

**ST MARY & ST MARGARET'S CE PRIMARY
SCHOOL & NURSERY**



**SUPPORTING PUPILS WITH MEDICAL
CONDITIONS POLICY**

May 2024

Supporting Pupils with Medical Conditions in School Policy

(This policy is to be read in conjunction with -
'The Administration of Medicines in Schools and Settings' 6th Edition, January 2015)

This school is an inclusive community that welcomes and supports pupils with medical conditions.

This school provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave school.

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this school. Staff receive training on the impact medical conditions can have on pupils.

The named member of school staff responsible for this medical conditions policy and its implementation is: Rachel Crawley.

This policy framework describes the essential criteria for how the school meets the needs of children and young people with long-term conditions and short term medical needs. It has been adapted from a sample Medical Conditions Policy shared by Diabetes UK. It should be read alongside Solihull's 'The Administration of Medicines in Schools and Settings: A Policy Document (6th Edition)', 2015 and 'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England', DfE 2014. It has been updated in response to 'Administration of medicines in schools and early years settings' published by PrescQIPP in August 2018.

Complaints by parents or others should be discussed initially, as appropriate, with the class teacher or head teacher. It is desirable that complaints should be dealt with informally, but if that is not possible, then a written, formal complaint should be registered with the head teacher, unless it is a matter concerning the head teacher, when it should be directed to the chair of governors. Parents may request a copy of the full complaints procedure from the school office or it can be viewed on the school website.

1 This school is an inclusive community that supports and welcomes pupils with medical conditions.

- We are welcoming and supportive of pupils with medical conditions. We provide children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- We will listen to the views of pupils and parents.
- Pupils and parents can feel confident in the care they receive from our school and that the level of that care meets their needs.
- Staff understand the medical conditions of pupils at our school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs.
- The school recognises that duties in the Children and Families Act and the Equality Act relate to children with disability or medical conditions.

2 This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

- Stakeholders include Headteacher, teaching staff, support staff, Local Authority advisors and our school nurse.

3 The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.

- Pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels for example it is part of our Welcome Pack for children new to our school and is available on our school website.

4 All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- This school will, in partnership with parents and health care professionals, give careful consideration to whether an individual healthcare plan (IHP) is appropriate or proportionate. The development of a plan will be led by our school nurse and Special Educational Needs Teaching Assistant (SENTA).

- A pupil's individual healthcare plan will explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

5 All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car except in exceptional, emergency, circumstances.

6 This school has clear guidance on providing care and support and administering medication at school.

- We understand the importance of medication being taken and care received as detailed in a pupil's IHP.
- We will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child. This would include escort staff for home to school transport if necessary. We will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. Our governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- We will not give medication (prescription or non-prescription) to a child under 16 without a parent or carers written consent
- Prescription Only Medicines (POMs) will only be administered if they have been prescribed by an 'Appropriate Practitioner' which includes a doctor, dentist, nurse or pharmacist.
- Non-prescription medicines (over the counter – OTC) do not need an Appropriate Practitioner prescription, signature or authorisation in order for school to administer them.
- When administering medication the school will check the maximum dosage and when the previous dose was given. Medication will be **administered at 12 noon** by a member of school staff unless the doctor specifies a set time which is detailed on the medicine container. Medication must be taken to the school office each morning and collected after school. Parents must complete and sign a consent form before it can be administered.
- Children under 16 years of age will never be given medicine containing aspirin unless prescribed by a doctor.
- Staff will administer OTC medicines once parents have provided written consent and school staff have checked that the medicine is in date, the manufacturer's instructions on the medicine are in line with what is being requested and the child's name is written on the OTC medicine container.
- OTC medicines will be administered once the maximum dosages have been checked and when the previous dose was taken has been confirmed.
- School will only accept prescribed medicines if they are in-date, labelled with the correct child's name, provided in the original container, as dispensed by a pharmacist (or dispensing doctor) and include the date of dispensing and instructions for administration, dosage and storage.

- Insulin is an exception, which must still be in date, will generally be available inside an insulin pen or pump rather than its original container.
- We will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- We will not 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.
- Parents understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their emergency medication, or anyone else's, their parent is informed as soon as possible and the school's behaviour and disciplinary procedures will be followed.

7 This school has clear guidance on the storage of medication and equipment at school.

- We make sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish/this is appropriate.
- Emergency medication/equipment is stored in a bag, clearly labelled with the child's name, in a box kept in each classroom. Infant boxes are kept in stock cupboards and junior boxes at the back of each classroom. All medication should be in its original box/container and have a pharmacist's label on it.
- Non-emergency medication (POM or OTCs), will be stored in the locked First Aid cabinet in the school office or the fridge in the staff room. Medicines in the 'fridge will be kept in a closed, clearly labelled plastic container. This is kept on a separate shelf in the 'fridge.
- A record is kept, for audit and safety purposes, of any doses used and the amount of medicines stored.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it.
- Pupils can carry controlled drugs if they are competent, otherwise this school will keep controlled drugs stored securely, but accessibly, with only named staff having access. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- We will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.
- We will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents are asked to collect all long-term medications/equipment at the end of the school year, and to provide new and in-date medication at the start of each year. Once a course of short-term medication is completed, it should be collected by parents to dispose of appropriately.
- Records are kept for audit purposes.
- Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of appropriately by parents.

8 Our school has clear guidance about record keeping.

- Parents are asked if their child has any medical conditions when they register before starting school.
- Where appropriate and proportionate, we use an IHP (Individual Health Care Plan) to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- We make sure that the pupil's confidentiality is protected.
- We seek permission from parents before sharing any medical information with any other party.
- We meet with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- We will keep an accurate record of all medication administered, including the dose, time, date and supervising staff.
- We make sure that all staff providing support to a pupil have received suitable training and on-going support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence (where appropriate), and school keeps an up-to-date record of all training undertaken and by whom.
- Any side effects of the medication administered at school will be documented.
- If a child spits out or refuses the dose school will keep a record and contact parent/carer to advise them as soon as possible.
- Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell.

9 The school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- We are committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. We are also committed to an accessible physical environment for out-of-school activities.
- We make sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

- We understand the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- We understand that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- We will make sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- We will make sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO (Mrs Rachel Crawley) who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- All pupils at this school learn what to do in an emergency. Each class has a 'Helping hand' attached to the wall near the door that should be removed and taken to the school office in the case of an emergency. This procedure is outlined to children regularly.
- We will make sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

10 Salbutamol inhalers

- Legislation on POMs allows schools to buy a salbutamol inhaler to keep in school for emergencies
- The emergency inhaler is only used by children for whom written parental permission has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication and where this is recorded in a child's individual healthcare plan.
- The emergency inhaler can be used if a pupil's prescribed inhaler is not available (for example, because it is broken, empty or out-of-date)
- Salbutamol remains a POM
- A written order signed and dated by the headteacher must be provided to the pharmacy in order for school to purchase a Salbutamol inhaler. The order must be written on school headed paper.
- The order must state: the name of our school, the purpose for which the inhaler is required and the total quantity required.
- The order should be retained by the pharmacy for two years from the date of supply
- To avoid possible risk of cross-infection the spacer device should not be reused. It can be given to the child to take home for future personal use. The inhaler itself can be reused

once it has been cleaned after use. However, if there is a risk of contamination with blood it should not be reused but disposed of.

