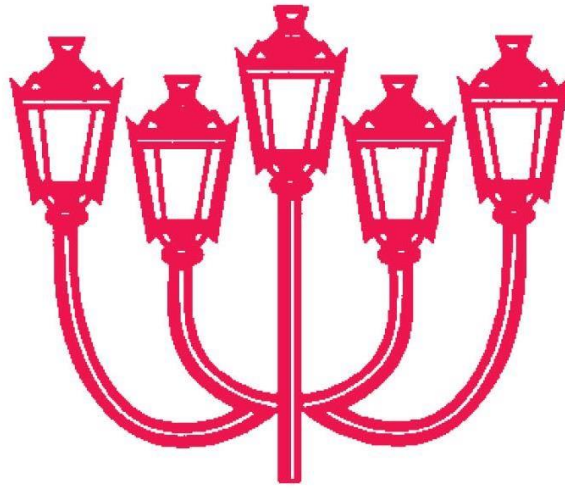


Thornaby C of E Primary School

Supporting Pupils with Medical Conditions in School



Mission Statement:

Recognising its historic foundation, the school will preserve and develop its religious character in accordance with the principles of the Church of England and in partnership with the Church at Parish and Diocesan level.

The School aims to serve its community by providing an education of the highest quality within the context of Christian belief and practice. It encourages an understanding of the meaning and significance of faith and promotes Christian values through the experience it offers to all its pupils.

Walking and learning with faith in the footsteps of Jesus.

1. INTRODUCTION

From 1 September 2014 The Children and Families Act 2014 placed a statutory duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

The aim of the legislation is to ensure that all children with medical conditions, in terms of both physical and mental health are properly supported in school so they can play a full and active role in school life, remain healthy and achieve their academic potential.

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN). For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice 2014.

The Headteacher and all school staff should treat medical information including information about prescribed medicines confidentially. The Headteacher should agree with the parent or otherwise the pupil (where appropriate) who else should have access to records and other information about the pupil.

Throughout the document we have used the term 'parent/carer' to indicate a person with legal parental responsibilities. There is also an Allergens Policy within our school.

2. GOVERNING BODY'S RESPONSIBILITIES

The following are the **statutory** (bold, for the purpose of Sect 2 only) requirements that governing bodies must have regard to when making their own bodies arrangements to support pupils with medical conditions.

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Governing bodies should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

Governing bodies should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.

Governing bodies should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. 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 well-being and minimises disruption.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider 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 e.g. 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 parents and the Head teacher 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, e.g. 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.

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

Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines.

Governing bodies should ensure that written records are kept of all medicines administered to children.

Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.

Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).

Governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

3. HEADTEACHER'S RESPONSIBILITIES

Headteachers should ensure that their school's 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 who need to know are aware of the child's condition. They should ensure sufficient trained numbers of staff are available to implement and deliver against individual health care plans, including in contingency and emergency situations.

This may require recruiting member of staff for this purpose.

Headteachers have overall responsibility for the development of individual health care plans.

They should also make sure that staff are appropriately insured and are aware that they are insured to support pupils in this way.

They should contact the schools 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.

4. SCHOOL STAFF RESPONSIBILITIES

Any member of school staff may be asked to provide support pupils with medical conditions, including the administration of medicine, although they cannot be required to do so (subject to individual terms and conditions of employment).

Although administering medicines is not part of teacher's 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 competence 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.

5. SCHOOL NURSING SERVICE RESPONSIBILITIES

- Notifying school when a child is identified as having a medical condition that will require support.
- Providing general advice and signposting to appropriate local support for individual children and associated staff training needs.
- Providing specific support in relation to staff training in relation to management and use of Adrenaline/Epinephrine pens for management of allergy / anaphylaxis.

6. HEALTH CARE PROVIDERS / PROFESSIONALS e.g. Paediatricians, GPs, specialist nurses etc.

- Should notify school nursing team when a child has been identified that will require support at school.
- Provide advice and support on developing health care plans.
- Provide support for individual children with particular conditions e.g. diabetes, epilepsy including training of relevant staff.

7. PARENTS' RESPONSIBILITIES

- Provide sufficient and up to date information to the school about their child's medical needs.
- Input into the development and review of their child's individual health care plan.
- Provide any medicines and equipment in line with local arrangements.
- Complete any required paperwork / consent required by schools.

