

PARK PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

SEPTEMBER 2023



**Love Lane
Wallasey
Wirral
CH44 5RN**

Signed by:

Chair of Committee/Governing Body:

Jeanne Fairbrother

Date: 15/11/2023

Headteacher:

Michael Mellin

Date: 15/11/2023

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHCPs)

The named person with responsibility for implementing this policy is the headteacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

3. Roles and responsibilities

3.1 Governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHCPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHCP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHCP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans (IHCP)

The headteacher has overall responsibility for the development of IHCPs (including Asthma Healthcare Plans) for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

If appropriate, IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body and SENDCo consider the following when deciding what information to record on IHCPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so during the school day **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carer.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the child's name and date of birth
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the medical room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be recorded on Medical Tracker.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHCPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHCP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHCP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

8. Keeping Salbutamol Inhalers (Asthma Attack) for use in Emergencies

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. Children should have their own reliever inhaler and spacer at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

In order to use schools should:

- Have a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler
- Have written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.
- Ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use unless otherwise advised by a medical professional/emergency services call handlers.
- Ensure that appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions
- Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler.

With regard to care of the inhalers, two staff members should have responsibility for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- That replacement inhalers are obtained when expiry dates approach;
- During an incident, spacers should be available for use for an individual child and must be replaced following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher or SENDCo. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that records are kept of all medicine administered to pupils for as long as these pupils are at the school. The school currently uses Medical Tracker for the purpose of recording medicines deposits, administration and medical incidents and accidents. Parents will be informed if their pupil has been unwell at school.

Copies of IHCPs are kept with the SENCo, class teachers and uploaded to pupils' profiles on ScholarPack which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Wirral Council's insurance scheme.

Where a member of staff acting in the course of employment supports pupils with medical conditions at schools, they will be indemnified by the Council's liability insurance for any claim for negligence relating to injury or loss through their action. The cover includes the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings, providing that the following criteria have been met.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

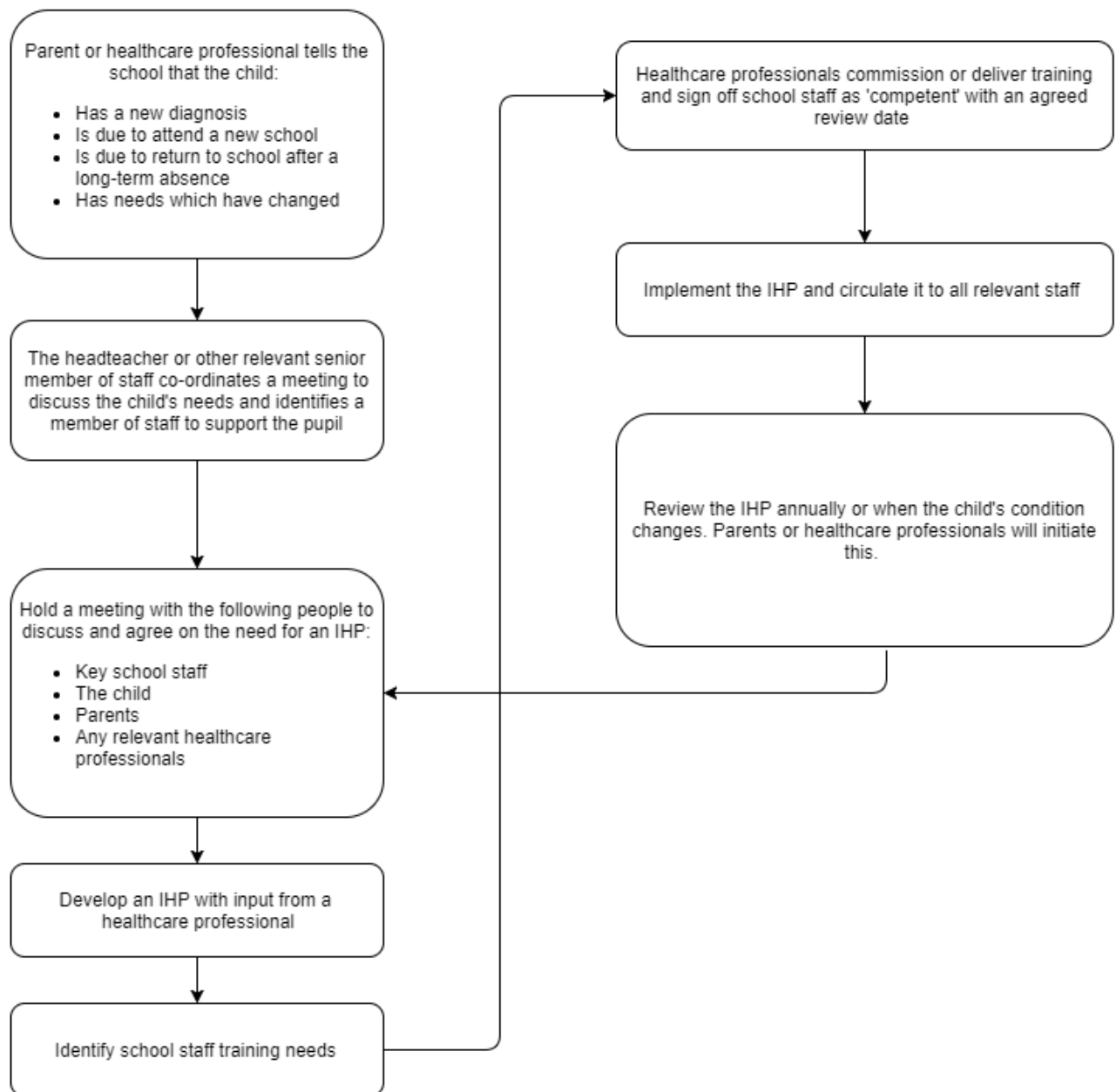
This policy will be reviewed and approved by the governing board every two years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality action plan
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Park Primary School

Parental Agreement for School to Administer Medication

Administration of Medicines in School

- Only this Parental Agreement for School to Administer Medicine Form will be accepted;
- We will not administer **any** medication without a signed agreement;
- All requests to administer medication must be directed to the school office and all medicines must be handed to the school office and not class teachers;
- We will not accept verbal consents (unless in extreme emergencies at the discretion of the Headteacher) or written consent in the form of notes;
- No child under 16 should be given medication-containing aspirin unless prescribed by a doctor;
- We can only administer medication at 12.30pm and 1.30pm. If your child needs medication at other times, parents/carers will have to attend school to administer it personally;
- The administration of medicines is a service that Park Primary School is not obliged to undertake.

Prescribed Medicines

- Prescribed medicines are those that have been prescribed by a doctor, dentist or other healthcare professional. They must be in the **original** container as dispensed by a pharmacist **and** include the prescriber's instructions for administration;
- We will not accept medicines that are not in their original container, nor make changes to dosage on parents/carers' instructions without consulting with the prescriber and/or community pharmacist;
- Loose blister packs of medication, or tablets in temporary containers **will not** be accepted.

Non-Prescribed Medicines

- The school will administer non prescribed medication such as children's paracetamol, allergy relief syrup, travel sickness tablets, nappy rash cream, lip salve etc. **only** if this Agreement is completed by a parent/carer (NB In the case of suncream, plasters, liquid paracetamol and allergy relief medicine, consent provided within the school data collection forms is also accepted);
- We cannot administer non-prescribed ibuprofen.

Full name of child		
Date of birth		
Class		
Medical condition or illness		
Describe what constitutes an emergency for the child, and action to be taken if this occurs		
Name/type of medicine (<i>as described on the container</i>)		
Expiry date		
Quantity AND total mg/ml e.g. 10 tablets of 10mg = 100 mg / 80ml bottle		
Dosage and method e.g. 1 x 10mg tablet / 1 x 5ml spoonful		
Time to be given	12.30PM	1.30PM
Are there any side effects that the school needs to know?		

*I **confirm** that the information provided is accurate and I **consent** to school staff administering medication to my child in accordance with school policy. I **confirm** that I will notify the school in writing of any change in dosage or frequency of medication or if medication is stopped. I **understand that** I will need to collect and sign for medication that no longer needs to be administered.*

Parent/carer's name	
Signature	
Date and time	

STAFF USE:

*I **confirm** that I have checked the medication received above and confirm that I have verified the name, quantity dosage, expiry date and that these are in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.*

RECEIVING MEDICATION:

Staff member's name	
Signature	
Date and time	

MEDICAL TRACKER:

Medical Tracker updated?	Yes	No
Staff member's name		
Signature		
Date and time		

PARENTS/CARERS COLLECTING REMAINING MEDICATION FROM SCHOOL:

*I **confirm** receipt of the following remaining medication:*

Name/type of medicine <i>(as described on the container)</i>	
Tablets : quantity AND total mg e.g. 10 tablets of 10mg = 100 mg	
Medicine : quantity	
Parent/carer's name	
Signature	
Date and time	

PARENTS/CARERS COLLECTING REMAINING MEDICATION FROM SCHOOL:

I confirm receipt of the following remaining medication:

Name/type of medicine <i>(as described on the container)</i>	
Tablets : quantity AND total mg e.g. 10 tablets of 10mg = 100 mg	
Medicine : quantity	
Parent/carer's name	
Signature	
Date and time	

