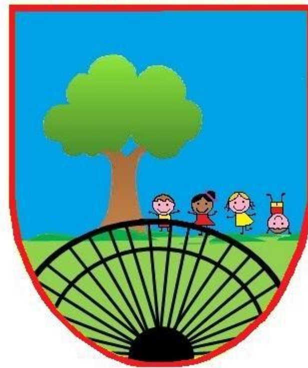
Shilbottle Primary



Supporting Pupils with Medical Conditions Policy

Staff and Pupils

At Shilbottle Primary we value and respect everyone in our community and work as a team

'Fun, Respect & Friendship – Every Child Matters to Us'

Date approved: 22 – 02 – 2020

Review Period: Bi-annually

Date to be reviewed: Spring 2022

This Policy is governed by the statutory guidance and non-statutory advice set out in the document 'Supporting Pupils at School with Medical Conditions' Department for Education, December 2015 [updated 16 August 2017]. The policy also applies to activities taking place off-site as part of normal educational activities.

The Children and Families Act 2014 places a duty on the Governing Body to make arrangements for supporting pupils in school with medical conditions.

Key Points for *Shilbottle Primary*

Every effort will be made to ensure that:

- Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Governing Body is legally responsible and accountable for ensuring that arrangements are in place in school to support pupils with medical conditions.
- The Governing Body will ensure that school leaders consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.
- The needs of the children include educational impacts, and social and emotional implications associated with medical conditions.
- The Governing Body will ensure that it meets its duty under the Equality Act 2010.
- As some of our children have statements, or an Education Health and Care Plan (EHC), this policy operates in conjunction with the SEND Code of Practice.

The Role of the Governing Body

1. **The Governing Body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child.** In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

2. **In making their arrangements the governing body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Governing Body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.**

3. **The Governing Body will ensure that their arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to**

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learn, as well as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that pupils need.

4. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the Governing Body will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

5. **The Governing Body will ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.** This aligns with their wider safeguarding duties. The Governing Body will ensure that this policy is reviewed regularly and is readily accessible to parents/carers and school staff.

Policy Implementation

The Head Teacher is responsible for ensuring that:

- Sufficient staff are suitably trained, including in the case of staff absence or staff turnover.
- All relevant staff, including supply staff, are aware of children's conditions.
- Risk assessments for school visits, holidays and other school activities outside of the normal timetable include reference to children's medical needs.
- Individual pupil school healthcare plans are kept up to date.

Procedures to be followed when notification is received that a pupil has a medical condition.

- A school leader will consult with the relevant health and social care professionals, the pupil and parent/carers as soon as notification is received. This may include occupational therapist, physiotherapist and nursing services. Where a child is changing schools, the health and social care professionals linked to the previous setting will be consulted.
- Relevant Health & Social Care professionals, the pupil, parent/carers will contribute guidance as appropriate where a pupil is being re-integrated or where their needs have changed. This may include decisions about the rate of integration, timetable adaptations and changes, and arrangements for any staff training and support. For children new to school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.
- In some cases the school may not wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available medical evidence and in consultation with parent/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place, in the best interests of the child.

Individual Pupil School Healthcare Plans

The model process in Appendix A will be followed for developing Individual Pupil School Healthcare Plans.

School, healthcare professionals and parent/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher will take a final view. Individual Pupil School Healthcare Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

Individual Pupil's School Healthcare Plans, (and their review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, who can best advise on the particular needs of the child. For example school nursing services may advise who can contribute to the sections on feeding needs such as gastrostomy, nasogastric, alongside specialist nurses for children with a tracheostomy. Plans for children with asthma and epilepsy will be overseen by the specialist nurse. Pupils will also be involved whenever appropriate. The aim will be to capture the steps which the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

Plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. The Individual Pupil's School Healthcare Plan will be linked to or become part of each child's Statement or Education/Healthcare Plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

Contents of Individual Pupil's School Health Care Plans

These will include, as appropriate:

- 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,
- 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, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required;
- Arrangements for written permission from parent/carers and the head teacher 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 child can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Where children have an emergency healthcare plan prepared by their lead clinician, this will be used to inform development of their Individual Pupil School Healthcare Plan.

