



**ST CHARLES' CATHOLIC**  
**PRIMARY SCHOOL**

**SUPPORTING**  
**PUPILS WITH**  
**MEDICAL**  
**CONDITIONS**  
**POLICY**

<b><u>SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY</u></b>	
<b><u>AGREED: FEBRUARY 2017</u></b>	<b><u>NEXT REVIEW: FEBRUARY 2018</u></b>

**St Charles' Catholic Primary School**  
**Supporting pupils with Medical Conditions**  
**Policy and Implementation Guidance**

**Policy statement**

The Supporting Children and Young People with Medical Conditions in School Policy will provide guidance to ensure:

- That the school meets its statutory responsibilities to manage medicines and medical conditions in line with Government guidance 'Supporting pupils at school with Medical conditions' and the 'Special Educational Needs and Disability code of practice: 0-25 years'.
- That the school implements inclusive practices to support children and young people with medical conditions.
- That the school aims to provide all pupils with all medical conditions the same opportunities as others at school.

The school will ensure the implementation of the Supporting Medical Conditions in school Policy to meet the following values and principles:

- all children/young people and staff are healthy and stay safe
- parents, children and young people feel secure and confident in the schools ability to support their child.
- pupils make a positive contribution and get to experience a wide and varied curriculum and experiences.
- ensure all staff understand their duty of care to safeguard children and young people in all aspects of their needs and especially within the event of an emergency.
- ensure all staff are appropriately trained, competent and confident in knowing what to do in an emergency.
- develop the schools understanding that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- that the school understands the importance of medication being taken as prescribed.
- all staff understand common medical conditions that affect children/young people at our school. Our staff receive training on the impact medical conditions can have on children/young people from specialist medical staff.

## **Policy**

### **1. The school is an inclusive community that aims to support and welcome all children and young people including those with medical conditions**

- i. The St Charles' Catholic Primary School governing body understands that it has a responsibility to make arrangements for supporting pupils with medical conditions who currently attend and to those who may attend in the future.
- ii. Pupils with medical conditions are encouraged to take control of their condition. Pupils feel confident in the support they receive from the school to help them do this.
- iii. The school ensures to provide all children with all medical conditions the same opportunities at school.
- iv. The school aims to include all pupils with medical conditions in all school activities.
- v. The school ensures all staff (Teaching and Support) understand their duty of care to children and young people in the event of an emergency.
- vi. Parents of pupils with medical conditions feel secure in the care their children receive both in the transportation, school and on educational visits.
- vii. All staff are confident in knowing what to do in an emergency and receive regular training to do so.
- viii. There is knowledge that certain medical conditions are serious and can be potentially life-threatening.
- ix. All staff understand the common medical conditions<sup>1</sup> that can affect all children/young people in school. Staff receive training on the impact this can have on pupils.

### **2. All staff have a sound knowledge, understand their role and are trained to a level that fulfills and informs them in what to do to support children/young people with the most common serious medical conditions found at the school and how to uphold the policy**

- i. All staff at the school are aware of the most common serious medical conditions which they may come across when children are in their care.

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<sup>1</sup> Common medical conditions include Asthma, Epilepsy, Diabetes and Anaphylaxis

- ii. Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- iii. All staff that work directly with pupils receive training and know what to do in an emergency for the pupils in their care with medical conditions.
- iv. Training is refreshed for all staff as appropriate and should be referred to the child/young person's Individual Healthcare Plan.
- v. Action for staff to take in an emergency for the common serious conditions at the school is displayed in prominent locations for all staff including classrooms, kitchens and the staff room.
- vi. The school uses the child/young person's Individual Healthcare Plan to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- vii. The school has procedures in place so that the most up to date/single master copy of the child/young person's Individual Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- viii. The school have plans in place to cover staff absence and sickness.

**The following roles and responsibilities are recommended practice within the policy. These roles are understood and communicated regularly.**

### **Governing Body**

The school's Governing body has a responsibility to:

- uphold the Equality Act 2010 and make any reasonable adjustments.
- ensure that arrangements are in place to support pupils with medical conditions (plans and suitable accommodation). In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
- take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening and therefore focuses on the needs of the individual child/young person.
- make sure the supporting medical conditions in school policy is effectively implemented, monitored and evaluated and updated in line with the school policy

- review timeline.
- ensure all parents are fully aware and understand their responsibilities (use Annex H).

