



## Supporting Pupils with Medical Conditions Policy

<b>Supporting Pupils with Medical Conditions Policy</b>	
<b>Responsible Committee:</b>	Local Advisory Board
<b>Date approved by the LAB:</b>	September 2023
<b>Next review date:</b>	September 2024

### Introduction

Most children at some time in their lives will have a medical condition, which could affect their attendance or participation in activities. This may be short-term, such as completing a course of medication, or long-term which, if not managed properly, could limit their access to a particular setting and the activities on offer. Other children may require medicine in particular circumstances such as asthma or severe allergies.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained academies, proprietors of academies and management committees of PRUs to arrange support for pupils at their school with medical conditions.

### Aims

At Milton Primary Academy, we place the needs of each individual child at the heart of their learning. This includes medical conditions. All relevant staff will be made aware of a child's condition to ensure ALL pupils access a full and varied curriculum.

### Principles

#### **What happens when a child with a medical condition joins the school?**

Ideally, we prefer to be informed about a child's medical condition before they start their first day at our school. This allows us to make an initial assessment and draw up a plan to meet a child's needs, where we can, prior to their enrolment. This is not always possible. For example, when a child starts mid-term, or receives a new diagnosis mid-term; every effort will be made to ensure that suitable arrangements are put into place to support the child as soon as possible working closely with parents/carers and relevant professionals. We will ensure that sufficient

members of staff are trained to support the child. All relevant staff will be made aware of a child's condition whilst maintaining confidentiality.

The support put into place for pupils with medical conditions will be made based on the medical evidence that is available, and in consultation with parents.

At Milton Primary Academy, supporting a child with a medical condition during school hours is not the sole responsibility of one person. We are firmly committed to working in partnership with all members of our community, healthcare professionals and other agencies to provide the support that a child with a medical condition may require, to the best of our ability.

Where a child returns to school following a period of hospital education or alternative provision (including home tuition), our school will work with the local authority and education provider to ensure the child receives the support they need to reintegrate effectively.

### **Training**

At our school, we are committed to ensuring that sufficient staff are suitably trained to support pupils with a medical condition. All training is individual, to meet the needs of the child with the medical condition. When assessing training needs, we are mindful that a First Aid Certificate alone does not constitute appropriate training to support a child with a medical condition. We will seek advice from the appropriate professionals when deciding on the training required on a case-to-case basis.

Our school is committed to identifying and reducing triggers that can make common medical conditions worse, or that can bring on an emergency both at school and during out-of-school visits. Staff have access to a list of the triggers for each pupil with medical conditions at our school where this is deemed necessary. Our school actively works towards reducing or eliminating these health and safety risks.

### **Roles and Responsibilities**

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

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to academies and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.
- Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Health Care Plans can be delivered effectively.

### **The headteacher is responsible for:**

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of the policy.
- Liaising with health care professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Health Care Plans (IHCPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Ensuring that the lead staff member for health and medical care supports the head teacher to implement the above points.

### **Staff members are responsible for:**

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

### **School nurses are responsible for:**

- Notifying the school when a child has been identified as requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.

### **Parents and carers are responsible for:**

- Keeping the school informed about any changes to health conditions.
- Completing a parental agreement or health care plan for the school to administer medicine before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up-to-date, ensuring it is in date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administer the medication.
- Where necessary, developing an Individual Health Care Plan (IHCP) for their child in collaboration with staff members and health care professionals.

### **Cover Arrangements:**

- If a member of staff, who supports a child with a medical condition, is absent arrangements will be made to ensure that the child is supported by another staff member.
- When a new member of staff joins our school the induction process includes showing new staff where our medical needs records and equipment are. Any identified training will be arranged for the new member of staff as soon as possible.

### **Risk Assessments:**

- Risk assessments are carried out for school visits and all other activities that require assessment e.g. swimming lessons.

### **At our school, there are four types of plans to support health conditions.**

- **Individual Health Care Plan** – pupils with a long term diagnosed condition inc. prescribed medication
- **Temporary Medication Plan** - pupils with a short term diagnosed condition inc. prescribed medication
- **Agreed Non-Prescription Medication** – pupils requiring medication/treatment to support health and attendance
- **Asthma Care Plan** – pupils requiring an inhaler based on a diagnosis

### **Individual Health Care Plans - IHCPs (Appendix 1).**

When a child has a medical condition that is long term, they will have an Individual Health Care Plan. IHCPs are written in partnership with pupils, parents, school staff and any outside agencies that are involved including nurses (Edukey/paper). They are reviewed on an annual basis unless a child's needs change before this date. In this case, a plan is reviewed as soon as a mutual date can be arranged for all stakeholders to meet and review it. When an IHCP is created, the best interests of the child are central to this and measures put into place to help the pupil access a full and varied curriculum and school life. If a pupil moves school, the child's IHCP is passed on to their next setting in their personal file. All staff are aware that it is not the sole responsibility of one person to ensure that an IHCP is carried out.