Roles and Responsibilities

Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parent/carers and pupils is critical in providing effective support, to ensure that the needs of pupils with medical conditions are met effectively. Collaborative working arrangements between all those involved, showing how they will work in partnership is set out below.

- ***The Governing Body* - will make arrangements to support pupils with medical conditions in school, including making sure that this policy for supporting pupils with medical conditions in school is developed and implemented**. They will ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. **The Governing Body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions**. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

- **The Headteacher** – will ensure that this policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual pupil school healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of Individual Pupil School Healthcare Plans. The Headteacher will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will be responsible for contacting the school nursing service in the case of any child 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.

- **School staff** - any member of school 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. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

- **Universal Public Health Nursing Service 0 to 25 years (e.g. Health Visitors, School Nurses)** - are responsible for notifying the school when a child has been identified as having a medical condition which will require support in the school. Wherever possible, they will do this before the child starts at the school. They may support staff on implementing a child's Individual Pupil School Healthcare Plan and provide advice, liaison and access to appropriate training. Community nursing teams will also be a valuable potential resource for the school seeking advice and support in relation to children with a medical condition.
- **Other healthcare professionals, including GPs and Paediatricians** - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams will be asked to provide support for children with particular conditions (e.g. asthma, diabetes and epilepsy).
- **Pupils** – with medical conditions may be best placed to provide information about how their condition affects them. They will be as involved as possible in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual pupil school healthcare plan. Other pupils will be encouraged to be sensitive to the needs of those with medical conditions.
- **Parent/Carers** – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and will be involved in the development and review of their child's individual pupil school healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- **Local Authorities** – are commissioners via Public Health for universal school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local Authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual pupil's school healthcare plans can be delivered effectively. Local Authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education at the school because of their health needs, the Local Authority will be contacted to fulfil its duty to make other arrangements. Statutory guidance for Local Authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).
- **Providers of health services** - should co-operate with the school in the support of children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Good relationships with health services will be fostered and developed as they can provide valuable support, information, advice and guidance to school, to support children with medical conditions at school.

Shilbottle Primary will work with:

- **Clinical commissioning groups (CCGs)** – these commission other healthcare professionals such as specialist nurses including enhanced school nursing services e.g. for children with special needs/disabilities. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
- **Ofsted** - Their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEND, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. The school will make this policy available and be able to demonstrate that this is implemented effectively.

Staff Training and Support

- How will staff be supported in carrying out their role to support pupils with medical conditions?
- How will this be reviewed?
- How are training needs assessed?
- How and by whom is training commissioned and provided?

Any member of school staff providing support to a pupil with medical needs will have received suitable training. This will have been identified during the development or review of Individual Pupil's School Healthcare Plans. Where staff already have some knowledge of the specific support needed by a child with a medical condition, extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school may choose to arrange the training themselves and will ensure this remains up-to-date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual pupil's school healthcare plans. This will include an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual pupil's school healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, which may include the school nurse, will provide confirmation of the proficiency of staff, in a medical procedure, or in providing medication.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy during an annual inset day and via whole school email, with the policy available for reference on the Staff Shared Area and the school website. Induction arrangements for new staff will include reference to this policy. The advice of the relevant healthcare professionals will be taken on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met. Parent/carers will be asked for their views and may provide specific advice.

The details of continuing professional development provision opportunities will be provided to staff as appropriate.

The Child's Role in Managing Their Own Medical Needs

After discussion with parent/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Pupil School Healthcare Plans. Wherever possible, guided by safety considerations, children will be able to access their medicines or relevant devices for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures will have an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the Individual Pupil School Healthcare Plan. Parent/carers should be informed so that alternative options can be considered.

Managing Medicines on School Premises

In conjunction with the *Policy on the Administration of Medication in School*:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent/carer. In such cases, every effort should be made to encourage the child or young person to involve their parent/carer, while respecting their right to confidentiality. Non-prescription medicines may only be administered with written parent/carer permission.
- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Where permission for paracetamol to be administered has been given, unless a parent/carer can be contacted to check times, it will not be given before 12:30pm. A parent/carer will be informed.
- Where clinically possible the school will ask for medicines to be prescribed in dose frequencies which enable them to be taken outside school hours.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to school inside an insulin pen or a pump, rather than in its original container.

