



Supporting Pupils with Medical Conditions

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School Vision

At Chesswood Junior School we inspire our whole school community to enjoy their learning adventure and have fun along the way. We ignite a passion for learning throughout the school community, securing excellence, empathy and equality in all that we do.

School Mission

We will strive to achieve the highest standards of academic achievement and behaviour within a vibrant, exciting learning environment so that all children leave this school with confidence and the ability to take advantage of future opportunities.

Agreement Links

This policy should be read in conjunction with the following school policies

Supporting Material

First Aid Policy

Asthma Policy



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1. Introduction

It is important that responsibility for pupils' medication is clearly defined and that each person involved with pupils with medical needs is aware of what is expected of them. Close co-operation between schools, parents, health professionals and other agencies is essential to ensure that any necessary medical interventions during school activities are undertaken safely and correctly. Within this policy we define, in accordance with guidance from Statute, West Sussex Local Authority, DFE and the NAHT, our agreed arrangements to provide appropriate medical support for each pupil needing it.

The SEN and Disability Act 2001, by amending the Education Act 1996, reinforced the right of pupils with SEN to be educated in mainstream schools unless it is incompatible with the wishes of the pupil's parent, or with the provision of efficient education for other children. The expectation is that all pupils with SEN but without a Statement of SEN will be educated in mainstream schools, as will many pupils with Statements. The implication therefore is that mainstream schools will be making provision for pupils with a wide variety of needs, which might include pupils requiring medication on a long or short term basis.

The SEN and Disability Act 2001 also amended the Disability Discrimination Act 1995 to ensure that access to school, further and higher education is available to pupils and students who are disabled and that disabled pupils are not treated less favourably, without justification, for a reason relating to their disability. The expectation is that schools will make reasonable adjustments to ensure access and this should include arrangements about the administration of medication.

2. Strategy

Clear procedures, appropriate training and a respectful partnership between school, parents and medical professionals will ensure, when medically appropriate, children will access their educational entitlement that they may otherwise be excluded from due to administration of medicines.

3. Roles and Responsibilities

There is no statutory or contractual duty for Head Teacher or teaching staff to administer medicines. Consequently, to comply with this policy, schools must secure the services of:

- Employees with specific contractual duties, who have received appropriate training, to undertake this work. A designated Medical Officer will be named but will be assisted by an appropriately trained medical team.
- Other persons as agreed in accordance with this policy.



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3.1. **Governing Body**

It is the responsibility of the governing body to ensure that arrangements for supporting children with medical conditions in school are clearly outlined in school. In doing so, they will rely predominantly on national guidance outlined in 'Supporting Pupils at School with Medical Conditions'. The Governing Body will:

- Ensure that there is a clear and coherent policy for supporting pupils with medical conditions is in place, and oversees and monitors its implementation. It will also ensure that the policy is in full compliance with equalities legislation.
- Ensure that pupils with medical conditions participate to the fullest possible extent in all aspects of school life.
- Handle any complaints with regard to this policy in accordance with the School's Complaints Policy.
- Ensuring that appropriate levels of staff training is provided for those with responsibility for supporting children with medical conditions and that such staff have access to information and other teaching resources to provide support as needed.
- Ensure that the policy is regularly reviewed in line with the agreed cycle and that it is responsive to changes in local authority guidance or national statutory or non-statutory guidance.

3.2. **Head Teacher**

The Head Teacher has delegated responsibility for the operational implementation of this policy to the Pastoral Deputy Head Teacher. However, the Head Teacher will:

- Remain accountable for local decisions about the school's role in supporting pupils with medical conditions and administering medicines.
- Ensure that school staff are appropriately insured to undertake all duties in respect of providing identified medical support and that staff are aware of this.
- Ensuring that the appropriate insurance is in place for school staff who undertake medical duties and responsibilities in line with this policy and that staff are aware that this is the case.
- If necessary, recruit a member of staff with the purpose of delivering the commitments made in this policy.

3.3. **Deputy Head Teacher**

As part of his pastoral responsibility the Deputy Head teacher is the designated teacher with responsibility for children with medical needs. As such, the Deputy Head Teacher, in conjunction with the School Medical Officer, has operational responsibility for ensuring this policy's implementation.