### **Head teacher**

The school's head teacher has a responsibility to:

- ensure the school puts the policy into practice and develop detailed procedures.
- liaise between interested parties including child/young people, school staff, SENCO, pastoral support staff, teaching assistants, school nurses, parents, governors, the school health service, the Local Authority and local emergency care services and seek advice when necessary.
- ensure every aspect of the policy are maintained even if they are not the governing bodies nominated staff member.
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using child/young person's Individual Healthcare Plans.
- ensure child/young person's confidentiality.
- assess quality assured training and support the development needs of staff and arrange for them to be met via formally commissioned arrangements.
- ensure all supply teachers and new staff know the medical conditions policy.
- delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical register.
- monitor and review the policy at least once a year, with input from child/young people, parents, staff and external stakeholders and update according to review recommendations and recent local and national guidance and legislation.
- report back to all key stakeholders about implementation of the policy.
- In partnership with the parent have joint responsibility for the safe travel of the child/young person.
- Provide staff to cover absence.

### **All school staff**

All staff at the school have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency by receiving whole school awareness training.
- be aware that medical conditions can affect a child/young person's learning and provide extra help when child/young people need it.
- understand the policy and how this impacts on children and young person's education.
- know which child/young people in their care have a medical condition and be familiar with the content of the child/young person's Individual Healthcare Plan.
- allow all child/young people to have immediate access to their emergency

medication.

- maintain effective communication with parents including informing them if their child has been unwell at school.
- ensure child/young people who carry their medication with them have it when they go on a school visit or out of the classroom.
- be aware of child/young people with medical conditions who may be experiencing bullying or need extra social support.
- understand the common medical conditions and the impact it can have on child/young people.
- ensure all child/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- ensure child/young people have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

### **First aider**

First aiders at the school have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- when necessary ensure that an ambulance or other professional medical help is called.

### **Special Educational Needs Coordinators (SENCO)**

The SENCO at the school has responsibility to:

- help update the school's medical condition policy.
- know which child/young people have a medical condition and which have special educational needs because of their condition.
- be the key member or liaise with other staff to ensure child/young people with medical conditions continue to make expected progress.
- ensure teachers make the necessary arrangements and make reasonable adjustments if a child/young person needs special consideration or access arrangements in exams or course work.

### **Pastoral support staff**

The pastoral support staff at the school have the responsibility to:

- help update the school's medical conditions policy.
- know which child/young people have a medical condition and which have special educational needs because of their condition.
- Monitor children/young people's attendance and punctuality and consider additional support and planning with the SENCO.
- ensure all child/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.

## Health Services

The school nurse and others from the local Health Community and services who work with the school has a responsibility to:

- co-operate with schools to support children/young people with a medical condition.
- be aware of the needs and training the school staff need in managing the most common medical conditions at school.
- provide information about where the school can access other specialist training if this has been locally developed.

**Other healthcare professionals, including GPs and paediatricians have responsibility to:**

- notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- provide advice on developing healthcare plans.
- consider that Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

## Parents

The parents of a child/young person at the school have a responsibility to:

- tell the school if their child has a medical condition.
- ensure the school has a complete and up-to-date Healthcare Plan for their child.
- inform the school about the medication their child requires during school hours.
- inform the school of any medication their child requires while taking part in educational visits or residential visits, especially when these include overnight stays.
- tell the school about any changes to their child's medication, what they take, when, and how much.
- inform the school of any changes to their child's condition.
- ensure their child's medication and medical devices are labelled with their child's full name and date of birth and a spare is provided with the same information.
- ensure that their child's medication is within expiry dates.
- inform the school if your child is feeling unwell.
- ensure their child catches up on any school work they have missed.
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional and information that will require the school to support your child is passed on to them.
- ensure their child has a written care/self-management plan from their doctor or

specialist healthcare professional to help their child manage their condition.

### **3. All staff understand and trained in the school's general emergency procedures**

- i. The school has a general Health and Safety Policy that includes risk assessments and have arrangements in place to deal with emergencies.
- ii. All staff know what action to take in the event of a medical emergency. This includes:
  - how to contact emergency services and what information to give (use Annex F)
  - who to contact within the school.
- iii. Action to take in a general medical emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- iv. If a child/young person needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the child knows.
- v. Staff should not take child/young people to hospital in their own car it is safer to call an ambulance

### **4. The school has clear guidance on the administration of medication at school and what is deemed as unacceptable practice**

#### Administration - general

- i. The school understands the importance of medication being taken as prescribed.
- ii. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child/young person taking medication unless they have been specifically contracted to do so.
- iii. All use of medication defined as a controlled drug, even if the child/young person can administer the medication themselves, is done under the supervision of a named member of staff at this school.
- iv. There are several members of staff at this school who have been specifically contracted to administer medication and received the relevant training from healthcare professionals.
- v. If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to



continue to provide this support.