- All medicines must be stored safely. Children should know where their medicines are at all times. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.
- The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access.
- Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- The School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal via the bus escort hand to hand. Sharps boxes will always be used for the disposal of needles and other sharps.

Record Keeping

The Governing Body is responsible for ensuring that written records are kept of all medicines administered to children. On a day-to-day basis, staff administering medication will keep written records of all medicines given, and sign to confirm the details. Parent/carers will be informed if their child has been unwell at school, either by home-school book, phone call or in person as appropriate.

Emergency Procedures

The School's First Aid Policy sets out what should happen in an emergency.
Where a child has an Individual Pupil School Healthcare Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Where appropriate, other pupils in school will be briefed on what to do in general terms, such as informing a member of staff immediately if they think help is needed.

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

Day Trips, Residential Visits and Sporting Activities

Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities, so that their condition does not prevent them from doing so. Teachers will be aware of how a child's medical condition will impact on their participation, but be flexible enough to enable all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

School staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The lead member of staff will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. (Please also see Health and Safety Executive (HSE) guidance on school trips.)

Other Issues

- **Home to School Transport** – School will notify transport of a pupil's Individual Pupil School Healthcare Plan and what it contains, especially in respect of emergency situations. This information will contribute to the development of transport healthcare plans for pupils with life threatening conditions.
- **Defibrillators** – in the event of sudden cardiac arrest, which can happen to people at any age and without warning, quick action (in the form of early CPR and defibrillation) can help save lives. Modern defibrillators are easy to use, inexpensive and safe. Schools are advised to consider purchasing a defibrillator as part of their first aid equipment. If the school decides to install a defibrillator for general use it will notify the local NHS ambulance service of its location. Staff members appointed as first aiders are already trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike.
- **Asthma Policy** – the *School Asthma Policy* is relevant here. School will be guided by the protocol to be produced by the Department of Health on the voluntary holding of asthma inhalers for emergency use.

Unacceptable Practice

School staff will use their discretion and judge each case on its merits with reference to each child's Individual Pupil School Healthcare Plan. It is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication.
- Where a child is able, to prevent them administering their medication; themselves under adult supervision and in line with safety;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual pupil school healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

Liability and Indemnity

Governing bodies must ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The school's insurance arrangements cover staff providing

support to pupils with medical conditions. These insurance policies are accessible to staff providing such support. Insurance policies will provide liability cover relating to the administration of medication, and individual cover is arranged for particular health care procedures .e.g. tracheostomy care and suction, gastrostomy and nasogastric feeding. The level and ambit of cover required will be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, will be made clear and complied with.

It is noted that in the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

The procedure for making a complaint is set out in the *School Complaints Policy* available to parent/carers/pupils on the school website. School hope that should parents/carers or pupils be dissatisfied with the support provided, they will discuss their concerns directly with school first. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parent/carers (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Further Sources of Information

Other Safeguarding Legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A**

provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people.
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Other Relevant Legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation.

The Special Educational Needs Code of Practice

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

Associated Resources

Links to other information and associated advice, guidance and resources e.g. templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at www.gov.uk

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2

Administration of Medication to Pupils
Agreement between Parents and School (Appendix 1)

In order to keep the administration of medication to a minimum, the Head or Medication Coordinator should consider requesting that parents administer the daily doses out of school hours. However, if this is not possible it will be necessary for the school and parents to make a formal agreement to enable members of staff to administer medication to pupils during the school day by completing the form below.

In most cases only medication that the child's doctor has prescribed can be administered, hence school staff should not administer 'over-the-counter' medication. However, at the discretion of the Head, it is permissible for paracetamol to be administered provided that the practice is strictly controlled in the same way as is prescribed medication. Further information is given on page 6.

Note: Medicines must be kept in the original container as dispensed by the pharmacy.

Part 1 – To be Completed by Parent/Carer	
To the Headteacher: *(add name)*	**School:**
My child *(name)* ________________________ Date of birth:______________ Class__________ has the following medical condition________________________ I wish for him/her to have the following medicine administered by school staff, as indicated below:	
Name of Medication:	
Dose/Amount to be given:	
Time(s) at which to be given:	
Means of administration:	
How long will the child require this medication to be administered?	