8. LOCAL AUTHORITIES' RESPONSIBILITIES

- Commissioning of school nursing services for maintained schools and academies'
- For those pupils who because of their health needs would not receive a suitable education in mainstream school because of their health needs, the local authority has a duty to make other arrangements'
- Provide support and advice'
- Duty under section 10 of the Children's Act 2014 to promote cooperation between relevant parties and bodies involved in supporting a pupil with a medical condition.

9. CLINICAL COMMISSIONING GROUP RESPONSIBILITIES

- Commissioning of healthcare services, they should ensure services are responsive to children's needs and health care service are able to co-operate with schools supporting children with medical conditions.

- Duty under section 10 of the Children’s Act 2014 to promote cooperation between relevant parties and bodies involved in supporting a pupil with a medical condition.

Thornaby CE Primary

Supporting Pupils with Medical Conditions Policy

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health are properly supported while at Thornaby Church of England Primary School so they can play a full and active role in school life, remain healthy and achieve their academic potential.

Relevant (need to know) staff will be aware of individual children’s medical conditions and the plan that is in place to support them including what to do in an emergency.

The school understands the importance of medication and care being managed as directed by health care professionals and parents.

Staff involved with administration of medicines and provision of support to pupils with medical conditions will be suitably trained.

The named member of school staff responsible for the medical conditions policy and its implementation is Susan Smith (Deputy Headteacher). This policy is to be used in conjunction with the Allergens Policy.

10. On Admission to School

All parents/carers will be asked to complete an admissions form advising of any medical conditions for which their child may require support at school. Each academic year, an Information Update Form will be sent to parents/carers, so that they can update the school of their child’s medical condition or of any new diagnosis of a medical condition.

11. Individual Health Care Plans

Individual healthcare plans (Appendix3) and their review may be initiated in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. Individual healthcare plans will be drawn up in partnership between the school, parents/carers and relevant healthcare professionals, e.g. school, specialist or children’s community nurse who can best advise on the particular needs of the child. Pupils may be involved in whenever appropriate. The aim is to capture the steps which Thornaby Church of England Primary School will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

For the start of the new school year, or on receipt of a new diagnosis of medical condition, every effort would be made to ensure that suitable arrangements are put in place within two weeks. The school will not need to wait for a formal diagnosis before providing support to pupils. In cases where a medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based upon the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support is put in place.

Relevant (need to know) members of staff will be made aware of individual health care plans. A central register of individual health care plans will be held in the school office and they shall be reviewed at least annually and more frequently if required. A copy of the current healthcare plan will be held by the parent/carer/school and where relevant, a health care professional. A copy of individual healthcare plan will be held in the child's classroom and will accompany the child on any out of school activities.

12. Administration of Medication in School

The school recommends that only medicines that have been prescribed for a child will be administered in school. Parents should ensure that, wherever clinically possible, medication is prescribed so that it can be taken outside the school day. Medication can only be administered by the school if it is required more than three times a day or states at regular intervals if three times a day.

Should medication be required to be administered at school, parents/carers must complete an **Administration of Medicines in School Consent Form (Appendix 1)**. Medication cannot be administered without signed consent from the child's parents/carers.

The school will make sure that they only administer medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

Only staff who have been authorised to administer medicines by the Policy Lead should do so.

Where children self-administer a medicine that may put others at risk e.g. self-injecting insulin, then the school will ensure that arrangements are put in place for a safe location to administer the medication, in accordance with a risk assessment drawn up in consultation with the parents/ health care professional.

The school will provide facilities to allow staff to wash/disinfect their hands before and after administering medicines and to clean any equipment after use.

Staff will administer medication in the same room that the medicine is stored. The school will keep an accurate record of all medication they administer or supervise administering, including the dose, time, date and staff involved. If the medicine is not administered then the parents/cares will be notified.

Medication will only be administered to one child at a time.

The member of staff administering the medication will be known to the child and follow steps to identify the child, and the correct medications before administering the medications. Before administering the medication school staff will check:

- the child's identity
- that there is written consent from parent / carer
- that the medication name, strength and dose instructions match the details on the consent form
- that the name on the label matches the child's identity
- that the medication is in date
- that the child has not already been given the medicine

Immediately after administering or supervising the administration of medicine written records should be completed and signed.

If a child refuses to take their medication, staff will not force them to do so; they will immediately inform the child's parents/carers. Parents/carers will be asked to come into school to administer the medications. Wherever

it is considered necessary to protect the health of the child, the school will call the emergency services. Records of refusal/non administration will be made on the child's administration of prescribed medicines consent form.