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For each child with medical needs, the Deputy Head Teacher and the School Medical Officer will need to agree with the parents exactly what support the school can provide. Where there is a significant concern about whether the school can meet a pupil's needs, or the expectations of the parents appear unreasonable, the Deputy Head Teacher can seek further advice from the Head Teacher, School Health Team, the child's GP or the Local Authority Health Advisor. This meeting will be minuted and a copy of agreed actions will be placed on the child's record. The document will be signed by both parties. The Deputy Head teacher will:

- Oversee the implementation of the Supporting Pupils with Medical Conditions Policy and procedures.
- Ensure that policy and practice is developed and implemented effectively with partner agencies.
- Make staff aware of this policy.
- Ensure that staff who need to know are fully aware of a child's medical condition.
- Developing Individual Healthcare Plans, in conjunction with the School Medical Officer, parents and any other relevant health professionals.
- Liaise with health care professionals regarding training required for staff.
- Ensure that a sufficient number of trained members of staff are available to implement the policy and deliver the health care plans in all situations.
- Contact the school nursing service in the case of any child who has a medical condition that may require support at school who has not yet been brought to the attention of the school nurse.
- Monitor the management of procedures for the administration of medicines.
- Review policy and practice in line with agreed cycle and in response to national guidance and legislation.

3.4. **School Staff**

The school community recognizes that any member of the 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 medicine is not part of teachers' professional duties, they should take account of the medical conditions that they teach. However, staff may volunteer to do this where circumstances determine that this may be appropriate. Any member of staff who volunteers to accept this responsibility must feel sufficiently informed and prepared so that they are competent to administer the procedures confidently. He/she should be aware of possible side effects of the medication and what to do if they occur. The type of training required will depend on the individual case. At Chesswood, the majority of the administering of medicines will be undertaken by the Medical Admin. Officer and team.



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The governing body recognises that any class teacher volunteering will volunteer according to a specific set of circumstances; for instance relating to a specific child or a specific type of medicine.

School staff will:

- Take appropriate steps to support children with medical conditions.
- Where necessary, make reasonable adjustments to ensure full inclusion in lessons and other school activities.
- Administer medication, if they have agreed to undertake that responsibility.
- Undertake any necessary training to achieve the necessary level of competence to enable them to support pupils with medical conditions, if they have agreed to undertake this responsibility.
- Be aware of pupils with medical conditions within school.
- Familiarise themselves with medical information in order that they know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff who have pupils with medical needs in their care should understand the nature of the condition, and when and where the pupil may need extra attention.

Those members of staff who have agreed to accept the responsibility for administering prescribed medicines, will be provided with appropriate training to ensure that they are aware of any possible side effects and what to do if they occur.

Any person responsible for administering medicines to a named pupil will ensure that they are aware of:

- details of the pupil's condition
- any special requirements, eg dietary needs, pre-activity precautions
- the likely side effects of the medicine
- what constitutes an emergency
- what action to take in an emergency
- what not to do in an emergency
- who to contact in an emergency.

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



3.5. **Medical Officer (Administration Team)**

All members of the administration team have undertaken the First Aid at Work course. The medical officer is appointed from within this team and takes overall operational responsibility for practice within the team. Specific responsibilities will include:

- Take direct responsibility for the administration of medicines.
 - Personally administer medicines or ensure that all medicines are administered by appropriately trained staff.
 - If for whatever reason there is a mistake made in the administration of medication or a medical procedure and a pupil is:
 - Given the wrong medication;
 - Given the wrong dose;
 - Given the medication at the wrong time (insufficient intervals between doses);
 - Given medication that is out of date;
 - Given medication via the wrong route (e.g. on skin instead of orally);
 - The wrong medical procedure is followed;
 - Or the wrong pupil is given the medication.

The medical officer will ensure a record is made detailing what happened, the date, who is responsible and any effect the mistake has caused. Details will be passed to the Headteacher and Deputy Headteacher. The parent/guardian will be contacted.

- Oversee the management of all paperwork for a child with medical needs, ensuring all information is kept up to date. In each case, the following paperwork:
 - Incident and Illness Register
 - Request for the School to Administer Prescribed Medicines
 - Health Care Plans
 - Details of Medication given to Pupils
 - Details of Mistakes made in the Administration of Medicines.
- Paper work will be filed in:
 - Child's personal file – school office
 - Electronic pupil file
 - Medical Folder – medical room – red file
- Maintain a display of individual health care plans on the staff room notice board. These will



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be reviewed annually or in response to any changes to the treatment plan.

- Contact the emergency services in the event of an emergency. This may be performed by any member of the administration medical team who is on duty, as the medical officer may be attending to the casualty.
- Contact parents in the case of emergency.
- Ensure the medication cupboard is kept secure at all times, when not in use.
- Ensure the relevant staff maintain up to date qualifications and training. Organise training where necessary in liaison with the school nursing service and other relevant agencies.

3.6. Health Care Professionals

Other health care professionals, including GP's and school nurse, should:

- Notify the school when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing health care plans.

3.7. Parents

The school will make clear to parents, through the school prospectus, home school agreement, parent induction evening and within occasional newsletters, that they need to keep the school informed with all information regarding any specific medical needs that their child might have. School policy and procedure on the administration of medication will also be made clear.

It is parents responsibility to:

- Provide the school with all necessary up-to-date information regarding the health and medical needs of their child. All changes in medical need should be reported to the school without delay.
- Ensure that emergency contact details provided to the school are accurate and always up to date.

Contribute to the development and review of individual healthcare plans with school staff and the school nurse (where required). Undertake any actions or responsibilities outlined in the plan for them.

- Complete the parental agreement form for school to administer prescribed medicine prior to bringing medication into school.
- Discussing medication with their child prior to requesting that medication be administered in school.
- Provide the school with the prescribed medication (in it's original container with the dosage clearly displayed) their child requires and keeping it up to date and replenished. Collect any leftover medicine at the end of a course or end of term/year.



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- Be personally responsible for handing medication directly to school staff. They will not send medication in to school via their child. The exception to this is an asthma inhaler.
- Provide the school with information relating to any potential impact or side effect, either physical or emotional, of taking prescribed medication.

3.8. *Pupils*

Taking into account the views of pupils is important as they are often best placed to provide information about how their condition affects them.

- Pupils should know where their medicines are at all times and be able to access them without delay or difficulty.
- Pupils may be allowed to take responsibility for self-administration of medicines, for example, asthma or diabetic medication, and where appropriate this would be actively encouraged. However, this will always be under the supervision of a member of staff. If this is the case it must be part of the written agreement with the child's parents and the school. In addition to parental consent, medical advice with regard to self-administration by the pupil should be available and noted in the written agreement. However, it cannot be taken as an alternative to parental consent.

4. Administering Medicines in School

4.1. *Administering Medicines Overview*

Medicines will only be administered in school when it is essential, i.e. where it would be detrimental to a pupils' health if the medicine was not administered during the school day. The school reserves the right to request confirmation by a medical professional regarding the authenticity of the request.

The school will only administer medicine prescribed by a doctor or some other person authorised to do so, eg a dentist, qualified nurse or pharmacist and under exceptional circumstances, where it is deemed that their administration is required to allow the pupil to remain in school, the school will administer non-prescription medicines.

Practical arrangements for administering medicines in school may vary according to particular circumstances. In some cases parents may be encouraged to visit the school to administer medication; in others this may either not be possible or may impinge upon the personal development of the child. There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks – this process is included in the health care plan, where appropriate.

4.2. *Administration by School Staff*

We will not administer medicines that:



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- We do not have written consent from parents for
- Have been taken out of the original container
- Have had a dosage amended by a person other than a designated health professional responsible for the child
- Require precise measurement, for example, beyond one tablet or a teaspoon
- Require administering to eyes
- Contain aspirin unless prescribed by a doctor

4.3. ***Practice and Procedures***

The management of medicine in school will follow the procedures set out below:

- As previously outlined, medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where possible, medicines should be administered in a time frame which enables them to be taken outside of school hours.
- All medicines will be stored safely in the medical room, either a locked fridge (if the medicine requires this) or a locked cabinet. Children will be aware of where medicines are located. Spare Epi-pens and spare inhalers will not be locked away so that they are readily available if required.
- Access will be available only to the nominated support staff. Children should know where their own medicines are stored and who holds the key.
- Medicines must be in date, labelled and provided in the original container with the original dosage instructions.
- When no longer required, medicines will be returned to the child's parents. This includes any medicine left over at the end of a course.
- Administered doses will be accurately recorded at the time using the Form to Record Details of Medication Given to Pupils. Any errors made in the administration of medications will be recorded on 'Details of Medication Mistakes' form.

