

Westgarth Primary School
Policy for Supporting Pupils at School with Medical Needs
and Administering Medicines

This Policy for Supporting Pupils at School with Medical Needs and Administering Medicines written in 2015 (based on the template provided by the Landmark Schools' Alliance – New Marske Primary). In June 2017, it was extensively reviewed, taking into account advice from member of the School Nursing Team, Janet Duncan, as well as guidance set out in the 2015 DfE document, "Supporting Pupils at School with Medical Conditions". It will be reviewed bi-annually.

1.0 Policy Implementation

1.1 We at Westgarth Primary school believe that any child with a medical condition should be properly supported so that they have full access to education, including school trips and physical education.

1.2 All schools are expected by Ofsted to have a policy to help support pupils with medical needs and to administer medicines and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this policy is given to the Head teacher. The Head Teacher will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

1.3 The school office staff, SenCo and other teachers/TAs within a phase will be responsible for briefing supply teachers on the medical needs of a particular child. Risk assessments for school visits and other school activities outside of the normal timetable will be completed by the arranging teacher and the monitoring of individual healthcare plans will be fulfilled by the child's class teacher, in consultation with parents, the child themselves (if appropriate) and the SenCo.

1.4 All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

2.0 Responsibilities of the Governing Body

2.1 To ensure that arrangements are in place in schools to support pupils at school with medical conditions. They should ensure that a sufficient number of staff members have received suitable training, and that they are competent before they take on responsibility for supporting children with medical conditions.

2.2 Governing bodies should also ensure that school leaders consult with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

2.3 They must ensure that schools are able to work together with families and named health professionals in developing policies that support children/young people who require medicines in school.

2.4 In addition, Governing bodies should also ensure that schools develop a policy for supporting pupils with medical conditions which is reviewed regularly and is readily accessible to parents and school staff.

2.5 A named person in school should have overall responsibility with regard to the implementation of this policy. At Westgarth Primary School, this named person is Nicky Deluce.

3.0 Definitions of Medical Need

3.1 At Westgarth Primary School we recognise that there are different levels of medical needs. These needs are generally grouped into the following sections:

3.1.1 Short Term Medical Needs

We recognise that pupils may need to receive medication during school hours at some time in their school life. Mostly this will be for a short period only; to finish a course of antibiotics or apply a lotion. To allow pupils to do this will minimise the time they need to be off school. Medication should only be taken to school when absolutely essential. Parents should be encouraged to talk to their doctors about the frequency of dosage in order that it may be administered out of school hours.

3.1.2 Long term/severe medical needs

Parents should provide the Head Teacher with sufficient information about their child's medical condition and treatment or special care needed at school. There is a section on the school's admission form requesting information on any existing medical conditions. If the child's needs are substantial, the parent, jointly with the Head Teacher and healthcare professionals, will reach agreement on the school's role in helping with their child's medical needs. The Head Teacher would always seek parents' agreement before passing on information about their child's health to other school staff, however, we believe that sharing information is important if staff and parents are to ensure the best care for a pupil.

3.2 If parents have difficulty understanding or supporting their child's medical condition themselves, we will provide additional assistance in these circumstances by liaising with the appropriate Health agency. Parents' cultural and religious views will always be respected.

3.3 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 and may have an Education, Health and Care 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 (2014) and the Westgarth Primary School SEN Policy.

3.4 If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

4.0 Procedures to be followed when Notification is received that a Pupil has a Medical Condition

4.1 We will ensure that the correct procedures are followed whenever we are notified that a pupil has a medical condition. For children starting at Westgarth Primary School, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Westgarth Primary School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks. The procedures can be seen in Appendix 1.

5.0 Individual Health Care Plans

5.1 IHCPs, and their subsequent review, may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. However, not all children will require one. The school, health care professional and parents/carers should agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher, with support from healthcare professionals, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an IHCP is provided in Appendix 1.

5.2 Ideally, an Individual Health Care Plan (IHCP) will be written and reviewed by the Lead Professional (usually the SenCo) with support from parents/carers, office staff, and the teaching staff who work with the child directly. There should also be the opportunity for input from a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. It will then be the responsibility of all members of staff supporting the individual child to ensure that the IHCP is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

5.3 IHCPs will help to ensure that the school supports pupils with medical conditions. They will 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex.

5.4 Where a child has a SEN but does not have an EHCP (Education Health Care Plan), their SEN should be mentioned in their IHCP. Westgarth Primary School's IHCP can be seen in Appendix 2.

5.5 IHCPs will be kept securely by the class teacher in the classroom so that they can be referred to and used. An electronic copy will also be kept by the SenCo on a secure and encrypted hard-drive.