- vi. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to children/young people under the age of 16, but only with the written consent of their parent. (use of Annex B)
- vii. Training is given to all staff members who agree to administer medication to pupils, where specific training is needed. The local authority provides full indemnity.
- viii. Parents at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- ix. If a child/young person at this school refuses their medication, staff should not force them and record this and follow procedures set out in the Individual Healthcare Plan. Parents are informed as soon as possible.
- x. If a child/young person misuses medication, either their own or another child/young person's, their parents are informed as soon as possible. These child/young person are subject to the school's usual disciplinary procedures.

#### Administration - Emergency Medication

- xi. All child/young person with medical conditions has easy access to their medication.
- xii. All child/young people are encouraged to carry and administer their own emergency medication, only when their parents and health professionals determine they are able to begin taking responsibility. All child/young people carry their medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.
- xiii. A child/young person who does not carry and administer their own medication know where their medication is stored and how to access it.
- xiv. Children/young people who do not carry and administer their own medication understand the arrangements for a member of staff (and the secondary member of staff) to assist in helping them take their medication safely.

#### Unacceptable Practice

- xv. The school uses its discretion and professional judgment on individual cases but

it is not generally acceptable practice to:

- prevent a child/young person from easily accessing their medication or inhalers when or where necessary.
- assume that every child with the same condition requires similar or the same support.
- ignore the views of the child/young person and their parents
- send children/young people home frequently or prevent them from staying for school activities.
- send a child unaccompanied to the school office or medical room if they become ill.
- penalise their attendance records if their absences are related to their medical condition e.g. hospital appointments.
- prevent pupils from drinking, eating or taking toilet or other breaks in order to effectively manage their own medical condition.
- require parents or make them feel obliged to attend school to administer medication or provide medical support.
- prevent or create unnecessary barriers to children participating in any aspect of their educational experience, this includes school visits, e.g. requiring the parents to accompany the child.

## **5. The school has clear guidance keeping clear and up to date records which supports the planning and access to school**

### Administration/Admission forms

- i. Parents at this school are asked if their child has any health conditions or health issues on the admission form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on admission forms.

### School Medical register

- ii. Individual Healthcare Plans are one document that is used to create a Medical register of pupils with medical needs, not all children/young people with medical conditions will need an individual plan. An identified member of staff has responsibility for the medical register at school.
- iii. The identified member of staff has responsibility for the medical register and follows up with the parents any further details on a child/young person's Individual Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

### Individual Healthcare Plans

Drawing up Individual Healthcare Plans

- iv. An individual Healthcare plan may be initiated by a member of school staff, plans should be drawn up with the input of healthcare professionals e.g. Specialist Nurse, parents and the child.
- v. As a sign of good practice the school will use Individual Healthcare Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments and used to identify the level support they need. Further documentation can be attached to the Individual Healthcare Plan if required (use of Annex A).
- vi. An Individual Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:
  - at the start of the school year
  - at admission
  - when a diagnosis is first communicated to the school.
- vii. If a child/young person has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete (use of Annex D to monitor).

#### Ongoing communication and review of the Individual Healthcare Plan

- viii. Parents at this school are regularly reminded to update their child's Individual Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication, treatments or conditions change.
- ix. Staff at this school use opportunities to invite parents to review and check that information held by the school on a child/young person's condition is accurate and up to date. (use of Annex F)
- x. Every child/young person with an Individual Healthcare Plan at this school has their plan discussed and reviewed at least once a year.
- xi. Where the child has SEND, the Individual Healthcare Plan should be as part of the graduated approach of Assess, Plan, Do, Review and/or linked to their statement or Education Health and Care Plan if they have one.

#### Storage and access to Individual Healthcare Plans

- xii. The school ensures that all staff protect confidentiality.
- xiii. Individual Healthcare Plans are kept in a secure central location at school or

attached as linked documents using the schools computer system.

- xiv. Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of Individual Healthcare Plans. These copies are updated at the same time as the central copy.
- xv. All members of staff who work with groups of children/young people will access the Individual Healthcare Plans to provide support with their planning of teaching and learning.
- xvi. When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Individual Healthcare Plans of children/young people in their care.
- xvii. The school seeks permission from parents to allow the Individual Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Individual Healthcare Plan.

#### Use of an Individual Healthcare Plan

- xviii. Individual Healthcare Plans are used by the school to:
  - inform the appropriate staff and supply teachers about the individual needs of children/young people with a medical condition in their care
  - remind children/young people with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
  - identify common or important individual triggers for children/young people with medical conditions at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of common triggers
  - ensure that all medication stored at school is within the expiry date
  - ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
  - remind parents of a child/young person with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

#### Consent to administer medicines

- xix. If a child/young person requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Individual Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is given to

parents for pupils taking short courses of medication.

