



Supporting Children with Medical Conditions in School

Policy and Implementation Guidance

Definition

Children's medical needs may be broadly summarised as being of two types:

- (a) **Short-term**, affecting their participation in school activities while they are on a course of medication.
- (b) **Long-term**, potentially limiting their access to education and requiring extra care and support.

Policy statement

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions.

The Supporting Children with Medical Conditions in school Policy aims to ensure;

- That the school meets its statutory responsibilities to manage medicines and medical conditions in line with Government guidance 'Supporting pupils at school with Medical conditions' and the 'Special Educational Needs and Disability Code of Practice: 0-25 years'.
- That the school implements inclusive practices to support children with medical conditions.
- That the school aims to provide all children with all medical conditions the same opportunities as others at school.
- That staff involved in the care of children with medical needs are fully informed and adequately trained by a professional to administer support or prescribed medication.
- To comply fully with the Equality Act 2010 for children who may have disabilities or special educational needs.
- To ensure that, where necessary, Individual Healthcare Plans are written in association with healthcare professionals.
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support.
- To keep, monitor and review appropriate records.

The school will ensure the implementation of the Supporting Medical Conditions in school Policy to meet the following values and principles:

- All children and staff are healthy and stay safe.
- Parents/carers and children feel secure and confident in the school's ability to support their child.
- Children make a positive contribution and are able to access a wide and varied curriculum, including extra-curricular activities.
- Ensure all staff understand their duty of care to safeguard children in all aspects of their needs, especially within the event of an emergency.
- Ensure all staff are appropriately trained, competent and confident in knowing what to do in an emergency.
- Develop the schools understanding that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- That the school understands the importance of medication being taken as prescribed.
- All staff understand common medical conditions that affect children at our school.
- Our staff receive training on the impact that medical conditions can have on children delivered by specialist medical staff.

The school's Governing body names **Julie Simons** to be responsible for ensuring this policy is fully implemented and monitored regularly.

Unacceptable Practice

While school staff use their professional discretion in supporting individual children, it is unacceptable to:

- Prevent children from accessing their medication.
- Assume every child with the same condition requires the same treatment.
- Ignore the views of the child or their parent/carers.
- Ignore medical advice.
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare Plan (IHP).
- Penalise children for their attendance record where this is related to a documented medical condition.
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition.
- Require parents/carers to administer medicine where this interrupts their working day.
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

Policy

1. The school is an inclusive community that aims to support and welcome all children including those with medical conditions.

- i. The governing body understand that it has a responsibility to make arrangements for supporting children with medical conditions who currently attend and to those who may attend in the future.
- ii. Children with medical conditions are encouraged to take control of their condition where possible. Children feel confident in the support they receive from the school to help them do this.
- iii. The school aims to provide all children with all medical conditions the same opportunities at school.
- iv. The school aims to include all children with medical conditions in all school activities.
- v. The school ensures all staff (Teaching and Support) understand their duty of care to children in the event of an emergency.
- vi. Parents/carers of children with medical conditions feel secure in the care their children receive both in the transportation, school and on educational visits.
- vii. All staff are confident in knowing what to do in an emergency and receive regular training to do so.
- viii. There is knowledge that certain medical conditions are serious and can be potentially life-threatening.

- ix. All staff understand the common medical conditions¹ that can affect all children in school. Staff receive training on the impact this can have on children.

2. All staff have a sound knowledge, understand their role and are trained to a level that fulfils and informs them in what to do to support children with the most common serious medical conditions found at the school and how to uphold the policy.

