



Supporting Students with Medical Needs Policy

Moorfield Primary School

Governing Body Approval
Date of Review

March 2018
October 2020

1.0 Key roles and responsibilities:

1.1. The Local Authority (LA) is responsible for:

- 1.1.1 Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- 1.1.2 Providing support, advice and guidance to schools and their staff.
- 1.1.3 Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

1.2. The Governing Body is responsible for:

- 1.1.1 The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Moorfield Primary School.
- 1.1.2 Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 1.1.3 Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- 1.1.4 Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- 1.1.5 Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.
- 1.1.6 Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- 1.1.7 Ensuring written records of any and all medicines administered to individual pupils and across the school population are held and retained at the school.
- 1.1.8 Ensuring the level of insurance in place reflects the level of risk.

1.2 The Headteacher and SLT are responsible for:

- 1.2.1 The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Moorfield Primary School.
- 1.2.2 Ensuring the policy is delivered effectively with partner agencies.
- 1.2.3 Making staff aware of this policy.
- 1.2.4 Liaising with healthcare professionals regarding the training required for staff.
- 1.2.5 Making staff who need to know aware of a child's medical condition.
- 1.2.6 Developing Individual Healthcare Plans (IHCPs) and ensuring they are reviewed at appropriate frequencies or at least annually.
- 1.2.7 Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- 1.2.8 If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the duty of care made in this policy.
- 1.2.9 Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

1.3 Staff members are responsible for:

- 1.3.1 Taking appropriate steps to support children with medical conditions.
- 1.3.2 Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- 1.3.3 Administering medication, if they have agreed to undertake that responsibility.
- 1.3.4 Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- 1.3.5 Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- 1.3.6 No staff member is currently responsible for administering injections, but training will take place if this should become necessary.

1.4 Parents and carers are responsible for:

- 1.4.1 Keeping the school informed about any changes to their child/children's health.
- 1.4.2 Completing a parental agreement for school to administer medicine form before bringing medication into school.
- 1.5.3. Providing the school with the medication their child requires and keeping it up to date.
- 1.4.3 Collecting any leftover medicine at the end of the course or year.

1.4.4 Discussing medications with their child/children prior to requesting that a staff member administers the medication.

1.5.6. Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals.

2 Definitions:

2.1 “Medication” is defined as any prescribed or over the counter medicine.

2.2 “Prescription medication” is defined as any drug or device prescribed by a doctor.

2.3. A “staff member” is defined as any member of staff employed at Moorfield Primary School, including teachers.

3 Training of staff:

3.1 Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.

3.2 Teachers and support staff will receive regular and ongoing training as part of their development.

3.3. Teachers and support staff who undertake responsibilities under this policy will receive the following training:

- Medical Needs Training
- Epi-Pen Training
- Asthma Inhaler Training
- Full and Emergency First Aid Training
- Defibrillator Training
- Wheelchair Training

3.3 No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering.

3.4 No staff member may administer drugs by injection unless they have received training in this responsibility.

3.5 The SBM will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

4 The role of the child:

4.1 Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.

4.2 Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location. Lotions will be kept in the classroom as will inhalers and will be used under guidance of the classroom staff.

- 4.3 If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

5 Individual Healthcare Plans (IHCPs)

- 5.1 Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
- 5.2 IHCPs will be easily accessible whilst preserving confidentiality.
- 5.3 IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- 5.4 Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- 5.5. Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

6 Medicines

- 6.1 Most pupils will at some time have a condition requiring medication. For many the conditions this will be short term – perhaps the duration of a short absence from school. Although a child may be soon well enough to be back at school, some medication may still be required during the school day for short durations.
- 6.2 Medicines should only be taken to school or settings when essential; this will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. Such medicines should only be taken to school or an early years setting where it would be detrimental to a child's health if it were not administered during the day.
- 6.3 Parents have the prime responsibility for their child's health and must provide schools and settings with information about their child's medical condition.
- 6.4 No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- 6.5 **There is no legal duty that requires school or setting staff to administer medicines.** Parents will be expected, where clinically appropriate, to request medicines are prescribed in dose frequencies which enable medication to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. The official guidance, detailed below, states that medicines that need to be taken three times a day could be taken in the

morning, after school hours and at bedtime, therefore alleviating the need for any medicines to be administered during the normal school day.

