

# CORSHAM PRIMARY SCHOOL

## Medicine and Supporting Pupils with Medical Conditions Policy



Reviewed: May 2021

Policy Ratified by the Board: June 2021

Next Review Date: May 2024

## 1. Introduction

Section 100 of the Children and Families Act 2014 places a duty on the board of primary pupils at the school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

This policy will be reviewed regularly and will be readily accessible to parents/carers and staff through our website.

### Definitions of Medical Conditions:

#### □ Short Term Medical Needs

Corsham Primary School will not support the administration of medicines to pupils with short-term illness. Parent/carers are welcome to make arrangements to come into school during the day administer the medicine either by themselves or by someone they nominate.

#### □ Non-Prescription Medication

Corsham Primary School will not support the administration of painkillers (analgesics), including aspirin and paracetamol to pupils. Either parents/carers are welcome make arrangements to come into school during the day to administer the medicine by himself or herself or by someone, they nominate.

#### □ Long Term Medical Needs

Corsham Primary School will only administer medicine to pupils who have long-term medical needs and if their medical condition is not properly managed, could limit their access to education. In these cases, an individual health care plan needs to be written.

## **2. Management Responsibility**

All Schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this policy is given to the CEO who will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

### **2.1 Responsibilities of Head Teachers**

Head Teachers is a term used to describe the Senior Leadership Team in the organisation. It will include but may not be limited to the CEO, Executive Head, Heads of School and their deputies.

The Heads of School on both sites will be responsible for ensuring that arrangements required by this policy are in place. This will include providing information to staff, supply teachers, and new staff through induction. It will also involve ensuring that risk assessments for school visits and other school activities outside of the normal timetable are conducted and for the monitoring of individual healthcare plans.

The head teacher will write and review Individual Health Care Plans. These plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

### **2.2 Responsibilities of staff**

All staff will be expected to show a commitment and awareness of children's medical conditions and following any defined care plans. All new members of staff will be inducted into the arrangements and guidelines set out in this policy. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school. Personnel who are not staff but support will also be provided with appropriate information about a child's medical needs to enable safe and effective duties to be undertaken.

### **2.3 Responsibilities of Parents/Carers and Pupils**

In order for the management arrangements to be properly discharged, there is a fundamental requirement that correct information is shared with the

school by parents/carers and that this information is kept up to date in order that the school can provide education for pupils with medical needs. Parents are also required to support the school in its application of this policy for the benefit of the pupils involved. Pupils must also co-operate with arrangements defined later in this policy.

### **3. The Role of Staff at Corsham Primary**

Some children with medical conditions may be disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement, or Education, Health and Care (EHC) plan that brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice and the Corsham Primary SEN Offer available on the web site.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at School as any other child. The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. 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 and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Teachers' conditions of employment do not include giving medication or supervising a pupil taking it, although staff may volunteer to do this and many are happy to do so. Some school staff are understandably reluctant to administer intimate or invasive treatment. Any member of staff who agrees to accept responsibility for administering prescribed medication will be given training and guidance.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At Corsham Primary, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse who we have regular access to, will provide training and subsequent

confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Staff must follow relevant procedures.

#### **4. Procedures to be followed when Notification is received that a Pupil has a Medical Condition**

The school will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting at Corsham Primary, arrangements will 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 Corsham Primary mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the school 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. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school will ensure that 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 learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained to provide the support that pupils need.

The school will ensure that arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits or in sporting activities, and not prevent them from doing so. The school will 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 it is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupil's health is not put at unnecessary risk from, for example

infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to 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 evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the Head of School depending on the site the child attends. The outcome of this meeting needs to be reported back to the Executive Head. Following the discussions, an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

## **5. Individual Health Care Plans**

Individual Health Care Plans will be written and reviewed by the Head Teacher but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Healthcare Plans will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed.

They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one.

The school, health care professional and parents/carers should agree, based on evidence when a Health Care Plan would be inappropriate or

disproportionate. If consensus cannot be reached, the Executive Head is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan. Annex B shows a template for the Individual Health Care Plan and the information needed to be included. Individual Health Care 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. The Individual Health Care Plan is usually completed by the Head Teacher with support from parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school.

The school will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed 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. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

Annex B provides a template for the Individual Health Care Plan but it is a necessity that each one includes:

- 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/noisy conditions, travel time between lessons.
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to

complete tests, 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 parents/carers and the Head of School 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 parents/carers or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including who to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the school's responsibility to write or review.

## **6. The Child's Role in managing their own Medical Needs**

If it is deemed, after discussion with the parents/carers, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the cupboard in the Medical Room to ensure that the safeguarding of other children is not compromised. The school does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/carers should be informed, outside of the review, so that alternative options can be considered.

## **7. Managing Medicines on the Corsham Primary School Sites**

The following are the procedures to be followed for managing medicines:

Medicines should only be administered at the school when it would be detrimental to a child's health or School attendance not to do so and an Individual Health and Care Plan is in place.

- No child under 16 should be given prescription or non-prescription medicines without their parents/carers written consent.
- 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 inside an insulin pen or a pump, rather than in its original container.
- The school will only accept non-prescribed medicines if these are in-date, labelled, provided in the original container as purchased, and include instructions for administration, dosage and storage.

In all cases it is necessary to check:

- Name of child
- Name of medicine
- Dosage
- Expiry date
- Written instructions provided by prescriber/parent

An Administration of Medicine Permission & Record form (Annex C ) must be completed and signed by the parent/carer

When a member of staff administers medicine, they will check the child's Administration of Medication Permission and Record form (Annex C) against the medication, to ensure that the dose and timing are correct. They will then administer the medication as required, and record this on the form.

- All medicines will be stored safely in the Medical Room. Children should know where their medicines are at all times and be able to access them immediately.
- Medicines that need to be stored under lock and key are kept in the medical room. Where relevant pupils should know who holds the key to the storage facility.
- Asthma inhalers will be stored in the classroom bags where both class teacher and child know how to access them. If a child requires an asthma, inhaler it is crucial that there is an inhaler in the school at all times.

- During School trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should 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 the school should be noted. Annex C outline these procedures. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.  
When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

## **8. Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, 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/carers; 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/carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to a child with long term 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.

## **Equal Opportunities**

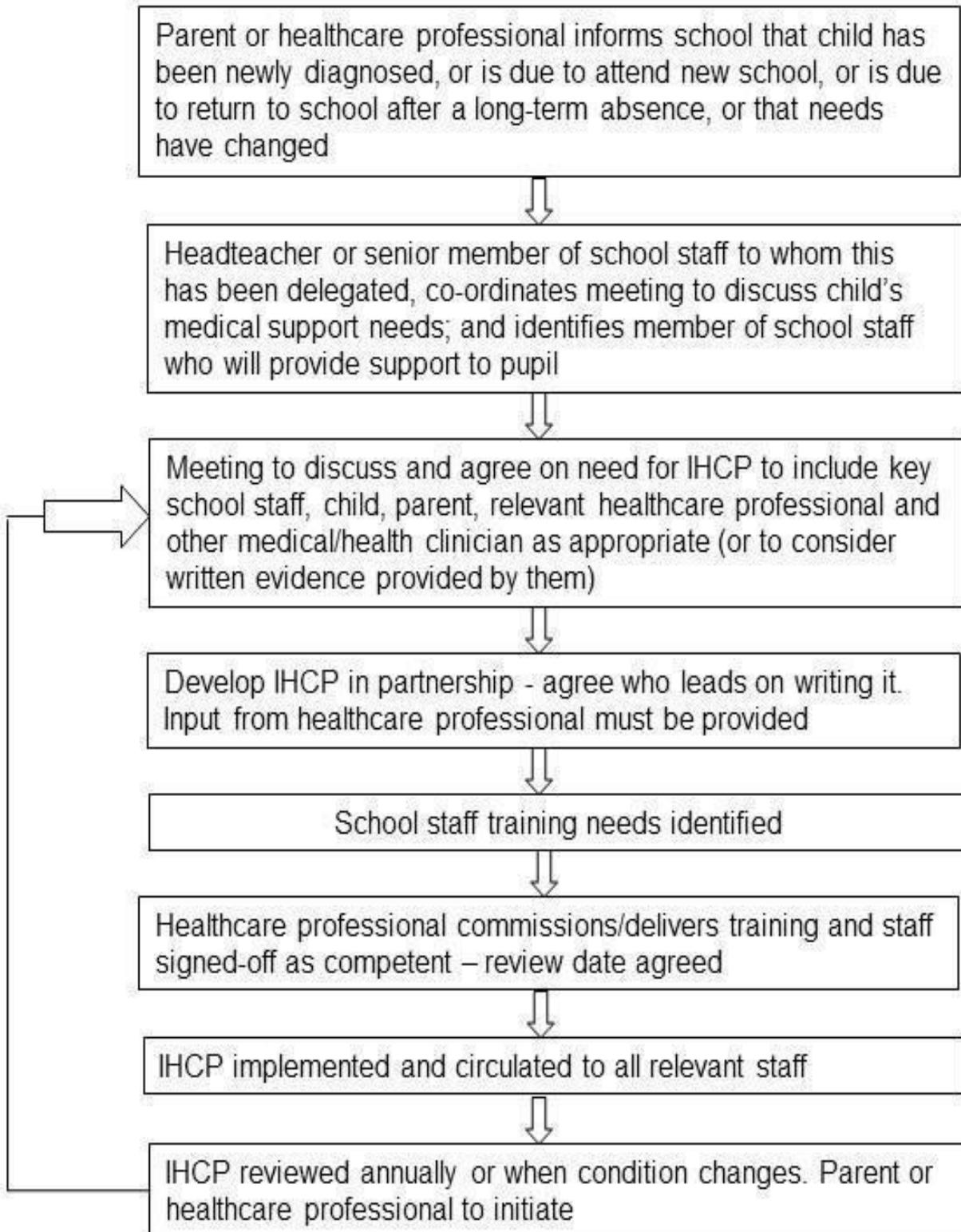
When writing and reviewing this policy staff have completed an Equality and Diversity Impact Assessment in order to ensure it complies with equality obligations outlined in anti-discrimination legislation. We believe the policy positively reflects the aims and ambitions identified in Corsham Primary's Single Equality Scheme.

## **UNICEF**

Corsham Primary is a UNICEF *Rights Respecting School*, which promotes the Convention of the Rights of the Child. This policy underpins Article 29 of the convention:

**Aims of Education:** Education shall aim at developing the child's personality, talents and mental and physical abilities to the fullest extent. Education shall prepare the child for an active adult life in a free society and shall foster in the child respect for his or her parents, for his or hers cultural identity, language and values and for the cultural background and values of others.

**Annex A – Corsham Primary School Model Process for Developing Individual Health Care Plans**



## Annex B Corsham Primary Individual Health Care Plan

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	

Name of Parent/Carer 1	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	
Name of Parent/Carer 2	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	

Clinic/Hospital Name	
Contact Number	
GP Name	

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

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Daily care requirements

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

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

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Arrangements for School visits/trips etc.

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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.
Staff training needed/undertaken – who, what, where, when

Planned with:	Signed:
Copies sent to:	

**Annex C - Corsham Primary School Record of Medicine Administered to an Individual Child**

Child's Name	
Class	
Date medicine provided by Parent/Carer	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature	
Parent/Carer signature	

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			