The following standard practice should be followed by school staff when administering medicines. They must:-

- Check written instructions received by the school and confirm with details on the medicine container
- Check the prescribed dosage
- Check the expiry date of the medicine (Note: it may be helpful to remind parents if the expiry date is approaching)



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- Check the timing/frequency details
- Check record of last dosage given (to avoid double dosage)
- Measure out the prescribed dose
- Check the child's name on the medicine again
- Complete written record of dosage given, including date, time and signature
- Unless it is an emergency, any medication should be given in a situation where privacy and confidentiality may be maintained. Facilities are often needed for the pupil to rest and recover
- If the member of staff is in any doubt about any of the details, they should check with the child's parent or doctor before giving the medication

Staff involved with the administration of medicines should be alert to any excessive requests for medication by children or by parents on their behalf. In any cases of doubt advice may be obtained from the School Health Service.

Where possible, one member of staff should be responsible for administering each specific medicine to avoid double doses etc. Teachers' own views/attitudes to medication should not override the instructions/prescription of medication by the pupil's GP or Consultant Pediatrician. In cases where there is such a possibility, those teachers should be advised not to be involved.

4.4. Refusal to Take Medicine

If a pupil refuses to take a prescribed medicine, nominated staff will not force them to do so, but will make an appropriate note on the record sheet and ensure that parents are told about the refusal on the same day in order that alternative options can be considered. Where this happens on a school trip or residential, consideration will be given to the child returning home, at the expense of the parents.

4.5. Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

4.6. Non-Prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an HCP as part of a wider treatment protocol. As recommended by the Government in Supporting Pupils at School with Medical Conditions December 2015 the school will also not administer aspirin unless prescribed.



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The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- antihistamine,

All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded;
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by a Parental Agreement Form and confirmation the medication has been administered previously without adverse effect;

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- for more than 48 hours – parents will be advised if symptoms persist to contact their Doctor;
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.



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- if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

4.7. **Short Term Ad-hoc Non Prescribed Medication**

A small stock of standard paracetamol and antihistamine will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain
 - Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.
- For mild allergic reaction – Standard Piriton
- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

Pain relief protocol for the administration of paracetamol

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) before 12pm:

- The school will contact the parent/guardian and confirm that a dose of pain relief was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded.
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol) was administered before school then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

- PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

If a request for pain relief is made after 12pm:

- The school will assume the recommended time between doses has elapsed and will administer 1 standard of dose of PARACETAMOL without any need to confirm this with the parent/guardian but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.



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The school will inform the parent/guardian if pain relief has been administered this will include the type of pain relief and time of administration.

4.8. **Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school.

5. Emergency Procedures

Medical emergencies will be dealt in line with existing emergency procedures.

- Where an individual health care plan exists, it should detail:
 - What constitutes an emergency
 - Signs and symptoms
 - What to do in an emergency
- Other pupils in school should be informed in general terms of what to do in such an emergency, such as informing a member of staff immediately if they think help is needed.
- The emergency services will be contacted by the Medical Officer or an appropriately trained medical assistant. The Head teacher or Designated Deputy may also perform this duty. There are circumstances whereby staffing or location circumstance may require other members of staff to perform this duty. As such, all staff will be aware of correct procedure.
- Contacting Emergency Services
 - Speak clearly and slowly and be ready to repeat information if asked
 - Request for an Ambulance
 - Dial 999, ask for ambulance and be ready with the following information:
 1. Your telephone number
 2. Give your location as follows: **Chesswood Junior School, Chesswood Road, Worthing, West Sussex**
 3. State that the postcode is **BN11 2AA**
 4. Give exact location in the school/setting
 5. Give your name



