



# Medical Conditions Policy

**Date of Last Review: January 2018**

**Reviewed by: R Beattie**

**Agreed by Governors: 14 February 2018**

**Frequency of Review: Every three years**

**Date of Next Review: February 2021**

## INTRODUCTION

This policy has been drawn up in accordance with the DfE guidance: *Supporting pupils at school with medical conditions (Statutory guidance for governing bodies of maintained schools and proprietors of academies in England) April 2014. Section 100 of the Children and Families Act 2014 places a 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.*

### **Principles**

Most pupils will, at some time, have a medical condition which may affect their participation in school activities. For many this will be short-term: perhaps finishing a course of medication. We are aware that children's health needs may change over time. Other pupils have a long term or complex medical condition that, if not properly managed, could limit their access to education. Such pupils are regarded as having *medical needs*. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

This policy defines the ways in which President Kennedy School supports the needs of pupils with medical conditions (temporary or long-term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer. We access the support of local health services and advice from healthcare professionals as well as listening to the views of parents and students. Some children with medical conditions may be disabled. Where this is the case the school's governing body complies with the duties outlined under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. (SEN code of practice 2014).

### **Aims**

1. To ensure that children with medical needs receive proper care and support in school so that they can access and enjoy the same opportunities as any other child.
2. To provide guidance to staff, teaching and non-teaching, on the parameters within which they should operate when supporting pupils with medical needs.
3. To give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.
4. To define the areas of responsibility of all parties involved: pupil, parents, staff, Headteacher and Governing Body.

### **Practice**

1. **Parents/carers** are responsible for ensuring that their child is well enough to attend school
2. **Parents/carers** must provide the Headteacher with sufficient information about their child's medical condition and support and care required at school
3. **Parents/carers and the Headteacher** must reach an agreement on the school's role and responsibility for support for the child
4. **Staff** involved in supporting pupils with medical needs will use accurate record-keeping systems
5. **The Headteacher** will ensure that staff caring for pupils with medical needs receive appropriate training for this part of their role
6. **The Headteacher** ensures that all parents are informed of the school's policy and procedures for medical needs
7. **The Governing Body** ensures that the school has clear systems in place, in relation to this area of school life
8. **School staff** are naturally concerned about their ability to support pupils with a medical condition particularly if it is potentially life threatening. They need to understand:
  - a. The nature of the condition, signs and triggers to look out for.
  - b. The level of support needed (children will be encouraged, where possible to take responsibility for their own health-care needs after discussion with parents and this will be reflected in IHPs). Where a child is reluctant to take on this responsibility, the school will support the child to reach the level of responsibility agreed and documented in the IHP. If a child is self-managing their medication the school will make appropriate arrangements for monitoring.

Where possible children will carry their own medicines or devices or be able to access them quickly.

No child will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if needed.

- c. Where the pupil may need extra attention, including special facilities or testing equipment. (This information is to be provided by the pupil's parents.)
- d. The likelihood of an emergency.

- e. The action to take in the event of an emergency, including emergency contact details.

Whole staff awareness training will be delivered as part of annual safeguarding training. This will be included in the induction programme for all new staff.

9. There is no legal duty which requires school staff to administer medication. This is a voluntary role.

10. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil will receive proper training and guidance, and will also be informed of potential side effects and what to do if they occur.

- **The Governing Body** of President Kennedy School has determined that staff will not actively administer medication to a pupil except where a child is undergoing an emergency (e.g. anaphylactic shock, severe asthma attack) or where a child is physically unable to self-medicate under supervision
- **The Governing Body** of President Kennedy School has determined that non-prescribed medication will *not* be given to pupils, under any circumstances, except where a pupil suffers regularly from acute pain (e.g. migraine). In this case, the parent must authorise and supply appropriate painkillers for their child's use with clear, written instructions. A member of staff will issue the medication under the directions supplied by the parent

11. **Individual healthcare Plans.** **Parents** of children with complex health needs will be invited into school to complete an Individual Healthcare Plan (see Form A). The Pastoral Manager or a named member of the SEN/Inclusion Team will be responsible for agreeing and managing this plan.

12. **The Governing Body** of President Kennedy School has determined that designated school staff may supervise pupils taking medication provided:

- a. There has been a written request from parents;
- b. There have been written details from the parents or doctor including:
  - i. Name of medication
  - ii. Dose
  - iii. Method of administration
  - iv. Time and frequency of administration
  - v. Other treatments
  - vi. Any side effects  
(see form B)

### 13. Managing medicines on school premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Students should only bring in medication for their own use and in a quantity for that day only.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- The circumstances in which the school will administer non-prescription medicines will be set out in the IHP or, where non-prescription medicines are not covered in the IHP, as laid down in the school's first aid policy.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container.
- All medicines should be stored safely. 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. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when off school premises eg on school trips.
- A child who has 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. Monitoring arrangements may be necessary. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.

- Appropriately trained school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record 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 will be noted.
- The school will keep a record of medicine taken by pupils under supervision of named staff (form C and D).
- Where pupils refuse to take their medication under supervision, as requested by parent or doctor, the staff will not force them to do so by any means. The parents will be informed immediately (for this reason it is the parents' responsibility to ensure that accurate and reliable contact details are available at school). Parents will take responsibility for their child's medical needs at this point, by coming to collect their child/supervise medication personally, advising emergency action (e.g. ambulance) or deeming that the child may remain un-medicated in school until the end of the school day. The school will, if in any doubt about a child's condition, contact the emergency services, with or without a parent's request/consent.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

**14. School Trips and external providers.** The school will make every effort to ensure that pupils with medical needs have the opportunity to participate in school trips and off-site learning provision (if appropriate), as long as the safety of the child concerned and that of other pupils is not compromised by their inclusion.

The party leader/ course provider will take additional measures as necessary, (including risk assessments) and/or request additional accompanying adults, to accommodate the inclusion of the child concerned. Parents must ensure that the party leader/ course provider has full information on medical needs and any relevant emergency procedures included on the EDVIS 12 or 13 form.

**15. Unacceptable practice.** The Governing Body believes it is unacceptable within the school to:



- prevent children from easily accessing their inhalers 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 plans;
- 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.

### **Appendices:**

Appendix 1

Form A - Individual Healthcare plan

Form B - Parental agreement for setting to administer medicine

Form C - Record of medicine administered to an individual child

Form D - Record of medicine administered to all children

Appendix 2 A - Staff training record – administration of medicines

Appendix 2 B - Contacting emergency services

**Appendix 1 Form A: individual healthcare plan**

Name of school/setting

Child's name  
(and attach photo if available)

	<i>Attach photo here</i>

Group/class/form

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

Phone no.

**G.P.**

Name

Phone no.






Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when



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Form copied to

**Appendix 1 Form B: parental agreement for setting to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Appendix 1 Form C: record of medicine administered to an individual child**

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

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

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

**C: Record of medicine administered to an individual child (Continued)**

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

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

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

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





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**Appendix 2 A: staff training record – administration of medicines**

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

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## Appendix 2 B: contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. Your telephone number
2. Your name
3. Your location as follows [insert school/setting address]
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone.