

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURE

This policy was created and ratified by the Wensum Trust Board in:	July 2022
The policy owner is:	Strategic Leads
This policy will be reviewed by the Wensum Trust Board in: (unless earlier review is recommended by the Wensum Trust)	June 2025
Policy Version:	V3
Signed by the Chair of the Board of Trustees:	John Smith

Supporting Pupils with Medical Conditions Policy

Introduction

- The Children and Families Act 2014 places a duty on The Wensum Trust as a proprietor of academies to make arrangements for supporting pupils in Wensum Trust academies with medical conditions. In meeting this duty, The Wensum Trust must have regard to current **DFE** guidance.
- Where children have a disability, the requirements of the Equality Act 2010 will also apply.
- Where children have an identified special need, the SEN Code of Practice will also apply.
- All children have a right to access the full curriculum (including academy trips and physical education) adapted to their medical needs and to receive the on-going support, medicines or care that they require at academy to help them manage their condition and keep them well and the Wensum Trust shall ensure that arrangements in place in its academies to support pupils with medical conditions.
- The Wensum Trust recognises that medical conditions may impact social and emotional development as well as having educational implications.
- Trust academies require that its academy leaders consult and build relationships with healthcare professionals and other agencies and in order to effectively support pupils with medical conditions.

Roles and Responsibilities

The named person responsible for children with medical conditions in **Heather Avenue Infant School** is **Louise Stevens**

This person is responsible for:

- developing, monitoring and reviewing individual healthcare plans (as per Appendix 1)
- informing relevant staff of any medical condition
- arranging appropriate training for identified staff
- ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- assisting with risk assessment for academy visits and other activities outside of the normal timetable
- working together with parents/carers, pupils, healthcare professionals and other agencies

The Wensum Trust is responsible for:

- determining the academy's general policy and ensuring that arrangements are in place to support children with medical conditions

The Local Advisory Board is responsible for:

- approving and reviewing any local additions/variations to this Policy (Appendix 3)
- reviewing the local operation of this policy on an annual basis

The Principal/Headteacher is responsible for:

- overseeing the management and provision of support for children with medical conditions including ensuring that individual healthcare plans are reviewed at least annually
- ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- ensuring that academy staff are appropriately insured and are aware that they are insured
- reporting annually to the Local Advisory Board on the effectiveness of implementation of this policy

Teachers and Support Staff are responsible for:

- the day to day management of the medical conditions of children they work with, in line with training received and as set out in individual healthcare plans
- working with the named person and ensuring that risk assessments are carried out for academy visits and other activities outside of the normal timetable
- providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support

Administering medicines

Written consent from parents/carers must be received before administering any medicine to a child at an academy.

Medicines will only be accepted for administration if they are:

1. In-date
 2. Labelled
 3. Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- the exception to this is insulin, which must be in date, but will generally be available inside an insulin pen or pump, rather than in its original container
 - medicines should be stored safely. Children should know where their medicines are at all times
 - written records will be kept of all medicines administered to children
 - pupils who are competent to manage their own health needs and medicines, after discussion with parents/carers will be allowed to carry their own medicines and relevant devices or will be allowed to access their medicines for self-medication

Any additional requirements specific to **Heather Avenue Infant School** are set out in Appendix 3

Action in case of emergencies:

A copy of this information will be displayed in the staff workroom (see Appendix 2).

- Request an ambulance — dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.
 1. The academy's telephone number: **01603 426438**
 2. Your name
 3. Your location: **Heather Avenue Infant School, Heather Avenue, Hellesdon, NR6 6LT**
 4. Provide the exact location of the patient within the academy
 5. Provide the name of the child and a brief description of their symptoms
 6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
 7. contact the parents/carers to inform them of the situation
 8. a member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance

Activities beyond the curriculum:

- reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum
- The Principal/Headteacher is responsible for assessing if the appropriate medical arrangements and deployment of staff can be made to facilitate the pupil taking part in the arranged trip/visit/activity etc. In some cases the parent/carer may be requested to assist with the medical care if the pupil has complex needs. The final decision as to participation will be that of the Principal/Headteacher.
- when carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate

Unacceptable Practice:

The following items are not generally acceptable practice with regard to children with medical conditions, although the academy will use discretion to respond to each individual case in the most appropriate manner:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming that every child with the same condition requires the same treatment
- ignore the views of the child or their parents/carers; or ignore medical evidence or opinion, (although this may be challenged)
- sending children with medical conditions home frequently or prevent them from staying for normal academy activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, sending them to the academy office or medical room unaccompanied or with someone unsuitable
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- requiring parents/carers, or otherwise making them feel obliged, to attend academy to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the academy is failing to support their child's medical needs
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of academy life, including academy trips, e.g. by requiring parents/carers to accompany the child

Complaints:

- an individual wishing to make a complaint about actions regarding the academy's actions in supporting a child with medical conditions should discuss this with the academy in the first instance
- if the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out in our complaints policy

Monitoring and review

The Trust will review this policy every 3 years and assess its effectiveness and implementation. Any deficiencies identified shall be corrected and used to inform review of the policy, which will be promoted and implemented throughout the Trust.

The Chief Executive Officer will report on the effectiveness of the policy to the Trust Board as appropriate.

Appendix 1: Process for developing Individual Healthcare Plans (IHCP)

Parent/carer or healthcare professional informs the academy that child has been newly diagnosed, or is due to attend new academy, or is due to return to academy after a long-term absence, or that needs have changed

Principal/Headteacher or senior member of academy staff to who this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of academy staff who will provide support to pupil

Meeting to discuss and agree on need for IHCP to include key academy staff, child, parent/carer, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence

Develop IHCP in partnership — agree who leads on writing it. Input from healthcare profession must be provided

Academy staff training needs identified

Healthcare professional commissions/delivers training and staff signed-off as competent — review date agreed

IHCP implemented and circulated to all relevant staff

IHCP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate

The academy will use their own recording mechanism for an IHCP and a copy of the form may be included at Appendix 3'

Appendix 2: Action in case of an emergency poster

ACTION IN CASE OF AN EMERGENCY

Request an ambulance — dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.

1. The academy's telephone number: **01603 426438**
 2. Your name
 3. Your location: Heather Avenue Infant School, Heather Avenue, Hellesdon, NR6 6LT
 4. Provide the name of the child and a brief description of their symptoms.
 5. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient.
- Contact the parents/carers to inform them of the situation.
 - A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

Appendix 3

Heather Avenue Infant School Local adaptations/ requirements (if any)

A child under 16 should not be given medicines without their parent/carer's written consent. Any member of staff giving medicines to a child should check: the child's name; prescribed dose; expiry date; written instructions provided by the prescriber on the label or container.

All medicines are retained in a locked first aid cupboard, which is out of reach from children, although all staff have access to this. Any medicine that requires refrigeration will be kept in the staff room fridge within a sealed container and labelled.

If in doubt about any procedure staff should not administer the medicines but check with the parent/carer or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent/carer, if appropriate, or with a relevant health professional.

Individual staff members are aware of their individual responsibilities if they are the named person responsible for giving medication. To complete this role named staff will be trained appropriately. If a member of staff does administer any form of medication, then they should complete and sign Appendix B each time they give medicine to a child. This should always be witnessed and then signed by a second person.

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. If children can take their medicines themselves, staff may only need to supervise.

Where children have been prescribed controlled drugs, staff do need to be aware that these should be stored safely.

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures will either be set out in the child's health care plan or will be to contact parent/carers immediately to inform them that there has been a refusal to take medication and to keep them abreast of the medication not taken.

Parent/carers should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

In all cases it is necessary to check that written details include: name of child, name of medicine, dose, method of administration, time/frequency of administration, any side effects and expiry date.

Parent/carers should be given Appendix A to record details of medicines in a standard format. This form confirms, with the parent/carers, that a member of staff will administer medicine to their child.

We will keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. Appendix B will be used.

In order to maintain an Asthma register, we request parent/carers inform us annually of those children who suffer from this condition. Once identified, we issue a care plan (Appendix C) to the parent/carers for their completion and return to us. The Asthma Liaison personnel in our school is Mrs C Cook.

All out of date medicines should be disposed of by the parent/carer. This should be done at the end of each term, and at the end of the academic year, by the named personnel.

Appendix A: PARENT/CARER AND HEAD TEACHER AGREEMENT FOR THE ADMINISTRATION OF MEDICINE

Heather Avenue Infant School will not give your child medicine unless you complete and sign this form and the school's policy on staff administering medicine.

DATE	
CHILD'S NAME	
CLASS	
NAME AND STRENGTH OF MEDICINE	
EXPIRY DATE	
DOSE TO BE GIVEN	
WHEN TO BE GIVEN	
ANY OTHER INSTRUCTIONS	
QUANTITY OF MEDICATION GIVEN TO SCHOOL	

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

DAYTIME TELEPHONE NUMBER OF PARENT/CARER	
NAME AND PHONE NUMBER OF GP	

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

PARENT/CARER NAME	
PARENT/CARER SIGNATURE	

Confirmation of Head Teacher's agreement to administer medicine

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

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

This arrangement will continue until _____ (either end date of
course of medicine or until instructed by parent/carer).

DATE	
SIGNED	

Appendix B: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of School/Setting	
Name of Child	
Group/class/ form	
Date medicine provided by parent/carer	
Quantity received	
Name of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Date	
Time Given	
Dose Given	
Any Reactions	
Name of member of staff	
Staff initials	

Date	
Time Given	
Dose Given	
Any Reactions	
Name of member of staff	
Staff initials	

Date	
Time Given	
Dose Given	
Any Reactions	
Name of member of staff	
Staff initials	

Date	
Time Given	
Dose Given	
Any Reactions	
Name of member of staff	
Staff initials	

Date	
Time Given	
Dose Given	
Any Reactions	
Name of member of staff	
Staff initials	

Appendix C: Asthma Record (Care Plan)

Surname

First Name

My child's details and contact numbers:

Date of Birth

Parent(s) name(s)

Telephone Home Work
 Mobile

Doctor (GP) name

Doctor (GP) telephone

Asthma nurse

Known triggers/allergies

Any other medical problems?

My Child's Medication

Reliever medication (usually blue)

Medication name (e.g. SALBUTAMOL)	Device (e.g. diskhaler)	Dose (e.g. 1 blister)	When taken (e.g. when wheezy, before exercise)

Other Medication

Most preventers can be taken outside of school hours – check with your GP or asthma nurse

Medication name	How taken/device	Dose	When taken

Emergency Treatment

In the event of a severe asthma I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Signed: (Parent) Date

Key points for parents to remember:

This record is for your school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labelled by the pharmacist with your child's name and dosage details.

The section below is to be completed by school staff

Has this child got a healthcare plan for any other condition?

Yes ☐ (discuss with school nursing staff)

No ☐

Asthma record checked by asthma link person (Name)

Any concerns to be discussed with school health advisor/school nurse:

Record of discussion: Signature/Date: