

SUPPORTING CHILDREN WITH MEDICAL NEEDS



Supporting Children with Medical Needs

Article 3 The best interests of the child must be a top priority in all things that affect children.

Article 23 A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community. Governments must do all they can to provide support to disabled children.

Article 24 Every child has the right to the best possible health. Governments must work to provide good quality health care, clean water, nutritious food and a clean environment so that children can stay healthy. Richer countries must help poorer

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.
- **Pupils with medical conditions are supported in both social and emotional development as well as their educational development.**

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is **Katie Furlong, Head teacher.**

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Make sure that the children's mental health is also cared for and those pupils who have mental health needs have the same opportunities and positive experiences as others in the school.
- To have in place an Individual Mental Health Plans (IMHP) that follows a recognized scheme that can work alongside the Mind Mate and PHSE program we have in school.

3.3 Staff

Supporting pupils with medical **and mental health** conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical **and mental health** conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers **and support staff (whatever the position they hold within school)** will take into account the needs of pupils with medical **and mental health** conditions that they teach **and support**. All staff will know what to do **or who to turn to** and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical and mental health needs
- Be involved in the development and review of their child's IHP/**IMHP** and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP/**IMHP** e.g. provide medicines and equipment

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. **Pupils with mental health conditions may also be placed to speak about how things affect**

them and this should be taken in to consideration. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. In some cases it maybe the responsibilities of other professional bodies to notify school such as Social services or CAMHs.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical and mental health conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

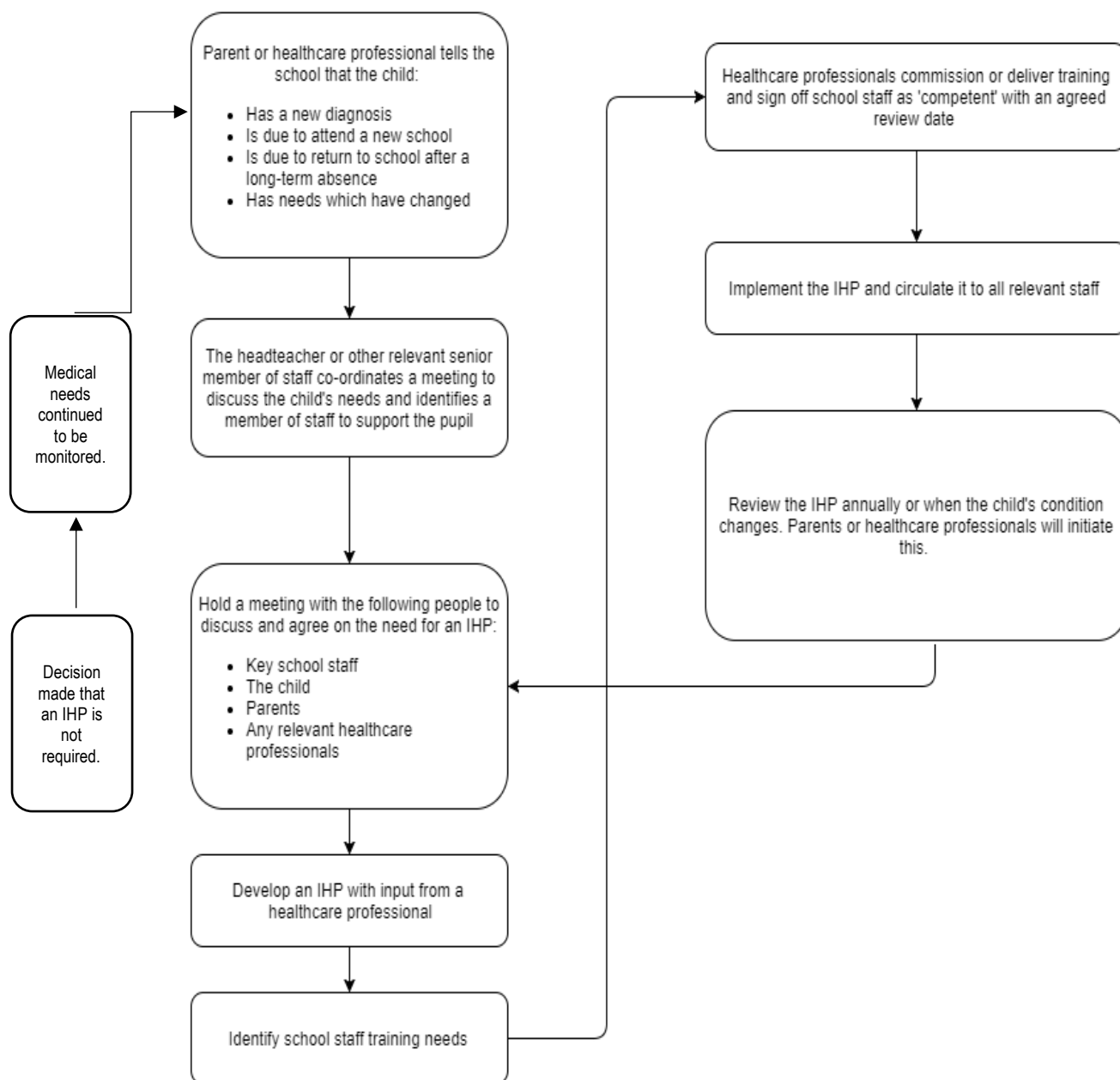
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical and mental health condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP/IMHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



6. Individual healthcare plans

The head teacher has overall responsibility for the development of IHP/IMHPs for pupils with medical **and mental health** conditions. This has been delegated to Kate Davies (SENDCo) / Ali Garlick (Assistant SENDCo) / Denise Meehan (First Aid and Medical Lead)

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the head teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and Katie Furlong / Kate Davies/Ali Garlick/Denise Meehan, will consider the following when deciding what information to record on IHP/**IMHPs**:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, 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 exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Where a child has been prescribed medication for a short period (for example, antibiotics), parents will be required to complete a Medication disclaimer to confirm that school staff are authorised to administer the medication.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a cupboard/**fridge in the school office which is only accessed by named staff Heather Procter, Janet Baxter, Gemma Lake, Rachel Taylor, (Office staff), Denise Meehan First Aid and Medical lead, Katie Furlong Head teacher and Andy Maldonado Deputy head.**

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP/**IMHP**, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical/**mental health** condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs

- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets **unless it is necessary i.e. an inhaler or epipen.**

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

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

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHP/IMHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with **Katie Furlong** (Head teacher). Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHP/IMHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Our insurers, Zurich Municipal, will provide an indemnity to persons carrying out such activities if it arises out of their employment with the school, however they should have received all necessary training to carry out the activity – including any refresher courses (all of which should be clearly documented).

There is, however, no cover for diagnosis of medical conditions - this is not a function of the local authority.

A claim arising out of this would generally fall within the Public Liability Insurance held by the council – details are on the attached as an appendix.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Head teacher / SENDCo in the first instance. If the Head teacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix – Supporting Documents

KERR MACKIE PRIMARY SCHOOL

Gledhow Lane, Leeds, LS8 1NE

Tel: 0113 3368499

Email: office@kmpps.org.uk

Head teacher: Mrs Katie Furlong

Chair of Governors: Mrs Shelagh Henderson



Together Everyone Achieves More

Accident in School

Date:

Dear Parent/Carer,

..... has been in a minor accident today and has been watched carefully since.

Details of accident.....

.....

.....

Action taken.....

.....

First aid administered by

Yours sincerely

Mrs K Furlong

Head teacher

KERR MACKIE PRIMARY SCHOOL

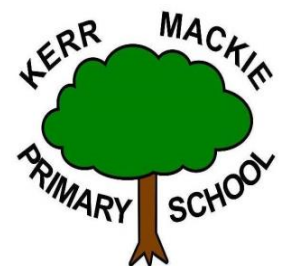
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Date:

Dear Parent/Carer,

..... has been in a minor accident today and has been watched carefully since.

Details of accident.....

.....

.....

Action taken.....

.....

First aid administered by

Yours sincerely

Mrs K Furlong

Head teacher



Dear Parents/Carers,

Bumped Head

We are writing to let you know that _____ has had a bump on their head today at _____ and has been watched carefully since.

Details are the incident :-

Action taken :-

The following suggestions, provided by a Consultant Physician at St James' Hospital, are for your guidance:

Children with apparent minor head injuries should be watched carefully for 24 hours. They can be allowed to sleep but should be roused every 30 minutes in the first 2 hours since the accident. After this time check every 3-4 hours, including during the night. The child should merely be roused so as to open their eyes and move their arms and legs.

Children should attend hospital if they:

1. Have a fit
2. Become difficult to rouse
3. Repeatedly vomit
4. Complain of an increasing headache, or
5. Have a weakness of arms or legs.

Yours sincerely

Mrs K Furlong

Headteacher



Dear Parents and Carers,

MEDICATION IN SCHOOL

I am writing to remind all parents and carers of the school's procedure for administering medicine to pupils during the school day. The procedures are in line with Leeds School's Health, Safety and Wellbeing Team's policy.

Medicines should only be taken to school **when essential**; where it would be determined to a pupil's health if the medicine was not administered during the 'School Day'. Parents are advised to request that the prescription is such that the pupil does not need to take any medication whilst at school, where possible.

Prescribed Medicines

- Medicines must be provided in the original container and include the prescriber's instructions for administration.
- Where possible, a prescription for use in school
- Medication must be clearly labelled with the name of the pupil and the recommended dosage.

Non- prescription medicines

- Written permission from the parent or carer is required
- The written consent to include the name of the child, the child's class and the medicine and doses to be given
- Medicine must be provided in the original packaging.

No pupil will be given aspirin or medicines containing ibuprofen unless prescribed by a doctor

Yours sincerely

Miss D Meehan

(First Aid and medication lead)

A handwritten signature in black ink, appearing to read 'K Furlong', with a horizontal line underneath.

Mrs K Furlong

Headteacher



Together Everyone Achieves More

5 Cs – Confidence, challenge, community, curiosity & care

MEDICATION KEPT IN SCHOOL LONG TERM

Dear Parent/Carer

If your child requires medication in school please ensure it is provided by yourselves and subsequently kept in date.

If you are bringing in new/replacement medicine please complete and return the attached slip.

Yours sincerely

Miss D Meehan

(First Aid and Medication lead)

Medicine kept in School

Name: _____

Class: _____

PLEASE DELETE ONE OPTION

1. I give permission for my child to administer his/her own medication in school under the supervision of a staff member.
2. I give permission for a staff member to administer the medication to my child.

Type of medicine: _____

Signed: _____ Parent/Carer

Date: _____

Yours sincerely

Mrs K Furlong

Headteacher



MEDICATION INFORMATION

Dear Parent/Carer

We are updating our medical information that we hold on behalf of your child.

Please complete/amend the form and return the slip below to the office, along with an up to date medication management plan.

We would also ask for permission to take an up to date photograph of your child.

Yours sincerely

A handwritten signature in black ink, appearing to read 'K Furlong', with a horizontal line underneath.

Mrs K Furlong

Head teacher

Medication Information Slip

Name..... Class.....

Medication.....

-
- Please delete as necessary:
 1. My child needs medication to be kept in the classroom, but no photograph is required
 2. My child needs medication to be kept in the classroom and a photograph.
 3. I give permission for you to take a photograph of my child.
-
- Signed.....Parent/Carer Date.....



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MEDICATION TAKEN DURING SCHOOL HOURS

Dear Parent/Carer

If it is necessary for your child to take prescribed medication three times a day, the dosages should be arranged outside of school hours.

If the medicine needs to be taken four times a day, a parent or carer must come to the office to administer the dosage. Alternatively there are two options:

1. The child can be responsible for taking their own medication when required, under the supervision of a member of staff.
2. The staff can administer the medication when required.

All medicine must be sent by an adult and has to be kept in the child's classroom. **Please do not send it with the child in their bag.**

Please complete and return the disclaimer when bringing the medication in school. N.B. medication includes creams and lotions as prescribed.

Your sincerely

Miss D Meehan

(First Aid and Medication lead)

Medicine in School Disclaimer

Name: _____

Class: _____

PLEASE DELETE ONE OPTION:

1. I give permission for my child to administer his/her own medication in school under the supervision of a staff member.
2. I give permission for a staff member to administer the medication to my child.

Type of medicine: _____

Dosage/times to be taken: _____

How many days is the medicine to be administered for? _____

Signed: _____ Parent/Carer

Date: _____

PRESCRIBED MEDICATION SUPERVISION

Child's Name: _____ Class: _____

Medicine details: _____ Dosage: _____

Date	Time	Signature 1 (Given the medication)	Signature 2 (Witness)

MEDICINE IN CLASS RECORD

Name of child	Medication	Date Received	Received by Print Name	Received by Signature

Allergy Action plans:

<https://www.bsaci.org/wp-content/uploads/2020/02/BSACIAllergyActionPlan2019EpiPen-1.pdf>

<https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>