- xx. All parents of children/young people with a medical condition who may require medication in an emergency are asked to provide consent on the Individual Healthcare Plan for staff to administer medication.
- xxi. If a child/young person requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication on the Individual Healthcare Plan. The school and parents keep a copy of this agreement. (use of Annex B)

#### Off-site, Sporting Activities and Residential visits

- xxii. Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the child/young person's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help children/young people manage their condition while they are away. This includes information about medication not normally taken during school hours.
- xxiii. When attending a residential visit or off-site activity (including sporting events) the lead staff member will have copies of all visit paperwork including risk assessments for children/young people where medication is required. A copy of the Individual Healthcare Plans will accompany the child/young person if necessary and reference should be made to any medical conditions in the planning and risk assessment prior to the visit taking place.
- xxiv. All parents of a child/young person with a medical condition attending a off-site activity or overnight residential are asked for written consent, giving staff permission to administer medication if required and an individual Healthcare plan has not been drawn up.
- xxv. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

#### Other record keeping

- xxvi. The school keeps an accurate record of each occasion an individual pupil is given or supervised taking medication. Details of the supervising staff member, pupil, dose, date and time are recorded. If a pupil refuses to have medication administered, this is also recorded and parents are informed as soon as possible (use of Annex C).

- xxvii. The school holds training on common medical conditions once a year. A log of the medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.
- xxviii. All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a record of staff who have had training. (use Annex E)

## **6. There is clear guidance on the safe storage and handling of medication at school**

### Safe storage - emergency medication

- i. Emergency medication is readily available to children/young people who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- ii. Most children/young people at school will carry at all times and are reminded of their emergency medication. Pupils keep their own emergency medication securely.
- iii. Where the child's healthcare professional advises that they are not yet able or old enough to self-manage and carry their own emergency medication, they know exactly where to access their emergency medication and which member of staff they see.

### Safe storage - non-emergency medication

- iv. All non-emergency medication is kept in a secure place, in a lockable cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.
- v. Staff ensure that medication is only accessible to those for it is prescribed.

### Safe storage - general

- vi. There is an identified member of staff who ensures the correct storage of medication at school.
- vii. All controlled drugs are kept in a locked cupboard and only named staff have access, even if the child/young person normally administers medication themselves. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children

and not locked away.

- viii. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.
- ix. The identified member of staff regularly checks the expiry dates for all medication stored at school.
- x. The identified member of staff, along with the parents of children/young people with medical conditions, will ensure that all emergency and non-emergency medication brought in to school is clearly labeled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.
- xi. All medication is supplied and stored in its original containers/packages. All medication is labelled with the child/young person's name, date of birth, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- xii. Medication will be stored in accordance with instructions, paying particular note to temperature.
- xiii. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area that is only accessible to staff.
- xiv. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

#### Safe disposal

- xv. Parents will be asked to collect out-of-date medication.
- xvi. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- xvii. A named member of staff is responsible for checking the dates of medication will arrange for the disposal of any that have expired.
- xviii. Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Arrangements should be made for their safe disposal.

- xix. If a sharps box is needed on an off-site or residential visit a named member of staff is responsible for its safe storage and return it to school or the child/young person's parent.

### **Legislation and Guidance**

This policy and guidance has been compiled using recommended government documents and Acts, these include;

Supporting pupils with Medical Conditions - September 2014  
Special Educational Needs and Disability Code of Practice: 0-25 years  
Children and Families Act 2014 - Part 5: 100  
Health and Safety: advice for schools - June 2014  
Equality Act 2010  
The management of Health and Safety at work regulations 1999  
Education Act 1996  
Health and Safety at work Act 1974  
Medicines Act 1968

The Local Authority will provide both national and local guidance.

For further information and guidance see;

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



**Appendix:**  
**Quick Guide for schools**

**Storage and Access**

- All non-emergency medication is kept in a secure place and controlled drugs are kept in a locked cupboard and only named staff have access.
- All pupils with medical conditions have easy access to their medication.

**Administering any Medication**

- The member of staff at the school who has been specifically contracted to administer medication is:
  - Wendy Parry
- If the trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to continue to provide this support.
- For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to children/young people under the age of 16, but only with the written consent of their parent.

**Record Keeping**

- All medications that are administered should be recorded with the date, child's name, time, name of medicine, dose given, any reactions, signature and Print name of supervising staff member.
- Staff will follow the guidance within the individual healthcare plan and follow the instructions found on the prescribed medication.
- Only supply medication to children/young people where written consent has been received but all staff need to act as any reasonably prudent parent.