Teaching staff who have daily contact with a pupil with a medical condition have access to the pupil's medical file.

### **Temporary Medication Plan (Appendix 2).**

At times, a child may require a temporary medication plan for a short-term prescribed medication (no more than 14 days) e.g. antibiotics for infections, digestion treatment, dental treatment etc.

Parents are required to complete a temporary medication plan with a first-aider. This will include sharing information about the condition, the medication required and the doses.

A parent with parental responsibility must complete the form.

### **Agreed Non-Prescription Medication Plan** (Appendix 3).

Non-prescription means medication that can be purchased over a counter without the need to obtain a prescription from a doctor.

Non-prescription medication will only be administered in exceptional circumstances where this supports the pupil's health and allows them to attend the school.

Exceptional circumstances could include:

- Pain relief following a medical procedure
- Pain relief following a recent accident
- Pain relief to support an ongoing medical condition e.g. childhood migraines
- Treatment to support an ongoing medical condition e.g. eczema, hayfever

The decision to allow the administration of non-prescription medication will be made at the discretion of the Headteacher and, in their absence, the Deputy Headteacher.

The school will have a supply of calpol, ibuprofen and piriton, which will be available for pupils requiring non-prescription medication in exceptional circumstances.

If your child requires a non-prescription medication plan, a first-aider will meet with you to discuss and agree the required actions. A parent with parental responsibility must complete the form

When a pupil requires their medication in school, a first-aider will review the child's need for treatment and make the decision on whether to administer. This will be administered in line with the agreed consent plan from the parent.

### **Asthma Care Plan** (Appendix 4).

If a pupil is diagnosed with asthma, parents must inform the school by completing the form in the authorisation's pack, or requesting a plan from the school office. A member of staff will then contact parents to discuss the plan in more detail. On completion of the form, and following a discussion with the school, the use of an asthma inhaler will be allowed in school.

A child's asthma inhaler will be kept in the child's classroom. When this is administered, a member of staff will supervise and support if necessary. A sticker will be put into the child's reading diary when they have used their inhaler. If the child does not have their reading diary in school, a sticker will be sent home.

It is the parents' responsibility to ensure that the prescribed inhaler for their child is in date and kept in school.



Asthma care plans are reviewed annually. It is the parent's responsibility to update the school of any changes to their child's condition.

### **General Illness during the School Day**

If a child reports they are unwell during the school day, a first-aider will assess their condition and call parents if required. Parents may be given the option to provide their child with some pain relief/treatment to allow the child to remain in school – this will be at the discretion of the first-aider. If a child is deemed too poorly to stay in school, parents will be asked to arrange immediate collection. Staff will use the contact list provided by parents to make arrangements for collection.

**The school will not administer medication to a pupil where a pre-agreed medical plan is not in place. In a medical emergency if advised by a medical professional to administer emergency medication, this will be acted upon, we will always try to ascertain parent consent prior to administration.**

### **Procedures for Managing Medicines**

Medicine is only administered if it would be detrimental to the child's health or school attendance if this was not administered. It is paramount that medication is only administered in school if absolutely necessary. School staff will assess all medication requests. If it is assessed that medication can be administered at home, then parents will be informed of this.

The following applies to all medication:

- All prescribed medication must be in date, labelled, provided in the original container as dispensed by the pharmacists, and include instruction for administration, dosage and storage (except insulin).
- Non-prescribed medications which have been approved for use in school must be sealed, in date and in the original packaging with the instructions for dosage.
- Medication will be stored in a safe place and in accordance with the instructions for storage of the medication.
- School medication will be stored in a safe place and will be in date.
- When a child is required to take medicine during school time, parents should contact the school office to arrange a meeting/discussion.
- Where children are able to administer medication themselves e.g. asthma inhalers, blood glucose testing machines, these will be under an appropriate level of supervision by an appropriate member of staff.
- All medication that administered is recorded (Appendix 5). Each record states what is administered, how much, when and by whom (any side effects are noted). A second member of staff witnesses administration of the medication.

