

Revised by School	October 2022
Responsible Person	Headteacher
Responsible Committee	Full Governing Body
Ratified by GB	16 th February 2022
Next Review	February 2024

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the Governing Body of Kingsham Primary School and the University of Chichester Academy Trust to make arrangements for supporting children at Kingsham Primary School with medical conditions.

This policy has taken into consideration and adheres to the following statutory guidance:

- [Supporting Pupils with Medical Conditions](#) (DfE, 2015).
- Where children have a disability, the requirement of the [Equality Act](#) (2010) will apply.
- Where children have an identified special need and/or disability, [the Special Educational Needs and Disability Code of Practice 0-25 Years](#) (2015) will apply.

We will endeavour to ensure that children with long term medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We recognise that medical conditions may impact social and emotional development as well as having educational implications.

All staff have a duty of care to follow and co-operate with the requirements of this policy and they should ensure that all medical information will be treated confidentially. All administration of medicines is arranged and managed in accordance with the 'Administering Medicines' and 'Supporting Pupils with Medical Needs' policies.

Roles and Responsibilities

The Governing Body has ultimate responsibility to make arrangements to support pupils with medical conditions.

They are responsible for:

- Ensuring that the school's policy clearly identifies the roles and responsibilities of staff involved to support pupils at Kingsham Primary School with medical conditions.
- Making sure that arrangements to support pupils with medical conditions are in place and focused on the needs of each individual child and how their medical conditions impacts on their school life.
- Checking policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that sufficient staff have received suitable training and are competent before they take on the responsibility to support pupils with medical conditions.
- Ensuring that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching materials as needed.

- Ensuring arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

The Head teacher is responsible for:

- Developing the school policy on supporting pupils with medical conditions.
- Ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring that sufficient trained members of staff are available to implement the policy and deliver against all individual health care plans (IHCP), including in contingency and emergency situations.
- Ensuring the development of individual health care plans (IHCP).
- Ensuring that the staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Ensuring that the School Nurse Service is contacted in the case of any child who has a medical condition that may require support at school in line with medical advice.
- Ensuring that all staff are aware that they may be asked to provide support for pupils with medical conditions, to include administering medicines and personal care although they cannot be required to do so.
- Ensuring there is a recording system for administration of medication and parental consent that can be audited.

Teachers and Support Staff are responsible for:

- Taking 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.
- Knowing what to do and responding accordingly when they become aware that a pupil with medical conditions needs help.
- Receiving sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions.

Parents and Carers are responsible for:

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

School nurses and other healthcare professionals will liaise with school to:

- Offer health promotion, prevention and early intervention approaches to support individual and population needs.
- Support a child who has been identified as having a medical condition, for example, continence issues, sleep issues, growth (over and underweight) concerns, developmental concerns.
- Support school staff in developing and implementing an individual health care plan (IHCP).
- Provide health assessments of physical and emotional health conditions as well as assessment of safeguarding risks.
- Provide advice to school staff or with other agencies to support medical conditions that affect a child's school life, for example, poor attendance related to enduring illness or health lifestyle.

Identifying children with health conditions

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers and 0-16 Healthy Child Practitioners to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents. An Individual Health Care Plan will be reviewed as new information is available or at the beginning of the academic year by the SENDCo (supported by the school nurse).

Individual Health Care Plans (IHCP)

We recognise that Individual Healthcare Plans (IHCP) are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the SENDCo to work with parents and relevant healthcare professionals to write the plan. The Individual Health Care Plan will be part of any other relevant documents to the health/medical needs; for example, a risk assessment or Personal Emergency Evacuation Plan (PEEP).

An individual healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. Staff will work in partnership with the parents/carer, and a relevant healthcare professional e.g. school nurse, specialist or children's community nurse, who can provide advice on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in an Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' (Appendix A) for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the Individual Health Care Plan based on the template produced by the DfE to record the plan (see Appendix C).

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with the County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

All health care plans will be reviewed with parents and carers, and with health professionals as appropriate, at the start of the autumn term each year, or more frequently if a change in arrangements is required.

An Individual Health Care Plan considers the following:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects, 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 for catching up with lessons, counselling sessions
- The level of support needed, including in emergencies
- 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 health care professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the child's medical condition and the support required
- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff

- Separate arrangements or procedures required for school trips or other activities outside of the normal school timetable that will ensure that the child can participate, e.g. Individual Health Care Plan (see Appendix C).
- Where confidentiality issues are raised by the parent / child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including whom to contact, and contingency arrangements

Staff training

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any Individual Health Care Plans).

All new staff will be inducted on this policy when they join the school through the school's induction plans and systems. Records of this training will be kept on individual staff files and on the child's individual file system.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the Individual Health Care Plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A staff training record will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training (see Appendix D).

The child's role

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their Individual Health Care Plan which will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where appropriate we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

Managing medicines on School Premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the head teacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

Non-prescription and prescription medicines will not be given to a child with a long term medical condition in school unless agreed as part of an IHCP or with written evidence from a Healthcare Professional, and with their parents'/carers' written consent (a 'Parental Agreement for School to Administer Medicines' form will be used to record this).

A documented tracking system to record all medicines received in school will be put in place. The tracking system used is the school's record sheet for the administration of medicines. If medicine needs to be administered whilst on

a school trip a separate record sheet will be used to record this information. When the trip returns the details will be attached to the school record sheet mentioned earlier.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Children who are able to use their own inhalers themselves are encouraged to take responsibility for knowing where the inhaler is located in school and for self-administering. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Roles and responsibilities of staff supervising the administration of medicines

It is expected that in normal circumstances the child requiring medication will be known to the member of staff administering it. There should be a mechanism in place which enables staff administering medication to positively identify the child at the time of administration e.g. by confirming with the child where possible their name, date of birth and/or comparing with a recent photo attached to the medication administration record / consent form. **THERE MUST BE A CHECK WITH THE NAME ON THE CONSENT FORM.**

When the child is not known or cannot give his or her details then a second check with a member of staff who does know the child and comparison with a recent photo or some other way of checking identity should be implemented. As a general guideline before administering medication to a child the staff member should:

- Wash their hands
- Ensure that a drink is available if appropriate (some tablets can irritate and damage the throat and oesophagus if administered without a drink)
- Check the label on the medication
- Check the name of child
- Check that there is written consent from a parent/carer
- Check that the medication name and strength and dose instructions match the details on the consent form
- Check that the name on the medication label is that of the child being given the medication
- Check that the medication to be given is in date
- Check that the child has not already been given the medication

- Check the route of administration (e.g. by mouth, into ear/eye, rubbed on the skin)
- Check for any special instructions

If there are any concerns about giving a medication to a child, then the member of staff must not administer the medication but should check with the parent/carer or a health professional, documenting any action taken.

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in the medical fridge in the main office and will be clearly labelled. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Medicines will be checked termly to ensure any that need to be appropriately disposed of. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Should a sharps box be required to support medical needs this will be supplied and disposed of by the parent/carer.

Medical Accommodation

The welfare room will be used for all medical administration/treatment purposes. This room will be made available when required.

Record keeping

A record of what has been administered including how much, when and by whom, will be recorded on 'Record of Medicine Administered to an Individual Child' (see Appendix F). Any possible side effects of the medication will also be noted and reported to the parent/carers. The form will be kept on file and a copy made available to parents and medical professionals as appropriate.

Emergency Procedures

Where a child has an Individual Health Care Plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parent/carer arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

Appendix B sets out the procedures for contacting the Emergency Services.

Day trips/off site activities

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We 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. We will consult with parents/carers and pupils and take advice from the relevant healthcare professional to ensure that pupils can participate safely.

Other issues

Emergency Salbutamol Inhalers

Emergency Salbutamol Inhalers can be bought by the school for emergency use, and following the guidance sent to schools by the DfE in March 2015.

- The emergency salbutamol inhaler should only be used by children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication
- The inhaler can be used if the child's prescribed inhaler is not available (for example if it is broken or empty)
- The school has two emergency inhalers, the first is kept in the medical room in the medical cabinet and the other is kept in the emergency evacuation bag. Both inhalers are kept with the Department of Health Guidance on the use of Emergency salbutamol inhalers in school, March 2015.
- Any parent of a child with asthma will be asked if they wish the inhaler to be used in an emergency, and a copy of all written consents will also be kept with the emergency inhaler.
- An emergency kit will be kept with the emergency inhaler and this will include
 - At least two single-use spacers compatible with the inhaler
 - Instructions on using the inhaler and spacers
 - Manufacturers information
 - A check list of the emergency inhaler, including batch number and expiry date

Inhalers and spacers will be checked termly to see whether they need to be replaced or not.

Unacceptable practice

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- 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 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, 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 eg. by requiring parents to accompany the child.

Liability and Indemnity

Kingsham Primary School staff indemnified under the Risk Protection Arrangement scheme organised by the Department of Education.

To meet the requirements of the indemnification, we ensure that staff at the school have permission from a parent/carer for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Head teacher. This may be followed by a meeting/meetings with the Head teacher (or representative) and Healthcare Professionals. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Monitoring and Evaluation

This policy will be reviewed by all staff and governors as part of the three year policy review cycle.