- i. All staff at the school are aware of the most common serious medical conditions which they may come across when children are in their care.
- ii. Staff understand their duty of care to children in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent/carer. This may include administering medication.
- iii. Parents/carers will be informed if their child has been unwell at school.
- iv. All staff that work directly with children receive training and know what to do in an emergency for the children in their care with medical conditions.
- v. Training should ensure staff are competent and have confidence in their ability to support children with medical conditions, the school may choose to arrange training and ensure this remains up-to-date.
- vi. The school recognises a first-aid certificate does not constitute as appropriate training for medical conditions.
- vii. Action for staff to take in an emergency for the common serious conditions at the school is displayed in prominent locations for all staff including classrooms, kitchens and the staff room.
- viii. The school uses the child's Individual Healthcare Plan to inform the appropriate staff (including supply teachers and support staff) of children in their care who may need emergency help.
- ix. The school has procedures in place so that the most up to date/single master copy of the child's Individual Healthcare Plan is sent to the emergency care setting with the child. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- x. The school have plans in place to cover staff absence and sickness.

Some of the important roles and responsibilities are listed below. These roles are understood and communicated regularly.

Governing Body

The school's Governing body has a responsibility to:

- Uphold the Equality Act 2010 and make any reasonable adjustments.
- Ensure that arrangements are in place to support children with medical conditions

¹ Common medical conditions include Asthma, Epilepsy and Anaphylaxis

(plans and suitable accommodation). In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child.

- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening and therefore focuses on the needs of the individual child.
- Be aware that in some cases a flexible approach may be required, for example, programmes of study that rely on a part-time attendance in combination with Alternative Provision.
- Consider how the child will be reintegrated back into school after periods of absence.
- Consider that children with medical conditions are entitled to full-time education and should not be detained admission, however, in line with safeguarding duties ensure that no child's health is put at unnecessary risk.
- make sure the supporting medical conditions in school policy is effectively implemented, monitored and evaluated and updated in line with the school policy review timeline.
- ensure all parents/carers are fully aware and understand their responsibilities (Annex D).

Head teacher

The school's Head teacher has a responsibility to:

- Ensure the school puts the policy into practice and develops detailed procedures and effectively implements with partners.
- Liaise between interested parties including child, school staff, SENCO, pastoral support staff, teaching assistants, school nurses, parents/carers, governors, the school health service, the Local Authority and local emergency care services and seek advice when necessary.
- Ensure every aspect of the policy is maintained even if they are not the governing body's nominated staff member.
- Ensure that information held by the school is accurate and up-to-date and that there are good information sharing systems in place using a child's Individual Healthcare Plan.
- Ensure a child's confidentiality.
- Access quality assured training, support the development needs of staff and arrange for them to be met via formally commissioned arrangements.
- Ensure all supply teachers and new staff are briefed and understand the medical conditions policy.
- Delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical register.
- Monitor and review the policy at least once a year, with input from parents/carers, including healthcare professionals) and update according to review recommendations and recent local and national guidance and legislation.
- In partnership with the parent/carer, have joint responsibility for the safe travel of the child.
- Recruit staff to deliver against all Individual Health Plans and make sure all staff are appropriately insured (see Section 8).

All school staff

All staff at the school have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical

conditions and know what to do in an emergency by receiving whole school awareness training.

- Be aware that medical conditions can affect a child's learning, providing extra help when required.
- Understand the policy and how this impacts on children's education.
- Know which children in their care have a medical condition and be familiar with the content of each child's Individual Healthcare Plan.
- Allow all children to have immediate access to their emergency medication.
- Maintain effective communication with parents/carers including informing them if their child has been unwell at school.
- Ensure children who carry their medication with them have it when they are out of the classroom or on a school visit.
- Be aware of children with medical conditions who may be experiencing any form of bullying or might need extra social support.
- Understand the common medical conditions and the impact it can have on children.
- Ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure children have the appropriate medication or food with them during any forms of exercise and are allowed to take this when needed.

First aider

First aiders at the school have a responsibility to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school environment.
- When necessary ensure that an ambulance or other professional medical help is called.

Special Educational Needs Coordinators (SENCO)

The SENCO at the school has responsibility to:

- Help update the school's medical condition policy.
- Know which children have a medical condition and whether they have special educational needs because of their condition.
- Ensure if a child has an Education Health and Care Plan (EHCP) their medical conditions are linked and become a part of this statutory document.
- Be the key member or liaise with other staff to ensure children with medical conditions continue to make expected progress.
- Ensure teachers make any necessary arrangements and reasonable adjustments if a child needs special consideration including access arrangements for exams or course work.

