow the ambulance by car to support the first member of staff and bring them back to school once parents or other relatives have arrived in hospital.

### Appendix E – First Aid

Children should not help with First Aid.

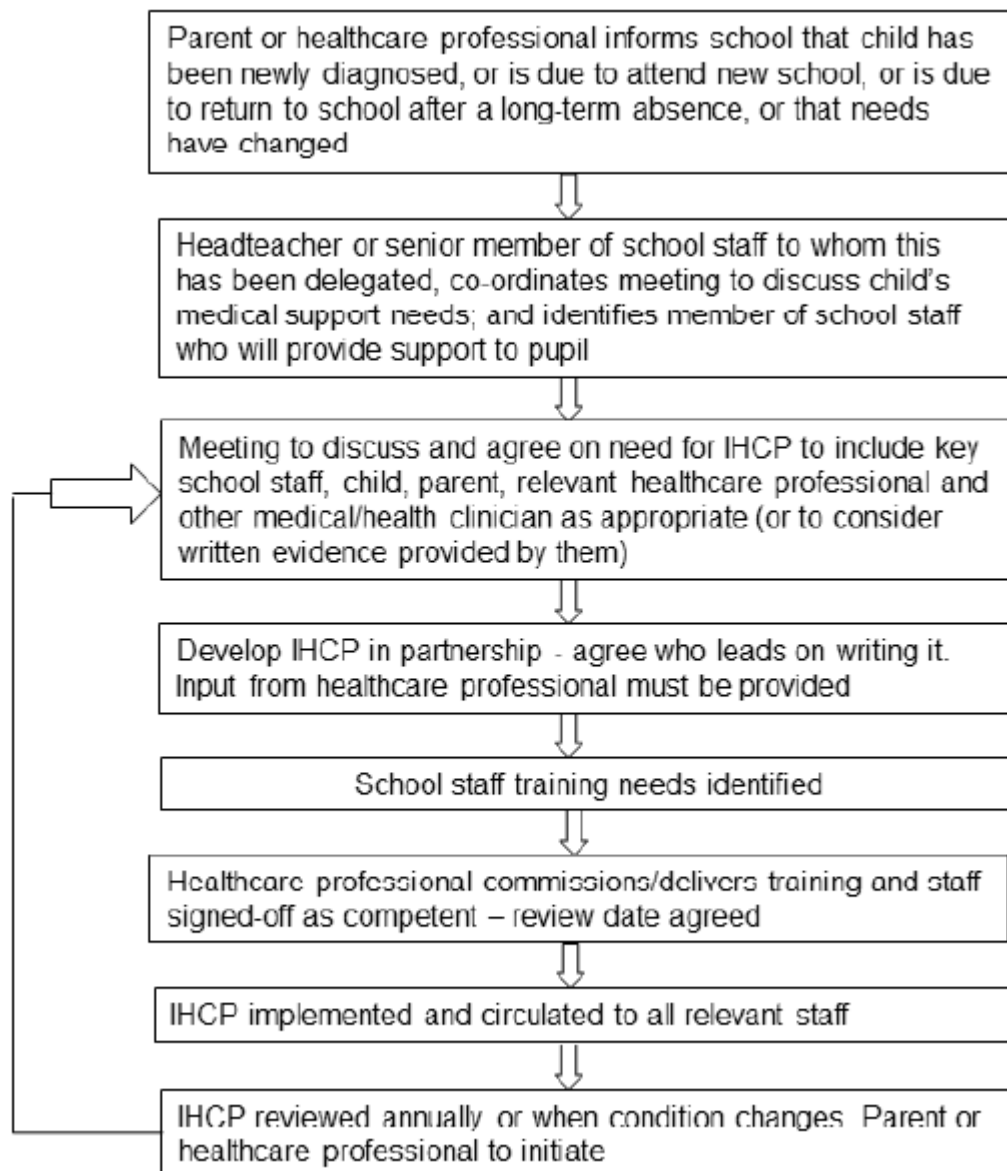
A list of first aiders and paediatric aiders at Mark First & Pre-school Academy are available upon request. Always wear gloves when administering First Aid.

First Aid book – entries must be clear, in ink, and include:

- Name of child and class
- Signature of the person reporting the accident
- Date and time
- Where it occurred and what happened
- The resulting injury
- How it was dealt with

Parents should be notified of any First Aid given to a child during the school day (by letter, sticker or phone call). Any serious injuries (other than non-serious bruises, grazes etc.) will require parents to be contacted immediately.

Appendix F – Process for developing individual healthcare plans



## Appendix G – Information that may be recorded in individual healthcare plans

- The medical conditions, 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 over crowded corridors, travel time between lessons;
- specific support for the pupil's education, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional supporting 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 parents and the headteacher for medication to be administered by a member of staff, or self-administration 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.