Parents must inform the school of any changes to instructions and complete a new Administration of Medicines in School Consent Form. A fresh supply of correctly labelled medicine should be received as soon as possible.

Staff will record and inform parents/carers of any wasted doses e.g. tablet dropped on floor and the medication will be disposed of as per guidance on disposal of medicines. Such doses should not be administered.

Parents must supply a suitable graduated medicine spoon or syringe for any liquid medications.

If the normal routine for administering medicines breaks down e.g. no trained staff members available, immediate contact with parents should be made to agree alternative arrangements.

13. Storage of Medication in School

Prescribed medicines which are kept at the school must be in the school office and are clearly labelled. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.

Asthma inhalers must be readily available to pupils and will be stored safely in each child's classroom.

Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which it was dispensed. Staff will ensure medicines which require a refrigerated storage, are kept in the school office refrigerator.

Large volumes of medicines will not be stored in the school. School staff will only store, supervise and administer medicine that has been prescribed for an individual child.

Medicines will be routinely returned to parents at the end of each academic year and received back into school at the start of each new academic year.

The Headteacher is responsible for making sure that all medication is safely stored.

Some drugs administered in schools may be classified as controlled drugs e.g. Methylphenidate, Midazolam. Controlled drugs should be handled in the same way as any drug **except** that they are not suitable to be carried by the child and should be stored in a locked non-portable device. The exception to this is Midazolam which is used in the emergency treatment of epilepsy and this should be readily available at all times.

14. Disposal of Medication

Parents are required to collect expired / no longer required medicines within fourteen days of the expiry date or when no longer required. If parents do not collect the medicines within the specified time frame, the school will arrange for these medicines to be returned to their local community pharmacy. This will be recorded on the child's Administration of Medicines in School Consent Form. Temporary medications, such as antibiotics, should be collected at the end of the school day by the parents/carers. Medications will not be given to children.

Expiry dates of all medicines will be recorded on each child's **Administration of Medicines in School Consent Form (Appendix 1)**, and will be checked before every administration. A central record of expiry dates will be kept in the school office, and a check of expiry dates will be undertaken of all medicines held in school on a six monthly basis.

Parents are responsible for the renewal of any medicine which has passed its expiry date. The school will remind parents at least 14 days in advance of medicines expiring that they need to arrange a replacement supply.

Sharps boxes should always be used for the disposal of needles and should be provided by parents.

15. Record and Audit Trail of Medicines in School

Each child who receives prescribed medicine at school must have an individual **Administration of Medicines in School Consent Form (Appendix 1)** completed for each medication they are to receive. The following information should be recorded:

- details of the prescribed medicine that has been received by the school
- the date and time of administration of medicine and the dose given
- details of any reactions or side effects to medication;
- all movements of prescribed medicine within the school and outside the school on educational visits for example; when the medication is handed back to the parent at the end of the course of treatment

A member of staff authorised by the Head teacher/ Policy Lead will be responsible for recording information about the medicine and about its use.

Before administering the medication, staff should check; the prescriber's written instructions and the administration of prescribed medicines in school consent form. Once the medication has been administered, the **record of medicine administered to an individual pupil (Appendix 2)** should be completed by the member of staff administering the medicine.

The administration of prescribed medicines in school consent form should be retained on the premises for a period of five years.

If a parent has requested a child self-administers their medicine with supervision, a record of this will be recorded on the Administration of Prescribed Medicines in School Consent Form.

Changes to instructions should only be accepted when made in writing. A fresh supply of correctly labelled medication should be obtained as soon as possible.

16. Hygiene and Infection Control

All staff will take the necessary precautions to avoid and control infections:

- staff will use the wash/disinfection facilities before administering medications or seeing to the child's medical needs
- staff will clean any equipment after use
- staff will use basic hygiene procedures
- staff will have access to protective disposable gloves
- staff will take care when dealing with spillages of blood or other bodily fluids and disposing of dressings and equipment.

Where specialist or enhanced hygiene arrangements are required these will be covered by an appropriate risk assessment written in consultation with parents / health care professional.

17. Intimate or Invasive Treatment

Intimate or invasive treatment by school staff should be avoided wherever possible. Any such requests will require careful assessment. Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Parents/carers and Headteacher will respect such concerns and undue pressure will not be put on staff to assist in treatment unless they are entirely willing.