Pastoral support staff

The pastoral support staff at the school has the responsibility to:

- Help update the school's medical conditions policy.
- Know which children have a medical condition and whether they have a special educational need because of their condition.
- Monitor children's attendance and punctuality and consider additional support, and in consultation with the SENCO plan for this support.
- Ensure all children with medical conditions are not excluded unnecessarily from

activities they wish to take part in.

Health Services

The school nurse and others from the local Health Community and services who work with the school have a responsibility to:

- Co-operate with schools to support children with a medical condition.
- Be aware of the needs and training the school staff need in managing the most common medical conditions at school.
- Provide information about where the school can access other specialist training or alternatively provide training if this has been locally developed.

Other healthcare professionals, including GPs and pediatricians have responsibility to:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing healthcare plans.
- Consider that specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Parents/carers

The parents/carers of a child at the school have a responsibility to:

- Inform the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date Healthcare Plan for their child.
- Inform the school about and provide the medication their child requires during school hours.
- Inform the school about and provide any medication their child requires while taking part in educational visits or residential visits, especially when these include overnight stays.
- Ensure the school are kept up-to-date with any changes to their child's medication, what they take, when, and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name and date of birth and a spare is provided with the same information (where applicable).
- Ensure that their child's medication is within expiry dates.
- Inform the school if your child is feeling unwell.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional and any relevant information is relayed to the school.
- Ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

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

- i. The school has a general Health and Safety Policy that includes risk assessments and has arrangements in place to deal with emergencies.
- ii. All staff know what action to take in the event of a medical emergency. This includes:
 - How to contact emergency services and the information they are required to

- give (Annex G).
 - Who to contact within the school.
- iii. Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, first aid areas, the staff room and food preparation areas.
- iv. If a child needs to be taken to hospital, a member of staff will always accompany them and will remain with them until a parent/carer arrives. The school tries to ensure that the staff member will be someone the child is familiar with.
- v. Staff should not take children to hospital in their own car it is safer to call an ambulance.

4. The school has clear guidance on the administration of medication at school and what is deemed as unacceptable practice.

Administration – general

- i. The school understands the importance of medication being taken as prescribed.
- ii. All staff are aware there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication unless they have been specifically contracted to do so.
- iii. All use of medication defined as a controlled drug, even if the child can administer the medication themselves, is done under the supervision of a named member of staff at this school- Julie Simons, Louise Lovell and members of the senior management team.
- iv. There are several members of staff at this school who have been specifically contracted to administer medication and have received the relevant training from healthcare professionals.
- v. If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to continue to provide this support.
- vi. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to children under the age of 16, but only with the written consent of their parent/carer. (Annex C)
- vii. Training is given to all staff members who agree to administer medication to children, where specific training is needed. The local authority provides full indemnity.
- viii. Parents/carers at this school understand that if their child's medication changes, is discontinued, or the dose or administration method changes, they should notify the school immediately.
- ix. If a child at this school refuses their medication, staff should not force them but record this and follow procedures set out in the Individual Healthcare Plan. Parents/carers will be informed as soon as possible.

- x. If a child misuses medication, either their own or another child's, their parents/carers will be informed as soon as possible. These children are subject to the school's usual disciplinary procedures.

Administration – Emergency Medication

- xi. All children with medical conditions have easy access to their medication.
- xii. All children are encouraged to carry and administer their own emergency medication, only when their parents/carers and health professionals determine they are able to begin taking responsibility. All children carry their medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.
- xiii. A child who does not carry and administer their own medication knows where their medication is stored and how to access it.
- xiv. Children who do not carry and administer their own medication understand the arrangements for a member of staff (and the secondary member of staff) to assist in helping them take their medication safely.