11 Adrenaline auto-injectors

- Legislation allows schools to purchase an adrenaline auto-injector without a prescription for use in emergencies.
- School has a protocol for the use of the emergency adrenaline auto-injector
- AAI held in school are considered as a spare or back-up device and not a replacement for a pupil's own AAI.
- The spare AAI is only used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.
- The spare AAI can also be used if the pupil's prescribed AAI is not available, not working (for example, because it is broken, empty or out-of-date), or cannot be administered correctly without delay.
- Used AAI's are given to the ambulance paramedics on arrival.
- AAI's remain a POM
- A written order signed and dated by the headteacher must be provided to the pharmacy in order for school to purchase an AAI. The order must be written on school headed paper.
- The order must state: the name of our school, the purpose for which the product is required and the total quantity required.
- The order should be retained by the pharmacy for two years from the date of supply
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12 This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

- We are committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school and is actively working towards reducing/eliminating these health and safety risks e.g. if a pupil has a severe nut allergy, school may consider asking staff/parents of other children not to bring in peanut butter sandwiches.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

13 Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- The roles and responsibilities for all relevant parties are:

Parent/carer -

- If the school/setting staff agree to administer medication on a short term or occasional basis, the parent/carer is required to complete a consent form (Appendix F 'Consent Form to Administer Medicines'). Verbal instructions will not be accepted.
- Only one parent (defined as those with parental responsibility) is required to agree to, or request, that medicines are administered by staff.
- If it is known that pupils are self-administering medication in school on a regular basis, a completed consent form is still required from the parent/carer.
- For administration of emergency medication, an Individual Health Plan (IHP) must be completed by the parent/carer in conjunction with the school nurse and school staff. Minor changes to the IHP can be made if signed and dated by the school nurse. If, however, changes are major, a new IHP must be completed. IHPs should be reviewed annually. It is the parents' responsibility to notify school/school nurse of any changes required to the IHP e.g. treatment, symptoms, contact details.
- The parent/carer needs to ensure there is sufficient medication and that the medication is in date. The parent/carer must replace the supply of medication at the request of relevant school/health professional. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal.
- Medication should always be provided in an original container with the pharmacist's original label and the following, clearly shown:-
 - Child's name, date of birth
 - Name and strength of medication
 - Dose
 - Any additional requirements e.g. in relation to food etc
 - Expiry date whenever possible
 - Dispensing date

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. Other pupils will often be sensitive to the needs of those with medical conditions.

Headteacher -

- The Headteacher is the named person responsible for dealing with pupils who are unable to attend school because of medical needs.
- The Headteacher should ensure that this policy 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. Headteachers should ensure that all staff that need to know are aware of the child's condition. They should also ensure 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. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may

require support at school, but who has not yet been brought to the attention of the school nurse.

School Governors -

- The Governing body should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.
- The governing body has general responsibility for all the school's policies. The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions. The Governing body must make arrangements to support pupils with medical conditions in school; including making sure that this policy is developed, implemented and evaluated. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- The school and governing body should monitor and evaluate policies for supporting, guiding and caring for pupils with chronic or long-term medical needs.

School staff -

- Some staff may have duties relating to the administration of medication written into their core job description. These duties will have to be considered as part of the job evaluation for the role. There is still a requirement for the member of support staff to receive appropriate training before undertaking relevant duties.
- Staff will undertake annual training relating to emergency medication and relevant medical conditions.
- Staff will ensure that they know if parents are satisfied with the quality of support, guidance and care provided by staff. This includes the level of satisfaction of how well the school liaises with a hospital/hospital school while a child is receiving treatment.
- 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 take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Local authority -

- Solihull Council fully indemnifies its staff (maintained schools) against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with appropriate training. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. In practice indemnity means the council and not the employee will meet the cost of damages should a claim for negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent/carer and the employer. Staff should at all times follow the guidance provided by Heart of England Foundation Trust.

School Nurse -

- Every school has access to school nursing services. They 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. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals, including GPs and paediatricians -

- They should notify the school nurse 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).

14 The medical conditions policy is regularly reviewed, evaluated and updated.

- In evaluating the policy, we will seek feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

This policy will be reviewed every 3 years and is next due to be reviewed in February 2022.

Signed:.....D.Ward.....
Chair of Governors

Date ...May 2024.....