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6. Give name of child and a brief description of child's symptoms
 7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to the scene of the incident.
- As a guide the most senior member of staff, who is also a qualified first aider on the premises or on the school excursion, should make the decision to contact emergency services. However, all adults should feel confident to contact the emergency services where their attendance is time critical – if we are wrong then we will apologise later, if we are right a child's life may be saved.
 - The most senior member of staff is also responsible for reporting the incident to the child's parents in a calm, factual manner.
 - If a child needs to be taken to hospital, a member of staff will stay with the child until the parents arrive, or accompany a child taken to hospital by ambulance. If contact has not been able to be made.
 - Consent is generally not required for any life-saving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e. blood transfusions which should be communicated to the medical staff for due consideration. In the absence of the parents to give their expressed consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The teacher accompanying the child cannot give consent for any medical treatment, as he/she does not have parental responsibility for the pupil.
 - The school has a defibrillator for use in cases of sudden cardiac arrest. It is designed to be safe and easy to use. It's use and implementation will be undertaken by staff who have received CPR training, unless such a staff member is not present or delay will lead to serious consequences.

6. Individual Health Care Plans

Where necessary, individual health care plans will be developed in order to ensure that children with medical conditions can be effectively supported. However, it is recognised that not all children with health issues will require one. A decision about whether a health care plan is appropriate should be agreed by the school, parents and health care professional. Pupils will be involved if appropriate. Plans are designed to capture the key essential information required in order to provide effective support.

- Health care plans should be reviewed annually or before if changes occur in the condition that would affect the plan. The annual health care plan and review letter will be both mailed and e-mailed to parents to ensure receipt.
- Plans should be easily accessible.



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- Where a child has an EHCP the health care plan will be linked to this or become part of this.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, school will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

7. Off-site Day Visits, Residential Visits and Sporting Activities

7.1 Educational Visits and Residentials

This school will encourage pupils with medical conditions, where safety permits, to participate in educational visits and residentials. The school may need to take additional safety measures for such visits. Staff are advised to refer to West Sussex Guidelines for Educational Visits and Outdoor Education Activities for further guidance. In any cases of doubt, advice can be obtained from West Sussex lead for educational visits. Careful consideration will be given to what reasonable adjustments will need to be made to enable full and safe participation. Preparation for this will include consultation with parents and, where appropriate, relevant health professionals. In some cases it may be necessary to undertake a risk assessment to supplement a health care plan.

Special arrangements will be made for the secure transport of the medicine and for appropriate facilities to be available at the location where the visit is to take place for the storage and administration of the medicine.

Educational Visits (Off - site one day)

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 2 Template C) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

Residential Visits (overnight stays)

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.



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The school will keep its own supply of the following non-prescription medication Antihistamine, Paracetamol and Ibuprofen for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply. The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.

7.2 Sporting Activities

This school will encourage pupils with medical conditions to participate in physical activities and extra-curricular sport. Similar flexibility will be applied when planning such activities as is applied to educational visits. Where appropriate, any restrictions on the pupil's ability to participate in PE should be clearly identified and incorporated in their Individual Treatment Plan. Teachers should be aware of how any medical condition will impact on the activity and reasonable adjustments made in order that can participate according to their own abilities.

8. Avoiding Unacceptable Practice

Although staff should use their discretion and professional judgement, considering each case on its merits with reference to a child's individual healthcare 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; 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 eg 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.

9. Staff Training and Support

In cases where there may be need for specialist treatment by school staff, health professionals



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provide training. The employer (in this case the employer is the school leadership) is responsible for making sure that staff receive appropriate training to support children with medical needs. Employers should also ensure that there are appropriate systems for sharing information about children's medical needs in each school or setting for which they are responsible. Employers should satisfy themselves that training has given staff sufficient understanding, confidence and expertise and that the arrangements are in place to up-date training on a regular basis. A health care professional should provide written confirmation of proficiency in any medical procedure. Formal training for approved providers will be necessary for more complex needs.

Induction arrangements for supply staff and new staff will include guidance and information regarding supporting children with medical conditions.

10. Quality Assurance

a. Governors

Governors will

- Review the detail of this policy and its implementation in line with the planned policy review cycle.
- Where appropriate, receive, question and comment on school management of medical needs in areas detailed within this policy.
- Know who the designated teacher with responsibility for children with medical needs is and liaise accordingly.

b. Head Teacher

The Head Teacher has delegated leadership of quality assurance to the Deputy Head Teacher, who will:

- Ensure records are maintained in accordance with policy details.
- Report to the governing body on the operation of this policy and any areas for review or amendment.
- Ensure all stakeholders are aware, with an appropriate level of detail, of policy and procedure related to medical intervention.
- Receive and respond to any concerns or complaints related to medical intervention.