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including: Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours.

DFE Guidance 'Supporting pupils at school with medical conditions' (December 15) reinforces this recommendation, stating that where clinically possible, medicines should only be prescribed in dose frequencies which enable them to be taken outside school hours.

- 6.6 Where the above is not appropriate, the school's expectations are for parents to ensure they are in a position to visit school at appropriate frequencies to administer medicines to their child themselves or ensure a nominated person can undertake this duty.
- 6.7 Only in exceptional circumstances, following prior agreement with the school, appropriately trained staff may administer prescription and/or non-prescription medicines to children. **No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.** The school will require specific information in a written agreement between the school and parent as detailed in Forms 1 and 2. Records will be maintained of all medication administered to a child. Records of appropriately trained staff will also be maintained at the school and will be provided upon request to a parent.
- 6.8 Medicines will only be accepted by the school which are provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage. All medicines will be stored in accordance with the manufacturer's instructions. All medicines must be labelled with the child's name and class.
- 6.9 For children suffering more common conditions or allergic reactions such as asthma, diabetes, epilepsy or anaphylaxis reactions which require long term medication, the school will ensure everything is afforded to enable the child to attend school on a regular basis.

In these circumstances an individual written and agreed assessment will be undertaken between the child's medical representatives, the school, parents and child to ensure the medical needs of the child are adequately addressed during the school day.

- 6.10 The school will maintain a separate asthma policy. Asthma inhalers will be held in children class rooms and where appropriate will be used by the children themselves.
- 6.11 All other internal documentation as required will be completed and maintained in a suitable location for the required period.

7 Insurance:

- 7.1 Staff who undertake responsibilities within this policy are covered by the school's insurance.

- 7.2 Our employer's liability insurance is provided by Telford & Wrekin Council and reviewed annually by them on our behalf as a Community School.
- 7.3 Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Business Manager.

8 Complaints:

- 8.1 The details of how to make a complaint can be found in the School's Complaints Policy

This policy will be reviewed every three years or earlier if changes in legislation or guidance dictates this action.

All children's health care plans will be reviewed at least annually or earlier as is medically required.

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FORM 1 Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine

Name of Child: _____

Date of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine

Name/Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Dosage and method: _____

Timing: _____

Special Precautions: _____

Are there any side effects that the school setting needs to know about?

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an Emergency:

Contact Details

Name:

Daytime Telephone No:

Relationship to Child:

Address:

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service that the school/setting is not obliged to undertake.

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

Date:

Signature(s):

Relationship to child:

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FORM 2 Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting _____

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be given to school/setting _____

Note: Medicines must be the original container as dispensed by the pharmacy, unless over the counter medicine

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

Agreed review date to be initiated by *[name of member of staff]*:

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.

Parent's signature: _____

Print Name: _____

If more than one medicine is to be given a separate form should be completed for each one.

FORM 3 Confirmation of the Head's agreement to administer medicine (For medicines to be administered in excess of 1 week)

Name of School/Setting _____

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/Deputy Head Teacher/ KS1 or KS2 Manger.

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FORM 4 Record of medicine administered to an individual child

Name of School/Setting _____

Name of Child _____

Date medicine provided by parent _____

Group/class/ form _____

Quantity received _____

Name and strength of medicine _____

Expiry date _____

Quantity returned _____

Dose and frequency of medicine _____

Staff signature _____

Parent signature _____

Date _____

Time Given _____

Dose Given _____

Name of member of staff _____

Staff initials _____

Date _____

Time Given _____

Dose Given _____

Name of Member of Staff _____

Staff initials _____

FORM 5 Record of medicines administered in school/setting to all children

Name of School Setting _____

PRINT NAME									
SIGNATURE OF STAFF									
ANY REACTIONS									
DOSE GIVEN									
NAME OF MEDICINE									
TIME									
CHILDS NAME									
DATE									

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FORM 7 Staff training record - administration of medicines

Name of School/Setting: _____

Name: _____

Type of training received: _____

Date of training completed: _____

Training provided by: _____

Profession and title: _____

I confirm that _____ *[name of member of staff]* has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often)

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested Review Date: _____