

Supporting children with medical needs policy

Knaphill Federation of Schools



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Last reviewed on:	03/02/2023	
Next review due by:	03/02/2024	

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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 needs
- › Pupils with medical needs 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 needs
- › Providing supply teachers with appropriate information about the policy and relevant pupils
- › Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Vicky Harbridge (KLS) and Debbie Harrison (KS).

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 (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical needs. The governing board 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 (IHPs), 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 IHPs
- › 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 IHP and may be involved in its drafting
- › Carry out any action they have agreed to as part of the implementation of the IHP, 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 IHPs. They are also expected to comply with their IHPs.

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 IHP.

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 IHPs.

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 medical needs, the parents will be contacted to discuss how the child's needs can be met at school and complete the appropriate form. Other professionals will be contacted for support if necessary.

- Asthma booklet – Appendix 1
- Allergy & Anaphylaxis require use of an EpiPen – Appendix 2

- Allergy or Medical Condition e.g. dietary, which does not require an EpiPen – Appendix 3
- Individual Health Care Plan for children requiring the administration of medicine at school – Appendix 4. This will include what support needs to be in place and if any staff training is required. It will then be the responsibility of all members of staff supporting the individual children to ensure the Plan is followed.

Appendices 1, 2, 3 and 4 are sent to parents each September to be updated.

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 7.

5.1 Protocol for supporting a child with allergies

Pupils for whom we hold an auto-adrenaline injector:

As soon as a parent informs us of an allergy which requires an auto-adrenaline injector, parents must complete Appendix 2 and hand to the School Office.

Paper copy to go with both auto-adrenaline injector (in classroom and office)

Copy to be scanned and saved on our server under Health & First Aid: EpiPens

Copy attached to child's Arbor profile

Summary agreed with parents and pinned to Arbor profile under medical details

Summary printed off and displayed/available in the following relevant places

- Front Office
- Medical Room (KLS)
- Staffroom
- Kitchen
- Supply Booklet (KLS)

Staff are trained annually on how to administer an auto-adrenaline injector.

Pupils who do not require an auto-adrenaline injector:

As soon as a parent informs us of an allergy (not food related) which does not require an auto-adrenaline injector, parents will be asked to complete Appendix 3.

A summary is agreed with parents and

- shared with the class teacher
- shared with any supply staff who cover the class – a summary of medical needs are included in the supply booklet
- put on the child's profile on Arbor
- a summary of medical needs are displayed in the staffroom

For food allergies parents will complete 'Special Dietary Requirement form Twelve15' as well as the relevant medical allergies form if necessary.

Information will be:

- shared with class teacher
- shared with any supply staff who cover the class – a summary of medical needs are included in the supply booklet
- put on the child's profile on Arbor
- displayed in the staffroom
- given to the kitchen supervisor
- clearly recorded on any documents given daily to the kitchen staff

The child will also have a rainbow lanyard (KLS) or dietary card (KS) to highlight their allergies to anyone service food.

The appropriate office staff save the completed forms in the allergy folder available in the office.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Lisa Turner & Helen Hampshire (KLS) and Milena Wotherspoon & Lucy Chilufya (KS).

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 IHP. It will be agreed with a healthcare professional and the parents when an IHP 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.

IHPs 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 IHP.

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 board and the headteacher / Lisa Turner & Helen Hampshire, will consider the following when deciding what information to record on IHPs:

- › 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

7.1 Prescribed medicines

Medicines should be brought to the school by the parent or other responsible adult, and handed to a member of the office staff, who will ask for the appropriate form to be completed. Prescribed medicines will be stored at the office except for inhalers and Epipens, which will be kept in the classrooms where they are easily accessible unless a risk assessment highlights this to be unsuitable (with a second inhaler/Epipen kept in the office).

Medicines should only be administered at school:

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

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
- › Provided in the original container, as dispensed by the pharmacist, and include name, instructions for administration, dosage and storage

The exception to this is Insulin, which must be in date, but is generally provided inside a pen or pump, rather than in its original container.

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

7.2 Non-prescribed medicines

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

In most circumstances, the administration of medicines is the responsibility of parents.

Non-prescribed medicines brought from home should be handed into the school office and parents need to complete and sign the consent form.

Where clinically possible, medicines should be administered in dose frequencies, which enable them to be taken outside school hours.

Settings cannot be expected to take responsibility for any non-prescribed medicines parents may bring or send into the setting. However, based on the above statements, staff should take the same care that a reasonable, responsibly and careful parent would take in similar circumstances.

If this is the case, the parent should consent to the administration of non-prescription medicines in appropriate doses, with written instructions about when the child/young person should take it. The administration protocol must include a check when they had their last does and ensure the child/young person has not already had the maximum amount in 24 hours.

Children should not bring cough sweets/lozenges into school.

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

The School is unable to administer ibuprofen unless prescribed by a doctor.

7.3 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.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office 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 kept.

7.4 Managing medicines on school premises

Schools are advised not to keep medicines in the setting for general use. The exception to this are Paracetamol and antihistamine, which the school keep on site and can be administered only with parents the consent.

If a child experiences a temperature over 37.5°C whilst at school, the school office will attempt to contact parents to establish if any medication had already been given, if not already known, and to agree next steps e.g. to be given paracetamol at school and monitored, or given paracetamol while awaiting parental collection. On parent's consent and/or prior completion of consent at registration, staff will administer the paracetamol if it is safe to do so. If we are unable to contact parents and therefore not able to establish if/when paracetamol was last given, the period of 4 hours will begin from the time the child arrived at school.

If a child experiences a headache (not associated with a head injury), toothache or dysmenorrhoea (painful periods) the school office will attempt to contact parents to establish if any medication had already been given, if not already known, and to agree next steps e.g. to be given paracetamol at school and monitored, or given paracetamol whilst awaiting parental collection. On parent's consent and/or prior completion of consent at registration, staff will administer the paracetamol if it is safe to do so. If we are unable to contact parents and therefore not able to establish if/when paracetamol was last given, the period of 4 hours will begin from the time the child arrived at school.

For children who regularly suffer pain e.g. migraine, it would be acceptable for parents to bring a supply of paracetamol (e.g. Calpol) to be kept in the school office. It should be clearly labelled with the child's name, the name of the medicine, dosage and timing and the expiry date. The parent should provide written consent and be responsible for ensuring the medicine does not pass the expiry date

If a child shows signs of an allergic reaction whilst at school, staff will attempt to contact parents and inform them of their child's condition. On parent's consent and/or prior completion of consent at registration, staff will administer the liquid antihistamine if safe to do so.

No child under 16 should be given prescription or non-prescription medicines without written consent from the parents, except in exceptional circumstances, where the medicine has been prescribed to the child without the knowledge of the parents.

Staff must ensure the medicine manufacturer's instructions and warnings are followed.

A member of staff should supervise the child/young person taking the medication and notify parents on the day it was taken/administered. Administration must be recorded on the appropriate form kept in the medical

cupboard in the school office & also recorded on Arbor under the First Aid section. Parental consent should be renewed at least annually.

On 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools

On 1st October 2017 this was extended to the use of Adrenaline Auto-Injectors (AAIs)

www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

7.5 Arrangements for administering medicines in settings

Staff may administer a controlled drug to the child/young person for whom it has been prescribed.

Staff administering prescribed medicines should do so in accordance with the prescriber's instructions.

Settings should keep a record of all medicines administered to individual children, stating what, how and how much, when and by whom. Any side effects of the medication should be noted. In addition for controlled drugs a record of the amount held should be kept.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plan). Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or administering medicines.

Staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so unless it is within their contract of employment.

Unless it is an emergency situation, medicines must be administered in a location where privacy and confidentiality of the child/young person may be maintained. Facilities should be available if the child/young person needs to rest and recover.

Medicines must be administered and documented for one child/young person at a time and completed before the next child/young person is seen. Staff must wash their hands before and after administering medicines.

Before administering a medicine staff must check:

- The identity of the child/young person
- The Pupil Medication Request form signed by parent for administration of the medicine(s).
- That the written instructions received from the parent and the medicines administration record match the instructions on the pharmacy dispensed label of the medicine container i.e. name of the medicine, formulation, strength and dose instructions. For non-prescribed medicines or if the school has a protocol for non-prescribed medicines, the manufacturer's information must be followed as there will be no pharmacy label.
- The name on the pharmacy dispensed label matches the name of the child/young person
- Any additional or cautionary information on the label or manufacturer's information which may affect the times of administration, e.g. an hour before food, swallow whole do not chew, or may cause drowsiness.
- The medicine administration record to ensure the medicine is due at that time and it has not already been administered.
- The medicine is in date and is not past its expiry date. The expiry date of the medicine (if one is documented on the medicine container or the pharmacy dispensed label). Some medicines once their container is opened will have a shortened expiry date from the date it was opened. If this is the case the manufacturer's information or pharmacy label will state this. For these medicines the date opened and the shortened expiry date, calculated from the pharmacy or manufacturer's information, must be written on the label. It must be written as 'date opened' and 'expiry date' to distinguish the two dates.
- All the necessary equipment required to administer the medicine is available e.g. medicine spoon, oral syringe, injecting syringe. This equipment should be stored securely.

If there are concerns or doubts about any of the details listed above the member of staff must not administer the medicine. They must check with the child/young person's parent or a health professional before taking further action. All advice and actions must be documented, signed and dated and stored securely in line with the settings record administration policy.

Staff involved with the administration of medicines should be alert to any excessive requests for medication by children/young people or by parents on their behalf. In any cases of doubt advice may be obtained from health professionals.

The medicine formulation must not be interfered with prior to administration (e.g. crushing a tablet) unless there are written instructions on the pharmacy label and information provided from the parent/health professional. This advice and information must be documented.

Immediately after the medicine has been administered the appropriate written records must be completed, signed and dated.

If for any reason the medicine is not administered at the times stated on the medicine administration record the reason for non-administration must be recorded, signed and dated. Parents must be informed as soon as possible on the same day.

7.6 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 IHPs.

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 IHP and inform parents so that an alternative option can be considered, if necessary.

7.7 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, 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 IHPs
- › 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' IHPs 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.

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 IHPs. 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. 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 IHPs
- › 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 written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are uploaded to Arbor under the medical plan section and pinned to the top of their profile, so it is readily accessible for all staff. A paper copy is also kept in the school office.

All pupils who take prescribed medication regularly must have a form completed by the parents (Appendix 6) which is kept with the medicine which is stored securely in the school office medical cupboard. This form records all medication received from the parent and also each dose that is given to the pupil.

Any medication that the parent requests we give to a pupil while at school must be accompanied by a form completed by the parent which records each dose given. These are kept in the medical cupboard in the school office.

Administration of any school paracetamol or antihistamine must be recorded on the appropriate form kept in the medical cupboard in the school office & also recorded on Arbor under the First Aid section.

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.

Knaphill Lower School fully indemnifies all its staff against claims for alleged negligence providing they are acting within the remit of their employment.

As the administration of medicines is considered to be an act of 'taking reasonable care' of a child/young person, staff agreeing to administer medication can be reassured about the protection their employer would provide. In practice this means that Knaphill Primary School, not the employee, would meet the cost of damages should a claim for alleged negligence be successful. It is important that managers make this clear before asking staff to volunteer.

Employers must take out Employers Liability Insurance to provide cover for injury to staff acting within the scope of their employment.

Staff should take the same care that a reasonable, responsible and careful parent would take in similar circumstances, while they are responsible for the care and control of children/young people. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with either Lisa Turner or Helen Hampshire in the first instance. If the complaint cannot be resolved, it will be directed to the headteacher, who will in turn direct parents to the school's complaints procedure if necessary.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

14. Links to other policies

This policy links to the following policies:

- › Accessibility plan
- › Complaints
- › Equality information and objectives
- › First aid
- › Health and safety
- › Safeguarding
- › Special educational needs information report and policy

Appendix 7: Being notified a child has a medical condition