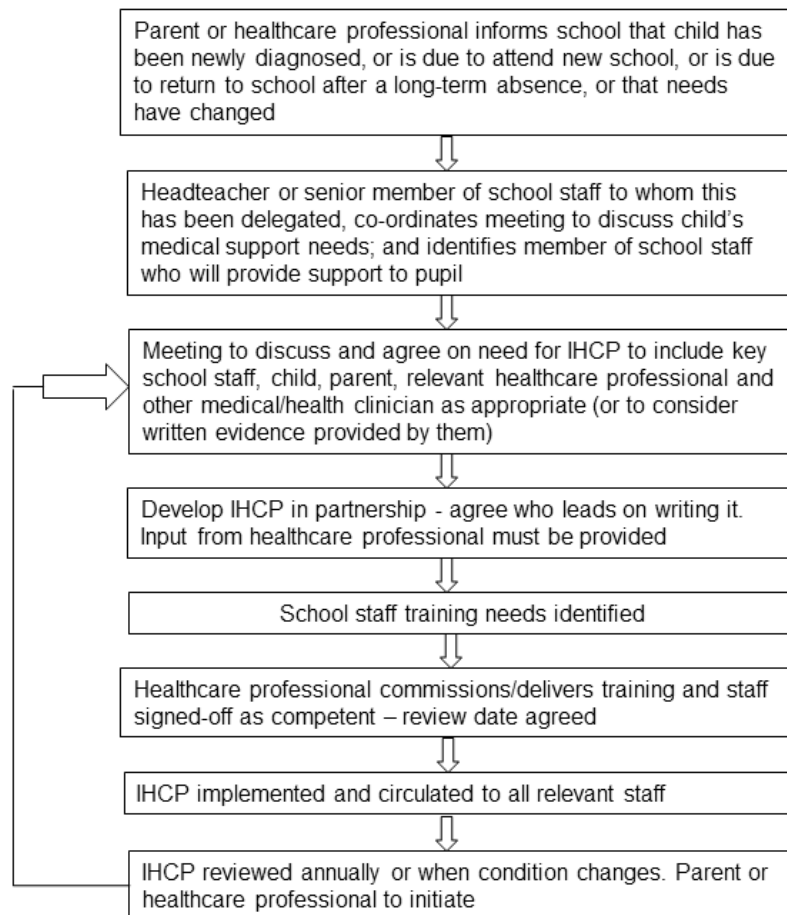
Links to other policies

This policy links to the following policies:

- Accessibility Policy and Plan
- Complaints Policy
- Administering Medicines Policy
- First Aid Policy
- Equality Policy and Objectives
- Health and safety
- Child protection policy
- Special educational needs and/or disabilities policy and information report

Appendix A

Please see sample flowchart below from the Supporting pupils with medical conditions guidance.



Appendix B - Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Telephone number - 01243 784046
2. Your location as follows;

**Kingsham Primary School
Hay Road
Chichester
West Sussex**

3. State what the postcode is – please note that postcodes

PO19 8BN

4. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Best entrance is: Main School entrance on Hay Road

5. your name
6. provide the exact location of the patient within the school setting
7. provide the name of the child and a brief description of their symptoms
8. put a completed copy of this form by the phone

Appendix C

Individual Health Care plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix D - Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by – print name and signature	
Refresher/update training date	
Profession and title	
I confirm I have received and understood the above training	signature

Additional training:

Type of training received	
Date of training completed	
Training provided by – print name and signature	
Refresher/update training date	
Profession and title	
I confirm I have received and understood the above training	signature

Type of training received	
Date of training completed	
Training provided by – print name and signature	
Refresher/update training date	
Profession and title	

I confirm I have received and understood the above training

signature

Appendix E: Parental Agreement for School to Administer Medicines

(where an Individual Healthcare Plan or Education Healthcare Plan is not required)

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

--

Name of child

--

Date of birth

--

Group/class/form

--

Medical condition or illness

--

Medicine

Name/type of medicine
(as described on the container)

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer’s instructions and/or Patient Information Leaflet (PIL) must be included

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

I understand that I must deliver the medicine personally to

[agreed member of staff or school location]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I confirm that this medication has been

administered to my child in the past without adverse effect. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Appendix F: Record of medicine administered to an individual child

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

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Appendix F.

Record of medicine administered to an individual child (Continued)

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Controlled drug stock

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Witnessed by

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Controlled drug stock

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Witnessed by

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Controlled drug stock

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Witnessed by

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Controlled drug stock

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

Witnessed by