Known side effects and any special precautions (please attach details)
Procedures to take in case of emergency (please attach details)

Emergency Contact 1	***Emergency Contact 2***
Name:______________________________ Telephone *Work*: ______________________________ *Home*: ______________________________ *Mobile*: ______________________________ Relationship: _________________________	Name:______________________________ Telephone *Work*: ______________________________ *Home*: ______________________________ *Mobile*: ______________________________ Relationship: _________________________

I undertake to deliver the medicine personally to the Headteacher or Medication Coordinator and to replace it whenever necessary. I also undertake to inform the school immediately of any change of treatment that the doctor or hospital has prescribed.

Name:__________________________________Signature:_________________________

Relationship to child:____________________________ Date: _______________________

Part 2 - To be completed by Headteacher/Medication Coordinator

Confirmation of agreement to administer medicine

It is agreed that *(child)* ___________________ will receive (*quantity and name of medicine)* _________________________________every day at (*time medicine to be administered, for example, lunchtime or afternoon break)* _________________________________.

(Child) ______________________ will be given medication or supervised whilst he/she takes it by (*name of member of staff)* ___________________________.

This arrangement will continue until___________________________________ *(either the end date for the course of medicine or until the parents instruct otherwise).*

Name:_______________________________________Signature:____________________________

Headteacher/Medication Coordinator

School:____

Parental Request for Child to Carry & Self-administer Medicine (Appendix 2)

This form must be completed by a parent/carer

To: Headteacher:	
School: Shilbottle Primary	
Name of child:	Class:
Address:	
Name of Medication:	
Procedures to be taken in an emergency:	
Contact Information	

I would like my child to keep his/her medicine on him/her for use, as necessary.

Name:___________________________________ Signature: __________________________

Daytime Tel no(s):___________________________________ Date:_____________________

Relationship to child:____

If more than one medicine is to be given a separate form

should be completed for each one.

Healthcare Plan for a Pupil with Medical Needs (Appendix 3)

Details of Child and Condition	
Name of child:	Add photo here
Date of birth:	
Class/Form:	
Medical Diagnosis/Condition:	
Triggers:	
Signs/Symptoms:	
Treatments:	
Has the Parental Consent Form been completed? *Yes/No* *(Medication cannot be administered without parental approval)*	
Date:	Review Date:
Medication Needs of Child	
Medication:	
Dose:	
Specify if any other treatments are required:	
Can the pupil self-manage his/her medication? *Yes/No* If *Yes*, specify the arrangements in place to monitor this:	

Indicate the level of support needed, including in emergencies: *(some children will be able to take responsibility for their own health needs)*
Known side-effects of medication:
Storage requirements:
What facilities and equipment are required? *(such as changing table or hoist)*
What testing is needed? *(such as blood glucose levels):*
Is access to food and drink necessary? *(where used to manage the condition): Yes/No* Describe what food and drink needs to be accessed
Identify any dietary requirements:
Identify any environmental considerations *(such as crowded corridors, travel time between lessons):*
Action to be taken in an emergency *(If one exists, attach an emergency healthcare plan prepared by the child's lead clinician):*
Staff Providing Support
Give the names of staff members providing support *(State if different for off-site activities):*
Describe what this role entails:
Have members of staff received training? *Yes/No* (*details of training should be recorded on the Individual Staff Training Record, Appendix 4)*

Where the parent or child have raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child's condition:	
Detail the contingency arrangements in the event that members of staff are absent:	
Indicate the persons (or groups of staff) in school who need to be aware of the child's condition and the support required:	
Other Requirements	
Detail any 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; additional support in catching up with lessons or counselling sessions)*	
Emergency Contacts	
Family Contact 1 Name:______________________________ Telephone *Work*:______________________________ *Home*:______________________________ *Mobile*:______________________________ Relationship:__________________________	***Family Contact 1*** Name:______________________________ Telephone *Work*:______________________________ *Home*:______________________________ *Mobile*:______________________________ Relationship:__________________________
Clinic or Hospital Contact Name:______________________________ Telephone: *Work*:______________________________	***GP*** Name:______________________________ Telephone: *Work*:______________________________
Signatures	
Signed ______________________________ *(Headteacher)*	*Signed* ______________________________ *(Medication Coordinator)*