Unacceptable Practice

- xv. The school uses its discretion and professional judgment on individual cases but it is not generally acceptable practice to:
- Prevent a child from easily accessing their medication or inhalers when or where necessary.
 - Assume that every child with the same condition requires similar or the same support.
 - Ignore the views of the child and their parents/carers.
 - Send children home frequently or prevent them from staying for school activities.
 - Send a child unaccompanied to the school office or medical room if they become ill.
 - Penalise their attendance records if their absences are related to their medical condition and appropriate evidence is provided e.g. hospital appointments.
 - Prevent children from drinking, eating or taking toilet or other breaks in order to effectively manage their own medical condition.
 - Require parents/carers or make them feel obliged to attend school to administer medication or provide medical support.
 - Prevent or create unnecessary barriers to children participating in any aspect of their educational experience, this includes school visits, e.g. requiring the parents/carers to accompany the child.

5. The school has clear guidance on keeping clear and up-to-date medical records.

Administration/Admission forms

- i. Parents/carers at this school are asked if their child has any health conditions or health issues on the admission form. This is renewed at the beginning of each school year.
- ii. Parents/carers of new children starting at other times during the year are also asked to provide this information on admission forms.

Transitional Arrangements

- iii. Arrangements should be in place between schools and arrangements should be in place for the start of the relevant school term.
- iv. School is not required to wait for a formal diagnosis before providing support but does require the parent/carer to share all information relating to their child's medical needs. This should be later supported with information provided by healthcare professionals.

School Medical register

- v. Individual Healthcare Plans are one document that is used to create a Medical register of children with medical needs, not all children with medical conditions will need an individual plan. An identified member of staff (Eve Stokes) has responsibility for the medical register at school.
- vi. The identified member of staff has responsibility for the medical register and follows up with the parents/carers. Equally, any further details on a child's Individual Healthcare Plan that may be required or permission for administration of medication is unclear or incomplete then the identified member of staff will ensure this information is sought from parents/carers.

Individual Healthcare Plans

Drawing up Individual Healthcare Plans.

- vii. An individual Healthcare Plan may be initiated by a member of school staff. Plans should be drawn up with the input of healthcare professionals e.g. Specialist Nurse and parents/carers with the child.
- viii. As a sign of good practice the school will use Individual Healthcare Plans to record important details about individual children's medical needs at school. Information relating to a child's triggers, signs, symptoms, medication will be used to identify the level of support they need. Further documentation can be attached to the Individual Healthcare Plan if required (Annex B or specific IHP form used by other agencies).
- ix. The level of detail within the Individual Healthcare Plan will depend on the complexity of the condition and the degree of support needed.
- x. An Individual Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents/carers of children with a long-term medical condition. This is sent:
 - at each annual review date
 - on admission to school
 - when a diagnosis is first communicated to the school.
- xi. If a child has a short-term medical condition that requires medication during school hours, a medication form is completed as a record of administration (Annex E to monitor). This record is held in the school office.

Ongoing communication and review of the Individual Healthcare Plan

- xii. Parents/carers at this school are regularly reminded to update their child's Individual Healthcare Plan if their child has a medical emergency, there have been changes to their symptoms (getting better or worse), and if their medication, treatments or conditions change.
- xiii. Staff at this school use opportunities to invite parents/carers to review and check information held by the school on a child's condition is accurate and up-to-date.
- xiv. Every child with an Individual Healthcare Plan at this school has their plan discussed and reviewed at least once a year.
- xv. Where the child has SEND, the Individual Healthcare Plan should be as part of the graduated approach of Assess, Plan, Do, Review and/or linked to their statement or Education Health and Care Plan if they have one.

Storage and access to Individual Healthcare Plans

- xvi. The school ensures that all staff protect confidentiality.
- xvii. Individual Healthcare Plans are kept in a secure central location at school.
- xviii. Apart from the central copy, specified members of staff (agreed by the child and parents/carers) securely hold copies of Individual Healthcare Plans. These copies are updated at the same time as the central copy.
- xix. All members of staff who work with groups of children will access the Individual Healthcare Plans to provide support with their planning of teaching and learning.
- xx. When a member of staff is new to a class, for example due to staff absence, the school makes sure that the new staff member is made aware of (and has access to) the Individual Healthcare Plans of children in their care.
- xxi. The school seeks permission from parents/carers to allow the Individual Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Individual Healthcare Plan.

Use of an Individual Healthcare Plan

- xxii. Individual Healthcare Plans are used by the school to:
 - inform the appropriate staff and supply teachers about the individual needs of children with a medical condition in their care
 - remind children with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
 - identify common or important individual triggers for children with medical conditions at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of common triggers
 - ensure that all medication stored at school is within the expiry date
 - ensure this school's local emergency care services have a timely and accurate summary of a child's current medical management and healthcare in the event of an emergency
 - remind parents/carers of a child with medical conditions to ensure that any

medication kept at school for their child is within its expiry dates. This includes spare medication.

Consent to administer medicines

- xxiii. If a child requires regular prescribed medication at school, parents/carers are asked to provide consent on their child's Individual Healthcare Plan to give either the child or staff permission to administer medication on a regular/daily basis. A separate form is completed by parents/carers for children taking short courses of medication. This can be completed at the school office when the medication is handed in and stored securely. (Annex C)
- xxiv. All parents/carers of children with a medical condition who may require medication in an emergency are asked to provide consent on the Individual Healthcare Plan for staff to administer this medication.
- xxv. If a child requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the Individual Healthcare Plan. The school and parents/carers keep a copy of this agreement. (Annex B)

Off-site, Sporting Activities and Residential visits

- xxvi. Parents/carers are sent a residential visit form to be completed and returned to school before their child leaves for an overnight or extended day visit. The form is used to ensure up-to-date information about the child's current condition and their overall health is known. This is vital for providing the staff with the necessary information to manage the child's condition while they are away, including relevant medication not normally taken during school hours. Healthcare professionals, where required, will be involved in the planning of care required during residential visits.
- xxvii. When attending a residential visit or off-site activity (including sporting events) the lead staff member will have copies of all visit paperwork including risk assessments for children where medication is required. A copy of the Individual Healthcare Plan's will accompany the child if necessary and reference should be made to any medical conditions in the planning and risk assessment prior to the visit taking place.
- xxviii. All parents/carers of a child with a medical condition attending an off-site activity or overnight residential are asked to provide written consent, giving staff permission to administer medication if required if an Individual Healthcare Plan has not been drawn up.
- xxix. The residential visit form details what medication and dose the child is currently taking at different times of the day. It helps to provide up-to-date information for relevant staff and supervisors to help the child manage their condition while they are away.

Other record keeping

- xxx. The school keeps an accurate record of each occasion an individual child is given or supervised taking medication. Details of the supervising staff member, child, dose,

date and time are recorded. If a child refuses to have medication administered, this is also recorded and parents/carers are informed as soon as possible (use of Annex E).

- xxxi. The school holds training on common medical conditions once a year. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.
- xxxii. All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a record of staff who have had training. (use Annex F)

6. There is clear guidance on the safe storage and handling of medication at school.

Safe storage – emergency medication

- i. Emergency medication is readily available to children who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- ii. Most children at school will carry at all times and are reminded of their emergency medication. Children keep their own emergency medication securely.
- iii. Where the child's healthcare professional advises that they are not yet able or old enough to self-manage and carry their own emergency medication, they know exactly where to access their emergency medication and which member of staff they see.

Safe storage – non-emergency medication

- iv. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place – This can be located in the school office. Children with medical conditions know where their medication is stored and how to access it.
- v. Staff ensure that medication is only accessible to those for it is prescribed.

Safe storage – general

- vi. There is an identified member of staff who ensures the correct storage of medication at school.
- vii. All controlled drugs are kept in a locked cupboard and only named staff (Julie Simons and Louise Lovell) have access, even if the child normally administers medication themselves. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away.
- viii. It is the parent/carer responsibility to ensure new and in date medication comes into school on the first day of the new academic year.
- ix. Three times a year the identified member of staff (Ruth Ellison) checks the expiry dates for all medication stored at school.
- x. The identified member of staff, along with the parents/carers of children with medical conditions, will ensure that all emergency and non-emergency medication brought in to

school is clearly labelled with the child's name, the name and dose of the medication and the frequency of dose. This includes all medication that children carry themselves.

- xi. All medication is supplied and stored in its original containers/packages. All medication is labelled with the child's name, date of birth, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- xii. Medication will be stored in accordance with instructions, paying particular note to temperature.
- xiii. Some medication for children at this school may need to be refrigerated. All refrigerated medication is clearly labelled. Refrigerators used for the storage of medication are in a secure area that is only accessible to staff. The refrigerator used is located in the school office.
- xiv. All medication is sent home with children at the end of the school year. Medication is not stored in summer holidays.

Safe disposal

- xv. Parents/carers will be asked to collect out-of-date medication.
- xvi. If parents/carers do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- xvii. A named member of staff (Ruth Ellison) is responsible for checking the dates of medication will arrange for the disposal of any that have expired.
- xviii. Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Arrangements should be made for their safe disposal.
- xix. If a sharps box is needed on an off-site or residential visit a named member of staff is responsible for its safe storage and return it to school or the child's parent.

7. Supporting Medical Conditions in school policy is regularly reviewed, evaluated, consulted with stakeholders and updated.

- i. The policy is reviewed, evaluated and updated bi-annually in line with the school's policy review timeline and receives a full consultation with stakeholders.
- ii. Any new government guidance is actively sought and fed into the review, guidance will be provided by Local Authority Officers.
- iii. When evaluating the policy, the school seeks feedback and further consultation on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school, health settings and with parents/carers and children.

Key stakeholders include:

- Children

- Parents/carers
- School nurse and/or school healthcare professionals
- Headteacher
- Teachers
- Special Educational Needs Coordinator (SENCO)
- Pastoral support staff
- First aider
- All other school staff
- Local emergency care service staff (including accident & emergency and ambulance staff)
- Local health professionals
- The school employer
- School governors

All key stakeholders should be consulted in two phases:

- initial consultation during development of the policy.
 - comments on a draft policy before publication and implementation.
- iv. The views of children with various medical conditions are actively sought and considered central to the evaluation process.
- v. Parents/carers, school staff, governors, relevant local health staff and any other external stakeholders are informed and regularly reminded about the policy and how they impact on its implementation and review.

8. Liability and Indemnity

- i. The school has an appropriate level of insurance and reflects the level of risk associated with supporting medical conditions.
- ii. The school recognises that the insurance policy should provide liability cover relating to administering medication.
- iii. Individual cover may need to be arranged and any requirements of the insurance policy, such as staff training, will be complied with.

9. Complaints Procedure

- i. If parents/carers have concerns or are dissatisfied with the support provided they should directly contact the school and follow the complaint procedure set by the school.

Legislation and Guidance

This policy and guidance has been compiled using recommended government documents and Acts, these include;

Relevant Legislation

Children and Families Act 2014 – Part 5: 100

Education Act 1996

Health and Safety at work Act 1974

Health and Safety: advice for schools – June 2014

Medicines Act 1968

Misuse of Drugs Act 1971

Regulation 5 of the School Premises (England) Regulation 2012 (as amended)

Special Educational Needs and Disability Code of Practice: 0-25 years (2015)

Supporting pupils with Medical Conditions – December 2015

The management of Health and Safety at work regulations 1999

The Local Authority will provide both national and local guidance.

For further information and guidance see;