- A member of staff will never force a child to take medication. If a pupil refuses, parents will be contacted.
- School have emergency epi-pens (based on available stock levels at the pharmacist) to use in an emergency for pupils who have an IHCP that includes a prescribed epi-pen as treatment for their condition. These epi-pens would be used if the child's own epi-pen was unavailable.
- School has emergency inhalers and spacers to use in an emergency for pupils who have an asthma care plan. These inhalers would be used if the child's own inhaler is unavailable.

**The approved school medications are:**

**Emergency Epi-pens** (provided by pharmacist)

**Emergency Inhalers** (provided by pharmacist)

**Paracetamol** either branded e.g. calpol or unbranded

**Ibuprofen:** either branded e.g. nurofen or unbranded (up to 9 years )

**Allergy:** either branded e.g. piriton or unbranded

**Please note the above medications will be administered in accordance with the medical instructions found on the packaging.**

**Emergency Arrangements**

When an emergency procedure arises, a member of staff and first-aider will remain with the child at all times. The school will seek support from medical professionals e.g. 111 or 999.

Individual Health Care Plans will detail what constitutes an emergency procedure for individual children and what procedures should be carried out in these circumstances.

**Acceptable Practice**

At our school, it is generally acceptable practice to:

- Allow children easy access to their inhalers
- Listen to the views of the child and their parents and that of medical evidence/professionals
- Keep children in school who have medical conditions as much as possible, unless it is otherwise specified on their IHCP
- Allow children to drink, eat, take toilet breaks, or other breaks, whenever they need to in order to manage their medical condition effectively
- Administer medication in line with this policy
- Support children with toileting issues when reasonably appropriate

- Remove barriers for children with medical conditions, so far as is reasonably appropriate, to allow them to participate in all aspects of school life including school trips.

### **Liability and Indemnity**

Our school has adequate insurance in place and, where necessary, individual insurance will be arranged by school for any healthcare procedures.

### **Complaints**

If a parent, child or other member of our school community feels that they are dissatisfied with the support that we provide as a school, they have the right to make a complaint in line with the Trust Complaints Policy.

### **Monitoring and Review**

This policy will be reviewed annually or/and in light of any statutory or advisory changes.



## Appendix 1

### Individual Health Care Plan

**Individual Health Care Plan** – pupils with a long term diagnosed condition inc prescribed medication

<b>Individual Health Care Plan</b>	
<b>Date</b>	
<b>Name</b>	
<b>Class</b>	
<b>Medical Condition</b>	
<b>Triggers</b>	
<b>Signs and Symptoms</b>	
<b>Medication</b>	
<b>Dose</b>	
<b>Storage</b>	

<p><b>Will the child be self-managing their own medication?</b></p>	<p>Please complete the appropriate box – yes or no. Include more than 1 member of staff if necessary.</p>
<p><b><u>NO</u></b></p> <p><b>Which staff member(s) will support and/or administer?</b></p>	
<p><b><u>YES</u></b></p> <p><b>Which staff member will monitor the child when self-medicating?</b></p>	
<p><b>Trained staff if applicable</b></p>	

**Individual Health Care Plan**

<p><b>What to do in an emergency</b></p>	
<p><b>_Who to contact in an emergency</b></p>	
<p><b>_Health Care Plan completed by (must be a first aider)</b></p>	
<p><b>Review Date</b></p>	

**Signed by:**

**First Aider:** \_\_\_\_\_

**Designated Safeguarding Lead:** \_\_\_\_\_

**Parent/carer:** \_\_\_\_\_

## Appendix 2:

### Temporary Medication Plan

At times a child may require a temporary medication plan for short-term prescribed medication (no more than 14 days) e.g. antibiotics for infections, digestion treatment, dental treatment etc

Parents are required to complete a temporary medication form with a first-aider. This will include sharing information about the condition, the medication required and the doses.

**Name and signature of first-aider completing the form:** \_\_\_\_\_

DETAILS REQUIRED	EXAMPLE	DETAILS
<b>Date</b>	<i>1.1.16</i>	
<b>Name of Pupil</b>	<i>John Smith</i>	
<b>Class</b>	<i>Year 2</i>	
<b>Details of the condition</b>	<i>Tonsillitis</i>	
<b>Name and type of Medication</b>	<i>Penicillin – Liquid form</i>	
<b>Dosage to be given</b>	<i>one 5ml spoon</i>	
<b>When should this be administered?</b>	<i>10:00am 1:00pm</i>	
<b>Time of last dosage</b>	<i>7:00am</i>	
<b>How long the temporary plan is required for? (No longer than 14days)</b>	<i>7 days</i>	

**Name and signature of parent (PR) completing the form. By signing you agree the information above is correct and consent to medication being administered by a member of staff.**

### Appendix 3:

#### Agreed Non-Prescription Medication Plan

Non-prescription means medication that can be purchased over a counter without the need of obtaining a prescription from a doctor.