Individual Staff Training Record – Administration of Medication (Appendix 4)

Name: ______________________ Job:____________________ School: _______________________________

Type of training received	**Date completed**	**Training Provided by**	***Trainer's Signature*** *I confirm that this employee has received the training detailed and is competent to carry out any necessary treatment.*	**Employee's Signature confirming receipt of training**	**Suggested review date**

Record of Medication Administered in Shilbottle Primary (Appendix 5)

Class: ____________________________________

Date	Pupil's Name	Time	Name of Medication	Dose Given	Any Reactions	Signature of Staff	Print Name

Parental Consent: Use of Emergency Salbutamol Inhaler Appendix 6

School Name:	
Name of child:	
Date of birth:	Class/Form:

Child showing symptoms of asthma/having an asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler *[delete as appropriate].*

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Name:___________________________________ Signature: __________________________________

Date:_____________________ Relationship to child:____

Address:____

Daytime Tel no(s):____

Specimen letter to inform parents that the emergency salbutamol inhaler was used (Appendix 7)

(The Head or Medication Coordinator should feel free to tweak this letter so as to reflect the school's own tone and style when writing to parents)

Child's name: ________________________________

Class: ______________________________________

Date of Incident: _______________________

Dear *[enter name of parent(s)]*

I thought I would drop you a line to let you know that *[enter child's first name]* experienced problems with *his/her breathing today. This happened when *[enter details]*

*A member of staff helped *[enter child's first name]* to use *his/her asthma inhaler.

*Unfortunately, *[enter child's first name]* did not have *his/her own asthma inhaler with *him/her, so a member of staff helped *him/her to use the school's emergency asthma inhaler, which contains salbutamol. *[Enter child's first name]* took *[enter number]* puffs on the inhaler.

* Unfortunately, *[enter child's first name]* own asthma inhaler was not working, so a member of staff helped *him/her to use the school's emergency asthma inhaler which contains salbutamol. *[Enter child's first name]* took *[enter number]* puffs on the inhaler.

Although *[enter child's first name]* soon felt a lot better, I think it might be a good idea if you were to take *him/her to see the family doctor for a check-up.

Yours sincerely

[Enter signature]

*Headteacher/Medication Coordinator

[**Delete as appropriate*]

Emergency Action in the Event of an Asthma Attack (Appendix 8)

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until he/she feels better. The child can return to school activities when he/she feels better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Emergency Action: Epilepsy - First Aid for all Seizures (Appendix 9)

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course
- Check the time the child starts to fit
- Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements
- Do not try to put anything at all between the teeth
- Do not give anything to drink
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care
- Arrange for other children to be escorted from the area, if possible
- Call for an ambulance if:
  - a seizure shows no sign of stopping after a few minutes
  - a series of seizures take place without the individual properly regaining consciousness
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position, to aid breathing and general recovery. Wipe away saliva from around the mouth
- Be reassuring and supportive during the confused period which often follows this type of seizure. If rest is required, arrangements should be made for this purpose
- If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence

If a child is known to have epilepsy:

- It is not usually necessary for the child to be sent home following a seizure, but each child is different. If the Headteacher feels that the period of disorientation is prolonged, it might be wise to contact the parents. Ideally, a decision will be taken in consultation with the parents when the child's condition is first discussed, and a Healthcare Plan drawn up

- If the child is not known to have had a previous seizure medical attention should be sought

- If the child is known to have diabetes this seizure may be due to low blood sugar (a hypoglycaemic attack) in which case an ambulance should be summoned immediately

Emergency Action: First Aid for Children Known to Have Epilepsy and Prescribed Rectal Diazepam (Appendix 10)

- Ensure that the child is out of harm's way. Move the child only if there is danger from sharp or hot objects or electrical appliances. Observe these simple rules and let the seizure run its course.
- Check the time the child starts to fit
- Cushion the head with something soft (a folded jacket would do) but do not try to restrain convulsive movements
- Do not try to put anything at all between the teeth
- Do not give anything to drink
- Loosen tight clothing around the neck, remembering that this could frighten a semi-conscious child and should be done with care
- Arrange for other children to be escorted from the area, if possible
- Rectal diazepam must only be given to a child with a prescription that a Consultant Paediatrician has endorsed and updated annually
- Rectal diazepam must only be administered in an emergency by an appropriately trained member of staff in the presence of at least one other member of staff
- Rectal diazepam must only be administered if a trained First Aider is on site
- If the child has been convulsing for five minutes and there is no suggestion of the convulsion abating, the first dose of rectal diazepam should be given. The medication should indicate the name of child, the date of birth, date of expiry, contents and the dosage to be administered
- If after a further five minutes