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

<https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools>

Safeguarding Legislation

Children's Act 1989 Section 3 and Section 17

Children's Act 2004 Section 10

Education Act 2010 Section 21 and Section 176

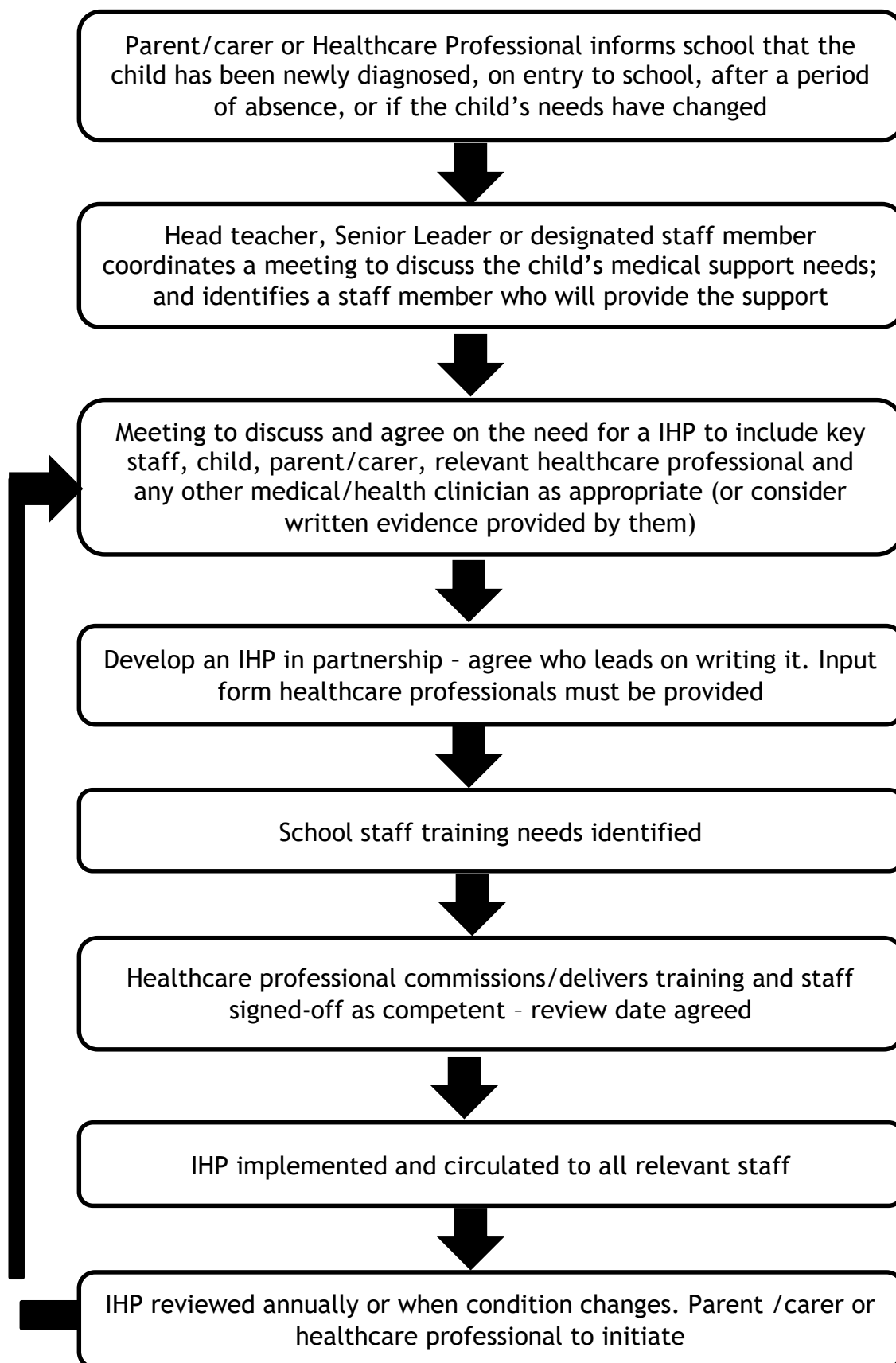
Equality Act 2010

The NHS Act 2006 Section 3

Annexes to support the policy and implementation

Annex Title	Page Number
Annex A: Model Process for developing the Individual Healthcare Plan	20
Annex B: Individual Healthcare Plan	21
Annex C: Parental Agreement for setting to Administer Medicine	24
Annex D: Record of medicine administered to an individual child	25
Annex E: Record of Medicine Administered to all children	27
Annex F: Staff Training Record – Administration of medicines	28
Annex G: Contacting the Emergency Services	29
Annex H: model letter inviting parents/carers to contribute to individual healthcare plan development	30
Annex I: Parent/carer Guide	31
Annex J: Quick Guide to Schools	32