The Headteacher or Governing Body will arrange appropriate training for school staff providing medical assistance. The school will arrange for two adults, and wherever possible, of the same gender as the pupil to be present for the administration of the treatment.

Where intimate or invasive treatment is required, it will be subject to an individual risk assessment which should include reference to two people to minimise any risk claim. Localised arrangements should be put in place.

Unless otherwise required within an Individual Health Care Plan, this guidance is not intended for simple soiling accidents or nappy changing which should be accommodated within routine procedures.

18. Emergency Procedures

In the event of an emergency staff should contact the emergency services using the 999 system.

If the school has within an individual health care plan agreed and put arrangements in place to deliver any emergency treatment this will be undertaken by authorised individuals. Qualified first aiders in the school may also be able to offer support.

A member of staff should always accompany a child to hospital and stay with them until the child's parents arrive. Health care professionals are responsible for any urgent decisions on medical treatment when parents are not available.

Where pupils are taken off site on educational visits, then the arrangements for the provision of medication will be considered in consultation with parents/carers and risk assessments, and arrangements put in place for each individual child.

Emergency medication should always be readily accessible and never locked away.

Children who are known to have asthma must have a reliever inhaler available to them at all times in school. If children are carrying their own inhalers ideally a spare inhaler should be held by the school.

Emergency first aid procedures will be followed as set out in the First aid policy.

19. Out of School Activities / Extended School Day

The school will meet with parents/carers, pupil and health care professional where relevant prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed to support a child with a medical condition to participate. This should be recorded in child's individual health care plan which should accompany them on the activity.

Risk assessments are carried out on all on all out of school activities taking into account the needs of pupils with medical needs. School will make sure a trained member of staff is available to accompany a pupil with a medical condition on an offsite visit.

Should a child require a non-prescribed medication for an overnight stay or an extended school trip, the parents/carers should discuss this with the school prior to the trip. An authorised member of staff will administer the medication whilst on the trip.

20. Management of Diabetes

Children who have diabetes must have emergency supplies kit available at all times. This kit should include a quick acting glucose in the form of glucose sweets or drinks. Most children will also have a concentrated glucose gel preparation e.g. Gluogel. These are used to treat low blood glucose levels (hypoglycaemia). The kit should also contain a form of longer acting carbohydrate such as biscuits.

Children with diabetes will generally need to undertake blood glucose monitoring at lunchtime, before PE and if they are feeling 'hypo'. A clean private area with washing facilities will be made available for them to undertake this.

In addition, staff will follow plans set out in child's Individual Health Care Plan.

Revised November 2024

To be reviewed November 2026

Appendix 1

Parental request for medicine to be taken at school

School staff will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer certain medicines.

Childs name:		DOB:
Medical condition/illness:		Class/form:
Name/type of medicine (as described on the container)	NB: Medicines must be in the original container as dispensed by the pharmacy	
Expiry date		
Dosage and method		
Times of day medicine is to be administered		
Date and time the most recent dose was given (school should not give the first dose of a medicine)		
Special precautions / instructions		
Are there any side effects that the school needs to know about?		
Procedures to take in an emergency		

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and the prescribers instructions.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that, where medicine is not self- administered, it will be given by non-medically qualified staff.

I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration/supervision of medication unless resulting from their negligence

I will abide by the schools policy and procedure for the delivery and return of medication

I will ensure adequate supply of in date medication

Name of Parent.....

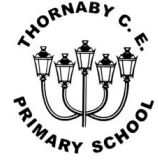
Signature of parent..... Date.....

Relationship to Child.....

Appendix 2: Record of medicine administered to an individual pupil



Thornaby Church of England School



Pupil's Name : _____ **Class Number :** _____

Date					
Time					
Name of Medication					
Dose Given					
Any Reaction To The Medication					

Signature of Staff:

Print Name:

Check that the parents/carers have signed form 1 and that it is attached to form 2 if appropriate. A copy of this form should be sent to the pupil's parent/carer on a weekly basis.

Appendix 3. Thornaby CE Primary School - Individual healthcare plan

Name of school/setting	Thornaby Church of England Primary School
Child's name	
Year Group	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

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

Clinic/Hospital Contact

Name	
Address	
Phone no.	

G.P.

Name	
Address	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with (name of staff)

Staff training needed/undertaken – who, what, when

Parents / Carers signature _____ Date _____

Staff signature _____ Date _____