  (a) a seizure shows no sign of stopping or

  (b) a series of seizures takes place without the individual properly regaining consciousness, then call an ambulance
- As soon as possible, turn the child onto his/her side in the semi-prone (recovery/unconscious) position to aid breathing and general recovery. Wipe away saliva from around the mouth
- Be reassuring and supportive during the confused period which often follows this type of seizure. Many children sleep afterwards and if rest is required, arrangements could be made for this purpose
- If there has been incontinence cover the child with a blanket to prevent embarrassment. Arrange to keep spare clothes at school if this is a regular occurrence
- A child should be taken home after a fit if he/she feels ill

Individual Care Plan for the Administration of Rectal Diazepam (Appendix 11)

This care plan should be completed by or in consultation with the medical practitioner

(Please use language appropriate to the lay person)

Details of Child and Condition	
Name:	Class:
Date of birth:	
Identify the seizure classification and/or description of seizures which may require rectal diazepam *(Record all details of seizures, for example goes stiff, falls, convulses down both sides of body, convulsions last 3 minutes etc. Include information re: triggers, recovery time etc. If in status epileptics, note whether it is convulsive, partial or absence)*	
Usual duration of seizure?	
Other useful information:	

Diazepam Treatment Plan
When should rectal diazepam be administered? *(Note here should include whether it is after a certain length of time or number of seizures)*
Initial dosage: how much rectal diazepam is given initially? *(Note recommended number of milligrams for this person*)
What are the usual reactions to rectal diazepam?
What action should be taken if there are difficulties in the administration of rectal diazepam *such as constipation/diarrhoea?*
Can a second dose of rectal diazepam be given? *Yes/No* If ***Yes***, after how long can a second dose of rectal diazepam be given? (*state the time to have elapsed before re-administration takes place)* How much rectal diazepam is given as a second dose? *(state the number of milligrams to be given and how many times this can be done after how long)*
When should the person's usual doctor be consulted?
When should 999 be dialled for emergency help? ● if the full prescribed dose of rectal diazepam fails to control the seizure *Yes/No* ● Other (Please give details)

Who Should: ● administer the rectal diazepam? *(ideally someone should be trained in at least 'Emergency Aid,' preferably 'First Aid at Work'):* ● witness the administration of rectal diazepam? *(this should normally be another member of staff of the same sex):*
Who/where needs to be informed? Parent____ Tel: ___________________________ Prescribing Doctor:_____________________________________ Tel: ___________________________ Other:____ Tel: ___________________________
Precautions: under what circumstances should rectal diazepam not be used? *(for example, Oral Diazepam already administered within the last……….minutes)*

All occasions when rectal diazepam is administered must be recorded on the "Record of Use of Rectal Diazepam" log sheet (Appendix 12)

This plan has been agreed by the following:

Prescribing Doctor

Name_____________________________Signature______________________Date_________

Authorised person(s) trained to administer rectal diazepam

Name_____________________________Signature______________________Date_________

Name_____________________________Signature______________________Date_________

Parent

Name_____________________________Signature______________________Date_________

Headteacher/Medical Coordinator

Name_____________________________Signature______________________Date_________

This form should be available at every medical review of the patient and copies held by the GP and the school.

Expiry date of this form:____

Copy holders to be notified of any changes by: ____________________________________

Record of Use of Rectal Diazepam (Appendix 12)

Name of Child:____

Class:_____________________________

Date:					
Recorded by:					
Type of seizure:					
Length and/or number of seizures:					
Initial dosage:					
Outcome:					
Second dosage (if any):					
Outcome:					
Observations:					
Parent informed:					
Prescribing doctor informed:					
Other information:					
Witness:					
Name of Parent re-supplying dosage:					
Date delivered to school:					

Annex A: Model process for developing Individual Pupil's School Healthcare Plans (IPSHCP)