



ACORN ACADEMY TRUST

Supporting Pupils at School with Medical Conditions

Written by:	J Buckley, Trust Business Manager
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Introduction

Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of academies to make arrangements for supporting pupils at their school with medical conditions

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

In meeting the duty, the governing body **must have** regard to guidance issued by the Secretary of State (Sept 2014)

Some children with medical conditions may be disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice.

Notification of a Pupil Medical Condition

All new pupils on entry to the school must complete a medical information form (appendix 1) informing the school of their child's medical needs including any allergies, tetanus history, dietary requirements and medication.

Parents are aware that they must notify the school if there are any changes or updates to their child's medical information.

Depending on the medical information, the relevant forms will need to be completed by the school and parent.

- Individual Healthcare plan
- Administration of medication during the school day - long term or short term
- Inhaler consent form

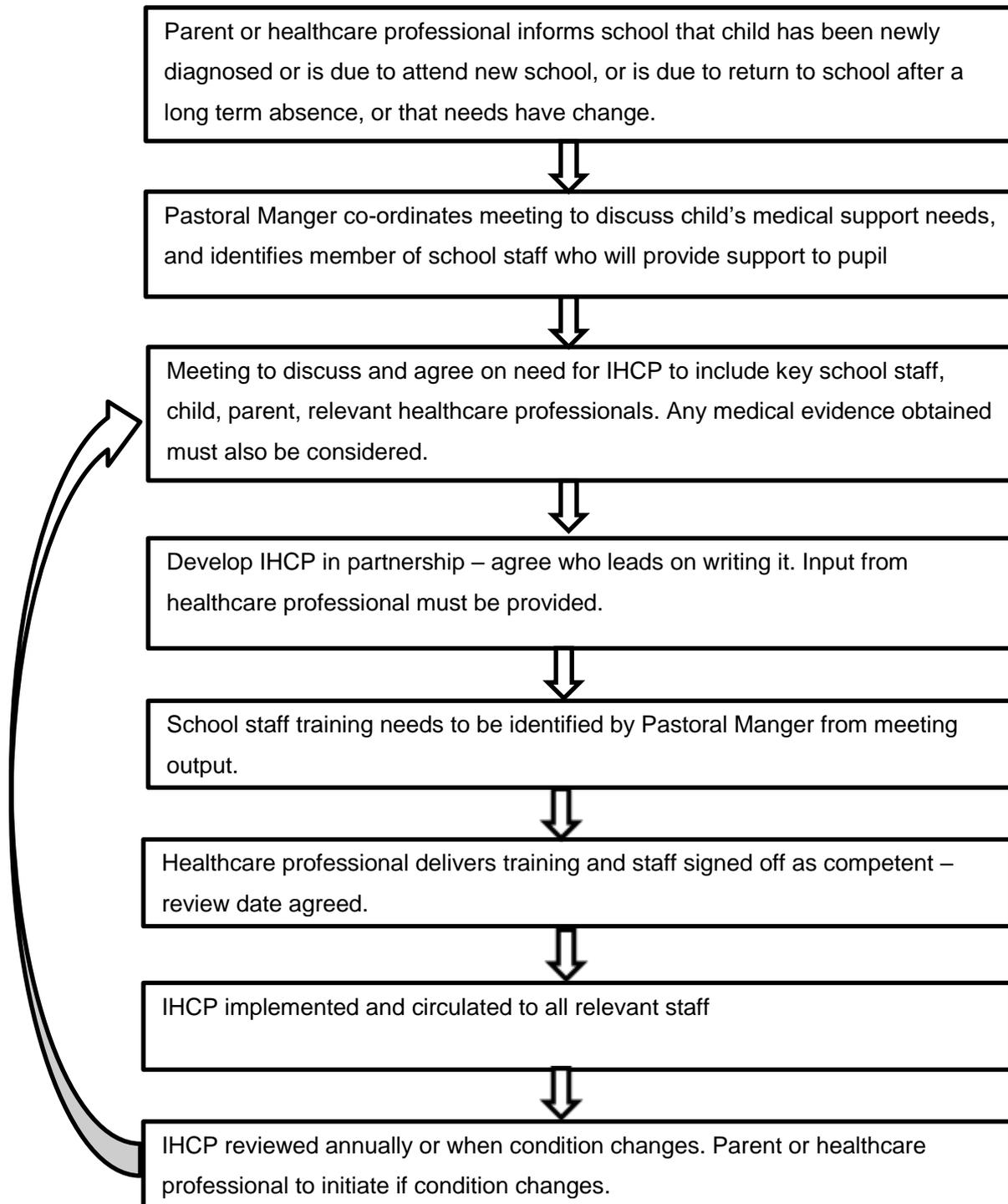
Individual Healthcare Plans (IHCPs)

Individual Healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They 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's pastoral manager, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Associate Headteacher is best placed to take a final view.

