



***'Learning for a fuller life...'***

**Policy for Supporting Pupils with Medical Conditions  
including the administration of medicines**

*As a Church of England school, we see it as our duty to give children and members of the school community the skills to maximise their engagement with the world around them, enable them to grow spiritually, emotionally and personally, and develop the character and values which will serve them well in future life and support success.*

Formally adopted by the Governing Board/ Trust of:-	Taverham Junior School
Last review:-	14/10/19
Chair of Governors/Trustees:-	Chris Wilson-Town
Next Review:-	October 20

From 1 September 2014, governing bodies have a duty to make arrangements to support pupils at school with medical conditions. The DfE sets out what governing bodies must do to meet their legal responsibilities and the arrangements they will be expected to make, based on good practice, in '[Supporting Pupils at School with Medical Conditions: Statutory Guidance for Governing Bodies](#)' (DfE, December 2015).

This policy adheres to the guidance in this document, and also to the guidance in the NCC document '[Medical Needs Service Policy](#)'

This policy is to be read in conjunction with:

- [Ensuring a good education for children who cannot attend school because of health needs](#) (Statutory guidance for Local Authorities January 2013)
- [Equality Act](#) 2010
- The school's SEN Policy/Information report (to be found on the website)
- [Children and Families Act 2014](#)
- [SEN Code of Practice](#)

### **Aims**

To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

### **Procedure**

The Headteacher is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained;
- all relevant staff are made aware of a child's condition;
- cover arrangements in case of staff absence/turnover are always in place;
- supply teachers are briefed;
- risk assessments for visits and activities out of the normal timetable are carried out;
- individual healthcare plans are monitored (at least annually);
- transitional arrangements between schools are carried out;
- if a child's needs change, the above measures are adjusted accordingly.

Where children are joining Taverham VC CE Junior School at the start of a new academic year, these arrangements should be in place for the start of term.

Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

The school nursing team is operated by Cambridgeshire Community NHS Trust and can be contacted by parents and professionals on 0300 300 0123

### **Individual Healthcare Plans (IHPs)**

Individual Healthcare plans provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan

would be inappropriate or disproportionate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Annex A in the DfE document '[Supporting Pupils at School with Medical Conditions: Statutory Guidance for Governing Bodies](#)'

The following information should be considered when writing an individual healthcare plan, depending on individual needs:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues;
- specific support for the pupil's educational, social and emotional needs;
- the level of support needed including in emergencies;
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements;
- who in school needs to be aware of the child's condition and the support required.
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision);
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate;
- confidentiality;
- what to do in an emergency, who to contact and contingency arrangements;
- where a child has SEN but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan.

Refer to template A in the DfE document '[Supporting pupils at school with medical needs: templates](#)'. Template G in the document provides a model letter inviting parents to contribute to an individual healthcare plan development.

### **Roles and Responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

#### **The Governing Body**

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented;
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions;
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk.

#### **The Headteacher**

- should ensure all staff are aware of this policy and understand their role in its implementation;
- should ensure all staff who need to know are informed of a child's condition;
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured;
- is responsible for the development of IHPs;
- should contact the school nursing service in the case of any child with a medical condition where support is needed

### **School Staff**

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, *although they cannot be required to do so*;
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions;
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **The School Nursing Service /Healthcare Professionals**

- should notify the school when a child has been identified as having a medical condition which will require support in school;
- may support staff on implementing a child's IHP and provide advice and liaison;
- may provide advice on developing healthcare plans;
- specialist local teams may be able to provide support for particular conditions (eg. Asthma, Anaphylaxis, diabetes).

### **Pupils**

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP.

### **Parents**

- should notify the school when a child has been identified as having a medical condition which will require support in school;
- must provide the school with sufficient and up-to-date information about their child's medical needs;
- are the key partners and should be involved in the development and review of their child's IHP;
- should carry out any action they have agreed to as part of the IHP implementation.

### **Notes**

The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

### **Medical Needs Referral**

A medical needs referral can be made by a school for a child who cannot attend school because of health needs where they will be away from school for 15 days or more, whether consecutive or cumulative. Information on medical needs referrals, including evidence required, can be found in the NCC document' [Medical Needs Service Policy](#)' This document also includes a Medical Needs referral form

### **Administering Medicines**

The administering of medicines follows the guidelines and templates outlined in the DfE document [Supporting Pupils at School with Medical Conditions: Statutory Guidance for Governing Bodies](#)

- Medicines should only be administered in school when it would be detrimental to a child's health or school attendance not to do so.
- All children must have parental permission before any medication (prescription or non-prescription) is administered
- If it is felt that a child would benefit from taking Calpol, parents will be contacted and permission will be sought before the medicine is given (unless there is an emergency situation and it has not been possible to get hold of parents or emergency contacts). Calpol is stored in the Office. Teaching Assistants will

administer the medicine and this will be witnessed by Office staff who will record it on schoolpod.

- Where possible, prescribed medicines should be taken outside school hours, but there may be times when they need to be taken within the school day.
- Where prescribed medication does need to be taken during the day the parents must complete and sign the permission form taken from the school document 'Request for school to administer prescribed medication'`
- Medication will only be accepted if it is in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or pump rather than its original container
- All medicines will be stored safely in the Office
- The Office staff will take responsibility for medications and will ensure that children have them at the correct times. A member of the Office Staff will come to the child's class at the appropriate time, and will then record this on school pod, including the dosage and time administered. A member of staff from the class will be needed to witness the medicine being given.
- When no longer required, the medicine will be returned to the parent to arrange for safe disposal
- If a SHARP box is required for a child, this should be provided by the parent. When the box is full, the parent will be contacted to arrange disposal
- Devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are kept in classrooms in a large, green labelled box. The box should go with the class when they attend lessons elsewhere.

### **Asthma**

Children recorded as having asthma, should have an inhaler in school. Class teachers should be aware of all children with asthma and other health needs (on school pod and transferred from previous teacher/school). Inhalers should be kept in the labelled box in the classroom and taken to the hall, field for Games and where necessary other lessons which are not in the classroom. If a child needs to take their inhaler, the dosage, time administered and supervising adult is recorded on a sheet contained in the box.

### **Unacceptable Practice:**

- preventing children from easily accessing their medication and administering it when and where necessary;
- assuming children with the same condition require the same treatment;
- ignoring the views of the child, their parents;
- ignoring medical advice or opinion;
- sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP);
- penalising children for their attendance record if their absences are related to their medical condition that is recognised under this policy;
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- to require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs);
- preventing children from participating, or create unnecessary barriers to children;
- preventing children from participating in any aspect of school life, including school trips (such as requiring parents to accompany the child).

**Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.