Non-prescription medication will only be administered in exceptional circumstances where this supports the pupil's health and allows them to attend the school.

Exceptional circumstances could include:

- Pain relief following a medical procedure
- Pain relief following a recent accident
- Pain relief to support an ongoing medical condition e.g. childhood migraines
- Treatment to support an ongoing medical condition e.g. eczema, hayfever

**Name and signature of first-aider completing the form:** \_\_\_\_\_

DETAILS REQUIRED	EXAMPLE	DETAILS
<b>Date</b>	<i>1.1.16</i>	
<b>Name of Pupil</b>	<i>John Smith</i>	
<b>Class</b>	<i>Year 2</i>	
<b>Details of the condition</b>	<i>Migraines</i>	
<b>School medication required</b>	<i>Calpol</i>	
<b>Other medication required</b>	<i>N/A</i>	

<b>Dosage to be given</b>	<i>one 5ml spoon</i>	
<b>When should this be administered?</b>	<i>10:00am 1:00pm</i>	
<b>Time of last dosage</b>	<i>7:00am</i>	
<b>How long the temporary plan is required for?</b>	<i>Ongoing</i>	

<p><b>Name and signature of parent (PR) completing the form. By signing you agree the information above is correct and consent to medication being administered by a member of staff (school own or medication provided by a parent).</b></p>	
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**Appendix 4:**

**Asthma Care Plan and Medication: Consent**

If your child has been diagnosed with asthma by a doctor and has been prescribed an inhaler, please complete the care plan. By completing the care plan, you **consent** to school staff administering your child's inhaler if required. Staff undertake regular asthma training.

<b>Child's name</b>		<b>Emergency contact:</b>	
<b>Date of birth</b>		<b>Inhaler type and expiry date:</b>	

**What signs show that your child needs their inhaler?**

e.g. breathing heavily, wheezing, coughing

**What are your child's triggers (things that make their asthma worse)?**

e.g. pollen, exercise, weather

**Does your child tell you when they need their inhaler? Please circle**

Yes	No
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**Does your child need help taking their inhaler? Please circle**

Yes	No
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**If exercise or weather are a trigger, do you give permission for your child to have 2 puffs prior to PE or outdoor activity? Please circle**

Yes

No

**Asthma control guidance followed by the school:**

Stage 1: Well controlled.	No emergency inhaler needed.		
Stage 2: first signs of symptoms: e.g. cough, wheeze, shortness of breath.	Give 2 – 4 puffs with spacer.	Allow 5 minutes after first 2 puffs for inhaler to work. If this has worked reassess in 4 hours. If no improvement move to stage 3.	
Stage 3: Asthma attack. Worsening symptoms than in stage 2.  Contact parents/carers and recommend a medical review needed.	Give 6-8 puffs with spacer.	Allow 5 minutes for inhaler to work. If this has worked reassess in 4 hours. If no improvement move to stage 4.	NB: if you have started the treatment at stage 2 include these puffs in the total number of puffs.
Stage 4: Severe Asthma attack. Symptoms not improving.	<b>EMERGENCY</b>  Give 10 puffs. With spacer.	You must call 999.  After the 10 puffs,  One further puff can be given every minute until help arrives	NB: if you have started the treatment at stage 2 include these puffs in the total number of puffs.

- If your child requires treatment for asthma, but they have not got their own inhaler, the school's emergency inhalers will be used.
- In the event of an emergency, school will seek urgent medical support.
- Please ensure that your child has an **inhaler** and **spacer clearly labelled to be kept in school** and that your child's inhaler is within its **expiry date** at all times.
- You will be informed if your child has used their inhaler during the school day via a sticker in their reading diary.

**Consent**

**I hereby give consent for the school to give my child their inhaler for the treatment of asthma.**

<p><b>Parents/ carers signature /date:</b></p>	<p><b>School signature/date:</b></p>	<p><b>Nurse signature/ date:</b></p>
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**I hereby give consent for school to give my child the school's emergency inhaler for the treatment of asthma, if my child's inhaler cannot be used.**

<p><b>Parents/ carers signature /date:</b></p>	<p><b>School signature/date:</b></p>	<p><b>Nurse signature/ date:</b></p>
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**Appendix 5:**

**Medication Administration Record**

Either the staff member administering the medicine or the staff member who is the witness must be a first aid trained member of staff.

Name of pupil	Name of Medicine	Dosage	Time	Administered by	Name of Witness