The healthcare plan should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided below:



Plans are drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, GP, paediatrician, local health team, clinical commissioning groups) who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

All healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements on information from the school. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Staff Training and Support

Staff who provide support to pupils with medical conditions will attend any meeting if possible connected with the pupil. Training will be provided to staff to ensure they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will have been provided as part of their training with the knowledge to understand specific medical conditions they are being asked to deal with, their implications and preventative measures. The Pastoral manager will ensure staff have the appropriate training and refresher training.

If any new staff are to be involved in support pupils with medical conditions, they will have a full induction and be given full training. The Pastoral Manager will organize this.

All staff are to be made aware at staff meetings by the Pastoral Manager of any pupil that has a new medical condition and how best they can support them, even if not directly involved with their healthcare plan.

Supply staff will be notified on arrival by the Pastoral Manager or Associate Head, if there are any pupils that require support in their education needs because of their medical condition and the class TA will be able to assist.

The staff notice board will be updated daily with any children who are on short term medication so staff are aware to watch for any possible side effects.

Managing Medicine on school premises

Pupils may at some time need to take medication at school. For many this may be short- term, perhaps finishing a course of medication. Other pupils may have medical conditions such as asthma or diabetes that if not properly managed could limit their access to education. Some children may have conditions that also require emergency treatment e.g. severe allergic conditions or epilepsy.

All school staff are appropriately insured to administer medicine by the school's insurance policy.

The school will follow the procedures below to ensure all medicines are managed safely at school:

- Before medication can be given the "Administration of medicine during the school day – short term/long term" (appendix 2 and 2a) must be completed by the parent/guardian (not a friend or relative) of the child and the medicine handed in to the office.
- The school must complete and give to the parent a "Confirmation of the Head's agreement to administer medicine" form (appendix 3) if the school is to administer the medication.

- It is the responsibility of parents to notify the school if there is any change to medication including dosage amounts.
- Only medication that is required at specific times or needed more than 3 times daily can be given by the school
- Medication can only be accepted in school if it has been prescribed by a doctor and is delivered in its original container.
- Only reasonable quantities of medication should be supplied to the school (e.g. max of 4 weeks supply at any one time)
- On administering medicine, staff must check the following on the prescription label/administration of medicine form/record of medicine form:
 - Pupils name
 - Dosage
 - Name of medication
 - Frequency of dosage
 - Date of dispensing
 - Storage requirements
 - Expiry date
 - The last time medication was taken on the record form
- All medication will be kept in a locked medical cabinet unless it is needed to be kept in a fridge. If this is the case, the office fridge will be used.
- It may be necessary for some medicine to be readily available in an emergency and should not be locked away in the office. Relevant school staff and if appropriate, the pupil should know where the medication is kept.
- Any medication given will be recorded on a “record of medicine administered to an individual child” form (appendix 4) with information on date, time, dosage, administrator and witness with any additional comments if required.
- These forms will be kept in the office in the medication file
- The office staff and/or Pastoral Manager will administer the medicine to the pupil. This will ensure cover arrangements in case of staff absence.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication under staff supervision.
- No child will be forced to take medication but refusal to take medication will be referred to parents. If emergency medication is refused, it may be necessary to contact the ambulance service.
- If staff volunteering to administer medicine are concerned about any aspect of its administration, they must not administer it and seek further advice from the Pastoral Manager.
- Medication requiring invasive procedures (e.g. Drugs requiring injection or rectal application) will only be administered by staff that have been fully trained.
- Sharp boxes are to be used for the disposals of needles and other sharps.
- Where a child requires medication to be administered on a trip/visit/overnight stay, it is the responsibility of the trip/visit organiser to assess the practicalities and risks of administering medicine. Where the child’s medical needs are more complex, a full risk assessment must be carried out in consultation with the Pastoral Manager, parents, pupils and advice from the relevant healthcare professional.
- Following statutory guidelines in EYFS, children in Reception class or nursery can be given medication to control fevers such as Calpol by the school if a consent form has been obtained. Parents will always be informed daily if medication has been taken by a child in EYFS. No medication is to be given without consent. See the EYFS policy for more info.

Inhalers

- Before inhalers can be given the “Inhaler Consent form” (appendix 5) must be completed by the parent/guardian of the child and the inhaler handed in to the

office.

- The school must complete and give to the parent a “Confirmation of the Head’s agreement” (appendix 2)
- Inhalers will be kept in the child’s classroom so are always readily available to the child.
- A record should be kept if the inhaler has been used and the parent informed via the 1st aid/accident form.
- When the child goes on a trip/visit/overnight stay, it is the responsibility of the trip/visit organiser to ensure the child’s inhaler is taken and kept secure
- The expiry dates of inhalers should be checked by the class teacher to ensure they are still in date.
- Emergency Inhalers kept in the school office must be taken out on every evacuation.

Record Keeping

The Pastoral Manager will keep any archived medical records of pupils.

The Pastoral Manager will check the medication file to archive any pupil records that are no longer relevant (e.g. No longer needs medicine) and to send home any unused medicine with the parent.

Complaints

Any parent who is dissatisfied with the medical support the school provides, should address their concerns immediately to the school and then if required as an official complaint in accordance with the School’s Complaint policy.

This policy is to be read in conjunction with the following policies/guidance:

- SEN policy
- Mental Health Policy
- Equality Policy
- Supporting pupils at school with medical conditions guidance (Sept 2014)
- Health and Safety Policy
- Food and Allergens Policy

APPENDIX 1

Pupil Medical Information

Name of Pupil	
Date of Birth	
Address	
Emergency Contact Number	1.
	2.
	3.

Medical Details

Has your child any allergies? If yes, please detail below
Does your child take any medication including use of an inhaler? If yes, please detail the medication, dosage requirements and times taken. If medication needs to be taken during the school day, please ask the school for a medication form – long term or short term.
Does your child suffer from travel sickness?
Does your child require a Health Care plan? (eg. Do they have a diagnosis of ADHD, epilepsy, diabetes, asthma, autism etc?) If so, please ask the school for a Health Care plan.
Approximate date of last Tetanus
Does your child have any specific dietary requirements. If so, please give details?

Consent for Emergency Medical Treatment

I confirm that I am willing for the school representative to sign on my behalf any forms of consent required by the hospital authorities in the event that my son/daughter requires emergency medical treatment, provided the delay required to obtain my own signature might be considered by the doctor/surgeon to endanger my son's/daughter's health or safety.

Signed

Parent/Guardian

Parent/Guardian Full name in Capital letters

APPENDIX 2

Administration of Medication during the School Day – SHORT TERM

Note: Medicines must be the original container as dispensed by the pharmacy

Name of Pupil	
Year group	
Date of Birth	
Medical condition/illness	

Medicine

Name of Medicine	
Dosage to give	
What date does the medication start in school (please specify date as - DD/MM/YY)	
When to be given	
Special Precautions or other instructions	
When date does the medication need to stop (please specify date as - DD/MM/YY)	
Any side effects that the school needs to know about	
Self Administration	YES/NO (delete as appropriate)
Procedures to take in an Emergency	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must notify the school/setting of any changes in writing.

Date

Name

Signature

Relationship to child

Daytime Tel Number

APPENDIX 2A

Administration of Medication during the School Day – LONG TERM

Note: Medicines must be the original container as dispensed by the pharmacy

Name of Pupil	
Year group	
Date of Birth	
Medical condition/Illness	

Medicine

Name of Medicine	
Dosage to give	
When to be given	
Special Precautions or other instructions	
Any side effects that the school needs to know about	
Self Administration	YES/NO (delete as appropriate)
Procedures to take in an Emergency	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that I must notify the school/setting of any changes in writing.

Date

Name

Signature

Relationship to child

Daytime Tel Number

APPENDIX 3

Confirmation of the Head's agreement to administer medicine

It is agreed that _____ *[name of child]* will receive _____
[quantity and name of medicine] every day at _____ *[time medicine to be*
administered e.g. Lunchtime or afternoon break].

_____ *[name of child]* will be given/supervised whilst he/she takes their medication
by _____ *[name of member of staff]*.

This arrangement will continue until _____ *[either end date of course of medicine*
or until instructed by parents].

Date: _____

Signed: _____

[The Head teacher/Head of Setting/Named Member of Staff]

APPENDIX 4

Record of medicine administered to an individual child

Name of child:

Date			
Time Given			
Dose Given			
Staff Initials			
Name of staff			
Witness Initials			
Any comments			

Date			
Time Given			
Dose Given			
Staff Initials			
Name of staff			
Witness Initials			
Any comments			

Date			
Time Given			
Dose Given			
Staff Initials			
Name of staff			
Witness Initials			
Any comments			

Date			
Time Given			
Dose Given			
Staff Initials			
Name of staff			
Witness Initials			
Any comments			

APPENDIX 5

Inhaler Consent Form

Name of Pupil	
Year group	
Date of Birth	

Medicine

Name of Medicine	
Special Precautions or other instructions	
Any side effects that the school needs to know about	
Procedures to take in an Emergency	

The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school/setting immediately, in writing, if there is any change in the medication or if the medicine is stopped.

I understand that I must notify the school/setting of any changes in writing.

Date

Name

Signature

Relationship to child

Daytime Tel Number

Record of Inhaler use by Pupil

Name of child:

Date			
Time Given			
Dose Given			
Staff Initials			
Name of staff			
Witness Initials			
Any comments			

Date			
Time Given			
Dose Given			
Staff Initials			
Name of staff			
Witness Initials			
Any comments			

Date			
Time Given			
Dose Given			
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Name of staff			
Witness Initials			
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Date			
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Witness Initials			
Any comments			