11. Insurance

Staff who undertake duties in relation to medical intervention are covered for undertaking duties outlined in this policy under the WSCC public liability insurance. The medical procedures covered are outlined in the attached document. Employees who have been appropriately trained would be expected to administer first aid and will be covered by the insurance. Anything that is not covered by insurers will be covered by the Council's in-house insurance fund. Ideally only persons who have



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received the appropriate training either from healthcare professionals or parents in some circumstances should be administering medicines or first aid procedures. If an untrained person acted erroneously in an emergency situation, this would also be covered.

12. Confidentiality

In sharing their child's medical needs with Chesswood Junior School parents are tacitly agreeing to open, sensitive, communication of those needs between staff, including members of external agencies and NHS, without further recourse to parents. This will enable efficient and effective communication in an environment where time is finite and will further support the overall care of the pupil.

All members of staff are bound by confidentiality and the communication of any personal medical information beyond the school's professional community may be considered a disciplinary issue.

Occasionally, medical information will need to be shared with non-professionals, for example: parent volunteers on a school trip and sports coaches. Information will be passed on a 'need to know basis'. The need for confidentiality will be shared at the same time the medical information is communicated. Any reported breach of confidentiality will be investigated and, where proven, consideration will be given to preventing the volunteer from volunteering in future.

13. Inclusion and Equal Opportunities

The staff and governors at Chesswood Junior School will undertake all measures that are reasonably practical to ensure children with medical needs can have those needs met in a discrete and positive way, enabling them to take the fullest possible part in school life.

14. Concerns and Complaints

Parents with a concern or a complaint about school policy or procedure are invited to share it using the school complaints procedure.

Members of staff with a concern or a complaint are invited to share this initially with the Deputy Head teacher who is responsible for this policy.



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Supporting Material



Supporting Pupils with Medical Conditions



Form for parents/guardians to complete if they wish the school to administer prescribed medication for their child during school hours. Please complete all areas, incomplete forms will be returned.

PARENTAL AGREEMENT FORM

Child details:

Surname:

Forename:

Address:

Date of birth:Reg. Group:

Condition or illness:

About the prescribed medication:

Name/Type of Medication (as described on the container)

For how long will your child take this medication:

Date dispensed:

Expiry date:

Full Directions for use:

Dosage and method:

Timing:

Special precautions:

Side effects:

Self-administration: (please circle) Y / N

Procedures to take in an emergency:

Contact Details:

Name: Daytime telephone no.

Relationship to child

Address:

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 understand that I must deliver the prescribed medicine personally to a member of the office staff and accept that this is a service that the school is not obliged to undertake.

Signature: Date:



Parent/guardian consent to administer short-term non-prescribed 'ad-hoc' medicines

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Pupils Name	D.O.B
Gender	Year/Tutor Group

The Medicines Policy permits the school to administer the following non-prescription medication if your child develops the relevant symptoms during the school day. Pupils will be given a standard dose suitable to their age and weight. You will be informed when the school has administered medication by telephone and a written slip given to the pupil. The school holds a small stock of the following medicines:

- Paracetamol
- Anti-histamine

Tick the non-prescription medications above that you give your consent for the school to administer during the school day and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.

Signature(s) Parent/Guardian.....

Print Name.....

Date.....



Individual Protocol for non-prescribed medication

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines for a maximum of 48 hours.

Date (requirement reviewed daily)	Time last dose administered at home as informed by parent/guardian	Dosage given in school	Time	Comments
Day 1				
Day 2				

3 main side effects of medication as detailed on manufacturer's instructions or PIL		
1.	2.	3.

Emergency procedures – if the pupil develops any of the signs or symptoms mentioned above or any other signs of reaction as detailed on the manufacturer's instructions and/or PIL this might be a sign of a negative reaction or if it is suspected that the child has taken too much medication in a 24 hour period staff will call 999 and then contact the parent/guardian(s).

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.

I am aware that each day I must inform the school when I last administered the medication and that I will be informed by the school in writing when medication has been administered by a written slip sent home with the pupil.

Agreed by: Parent/guardian.....Date.....



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