Annex A: Model Process for developing the Individual Healthcare Plan



Annex B: Individual Healthcare Plan



Name of school	
Child's name	
Class	
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 child's educational, social and emotional needs

Arrangements for school visits/trips including Sporting Activities

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

Individual Healthcare Plan copied to

Individual Healthcare Plan signed by

	Signature:	Date:
Parents/carers:		
SENCO:		
Headteacher:		
Healthcare Professional (if appropriate):		

Annex C: Parental Agreement for setting to Administer Medicine



The school 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.

Name of child	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
When does medication begin?	
When will this medication end?	
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	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	

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. 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.

Signature _____

Date _____

Annex D: Record of medicine administered to an individual child



Name of school	
Name of child	
Date medicine provided	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent/carer _____

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			

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			

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

Annex F: Staff Training Record – Administration of medicines



Name of school	
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 (suggested date)

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Annex G: Contacting the 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

0151 228 1506

2. Your name

3. Your location as follows

St. Anne (Stanley) C of E Primary School

Prescot Road, Old Swan, Liverpool L13 3BT

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. Provide the Ambulance Service with a copy of the child's Individual Healthcare Plan if agreed by the parent/carer
9. Put a completed copy of this form by the phone

Annex H: Model Letter inviting parents/carers to contribute to Individual Healthcare Plan development/review



Dear Parent/carer,

Thank you for informing us of your child's medical condition. I enclose a copy of a guide of your responsibilities and the full policy for supporting children at school with medical conditions can be found on the school website.

An individual healthcare plan now has to be prepared/reviewed. This will set out what support your child needs and how this will be provided. We will develop this plan with you, your child and the healthcare professionals who can advise us on your child's medical case.

We would like to hold a meeting to start developing the plan on xx/xx/xx. Please can you contact us to let us know if this convenient and to agree who needs to attend or provide information for the meeting.

To confirm your attendance or if you would like to discuss this further please call me on 228 1506 or ask to speak to me in school.

Yours sincerely

Julie Simons
Headteacher



Annex I: Parent/carer Guide

The school will support your child with their medical needs but to do this we ask that you;

- Tell us if your child has a medical condition.
- Work with us to ensure your child has a complete and up-to-date Healthcare Plan for their child.
- Inform us about the medication your child requires during school hours.
- Inform us of any medication your child requires while taking part in educational visits or residential visits, especially when these include overnight stays.
- Tell us about any changes to your child's medication, what they take, when, and how much.
- Inform us of any changes to your child's condition.
- Ensure your child's medication and medical devices are labelled with their full name and date of birth and a supply a spare provided with the same information.
- Ensure that your child's medication is within expiry dates.
- Inform us if your child is feeling unwell.
- Ensure your child catches up on any school work they have missed.
- Ensure your child has regular reviews about their condition with their doctor or specialist healthcare professional and information that will require us to support your child is passed on as soon as possible.
- Ensure your child has a written care/self-management plan from their doctor or specialist healthcare professional to help them child manage their condition.

Annex J: Quick Guide for schools

Storage and Access

- All non-emergency medication is kept in a secure place and controlled drugs are kept in a locked cupboard and only named staff have access.
- All children with medical conditions have easy access to their medication.

Administering any Medication

- The members of staff at the school who have been specifically contracted to administer medication are:

All teaching staff and assistants

- If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to continue to provide this support.
- For medication where no specific training is necessary, any member of staff may administer prescribed medication to children under the age of 16, but only with the written consent of their parent/carer.

Record Keeping

- All medications that are administered should be recorded with the date, child's name, time, name of medicine, dose given, any reactions, signature and Print name of supervising staff member.
- Staff will follow the guidance within the individual healthcare plan and follow the instructions found on the prescribed medication.
- Only supply medication to children where written consent has been received but all staff need to act as any reasonably prudent parent/carer.