PARENTS/CARERS COLLECTING REMAINING MEDICATION FROM SCHOOL:

I confirm receipt of the following remaining medication:

Name/type of medicine <i>(as described on the container)</i>	
Tablets : quantity AND total mg e.g. 10 tablets of 10mg = 100 mg	
Medicine : quantity	
Parent/carer's name	
Signature	
Date and time	

PARENTS/CARERS COLLECTING REMAINING MEDICATION FROM SCHOOL:

I confirm receipt of the following remaining medication:

Name/type of medicine <i>(as described on the container)</i>	
Tablets : quantity AND total mg e.g. 10 tablets of 10mg = 100 mg	
Medicine : quantity	
Parent/carer's name	
Signature	
Date and time	

PARENTS/CARERS COLLECTING REMAINING MEDICATION FROM SCHOOL:

I confirm receipt of the following remaining medication:

Name/type of medicine <i>(as described on the container)</i>	
Tablets : quantity AND total mg e.g. 10 tablets of 10mg = 100 mg	
Medicine : quantity	
Parent/carer's name	
Signature	
Date and time	

PARENTS/CARERS COLLECTING REMAINING MEDICATION FROM SCHOOL:

I confirm receipt of the following remaining medication:

Name/type of medicine <i>(as described on the container)</i>	
Tablets : quantity AND total mg e.g. 10 tablets of 10mg = 100 mg	
Medicine : quantity	
Parent/carer's name	
Signature	
Date and time	

PARENTS/CARERS COLLECTING REMAINING MEDICATION FROM SCHOOL:

I confirm receipt of the following remaining medication:

Name/type of medicine <i>(as described on the container)</i>	
Tablets : quantity AND total mg e.g. 10 tablets of 10mg = 100 mg	
Medicine : quantity	
Parent/carer's name	
Signature	
Date and time	

Park Primary School
Headteacher Agreement to Administer Medicine

It is agreed that
(name of child) will receive (quantity) of
.....(name of medicine) every day at
..... (time medicine to be administered).

..... (name of child) will be
given / supervised whilst he/she takes their medication

This arrangement will continue until(either end date
of course of medicine or until instructed by parents).

Headteacher Name:

Signature:

Date:

TO BE USED IN AN EMERGENCY IF MEDICAL TRACKER IS OFFLINE

Park Primary School

Record of Medicine Administered to an Individual Child

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

Staff signature Print Name: _____

Signature of parent Print Name _____

Date /	/	/	/	/
Time given				
Dose given				
Name of member of staff				
Reducing quantity				
Staff initials				

Date	/	/	/	/
Time given				
Dose given				
Name of member of staff				
Reducing quantity				
Staff initials				

Date	/	/	/	/
Time given				
Dose given				
Name of member of staff				
Reducing quantity				
Staff initials				

Date	/	/	/	/
Time given				
Dose given				
Name of member of staff				
Reducing quantity				
Staff initials				

Park Primary School
Health Care Plan for _____

1. Identification Details		
Name of the child		
Date of birth		
Address		
School setting – class / year group		
2. Medical details		
Medical condition(s)		
Treatment regime		
Medication prescribed or otherwise. (Side effects of medication)		
Describe what constitutes an emergency for the child.		
Action to be taken in the event of an emergency or crisis		
3. Contact Details		
Parents/Carers	Name: Phone numbers: Mobile – Relationship to child:	2) Name: Phone numbers: Mobile – Relationship to child:
Alternate family contacts (persons nominated by parents/carers)	3. Name: Phone numbers: Mobile – Relationship to child:	
Doctor		
Paeditrician		
Pharmacy	Name: Phone number:	
Any other relevant health professionals	Name: Phone number: Role: Hospital:	Name: Phone number: Role: Social Base:

4. Individual Requirements	
Important information	
Daily care requirements eg. before sport/lunchtime	
Equipment and accommodation to be used in school	
Personal Emergency Evacuation Plan (for guidance on completing a PEEP contact Health and Safety department at Hamilton Building)	
Specific moving / handling advice	
Transport implications	
School Trips	
Educational implications (other than those on an IEP) and Practical Subjects / P.E.	
Staff training	
Administration – record keeping of medication	
Person responsible for this health care plan	
Additional support – amount needed and funding	
Designated staff and their role	
Other Issues	
Health care plan copied to	
Consent, signed and dated	
Review and update	

THIS HEALTH CARE PLAN REMAINS CURRENT UNTIL STAFF ARE INFORMED OTHERWISE VIA SENC_o OR SCHOOL LEADERSHIP TEAM