5.6 Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their IHCP. The Emergency Health Care Plan will not be Westgarth Primary School's responsibility to write or review

5.7 The School will ensure that IHCPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well being and minimised disruption.

6.0 Managing Medicines

6.1 Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any IHCPs). At Westgarth Primary School, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

6.2 The following are the procedures to be followed for managing medicines within Westgarth Primary School:

- Medicines should only be administered at Westgarth Primary School when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parents/carers written consent.
- The School will only accept prescribed medicines that are 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 inside an insulin pen or a pump, rather than in its original container.
- Westgarth Primary School will not normally administer non-prescription medicines, however, a concession to this rule may be granted by the Head Teacher if, in their opinion, circumstances are exceptional.
- All medicines will be stored safely in the medicine cupboard in the office or in the designated fridge in the Lower School Staff Room. Children should know where their medicine is being stored and who to approach to should they feel they are in need of it.
- Devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away; these will be

stored in unlocked cupboards/trays where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times.

- During school trips, an adult who will be with the child at all times will carry any medical devices/medicines for them. This does not include inhalers for KS2 children which will be held by the child themselves.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted. Appendix 3 and Appendix 4 outline these procedures. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

6.3 The following are the procedures to be followed for managing medicines on school residentials organised and run by Westgarth Primary School:

- Medicines should only be administered on a residential when it would be detrimental to a child's health or continued attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parents/carers written consent.
- The School will only accept medicines that are in-date, labelled, provided in the original container 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 inside an insulin pen or a pump, rather than in its original container.
- Non-prescription medicines may be administered on a residential if it would be detrimental to a child's health or continued attendance not to do so.
- All medicines will be stored safely in a sealed medicine box which will be stored in the visit leader's bedroom. An exception to this would be is the medicine required chilling in which case the hosting centre would allow the use of a suitable fridge. Children should know where their medicine is being stored and who to approach to should they feel they are in need of it.
- Devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away; these will be held by the Westgarth member of staff who is currently accompanying that child. If a child requires an asthma inhaler it is crucial that they have one on their person in addition to the group-adult carrying a spare.
- During any time which is spent off-site on a residential, any medication which may be required should be taken out and will be the responsibility of the Westgarth group-adult to carry/administer in consultation with the group leader.
- Staff administering medicines should do so in accordance with the prescriber's instructions or the instructions written by the parent. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted. Appendix 5, Appendix 6 and

Appendix 7 outline these procedures. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.

- As soon as possible at the end of the residential, the medication is returned home via a responsible adult. Sharps boxes should always be used for the disposal of needles and other sharps.

7.0 Parents as Partners

7.1 Parents should provide the school with sufficient and up-to-date information about their child's medical needs.

7.2 Parents are key partners and should be involved in the development and review of their child's individual healthcare plan.

7.3 Parents should carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment.

7.4 It is essential that school have up-to-date contact details for carers and, possibly, medical staff, and that a responsible adult is contactable at all times.

8.0 Involving the Child

8.1 Pupils with medical conditions are often best placed to provide information about how their condition affects them.

8.2 Wherever appropriate, pupils should be involved in discussions about their medical support needs and contribute as much as possible to the development of their individual healthcare plan.

8.3 Other pupils will often be sensitive to the needs of those with medical conditions, but school staff need to be aware that this is not always the case and deal, robustly, with any issues as soon as they arise.

8.4 Following discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

8.5 Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

8.6 If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

9.0 The Role of School Staff

9.1 School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

9.2 Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

10.0 The Role of the School Nurse

10.1 Every school has access to school nursing services.

10.2 School Nurses are responsible for notifying the school when a child is identified as having a medical condition requiring support in school, wherever possible, before the child starts at the school.

10.3 School Nurses could support staff in implementing a child's individual healthcare plan and providing advice and liaison, for example on training.

10.4 School Nurses can liaise with lead clinicians locally on deciding upon appropriate support for the child and associated staff training needs. School nursing teams will also be a valuable resource for a school seeking advice and support in relation to children with a medical condition.

11.0 Supporting Staff to Administer Medicines

11.1 Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil will receive training and guidance so that they feel fully confident to carry out these responsibilities. He or she will also be aware of possible side effects of the medication and what to do if they occur. The type of training necessary will depend on the individual case but should be delivered by the appropriate professionally trained person.

11.2 Teachers who have pupils with medical needs in their class will be provided with information regarding the full nature of the condition and when/where the pupil may need extra attention. Teachers should be aware of the likelihood of an emergency arising and what action to take if one occurs.

11.3 At different times of the school day, other staff (playground assistants, lunchtime supervisors etc.) will be responsible for pupils. These staff members will be provided with training and a contact point for referring queries.

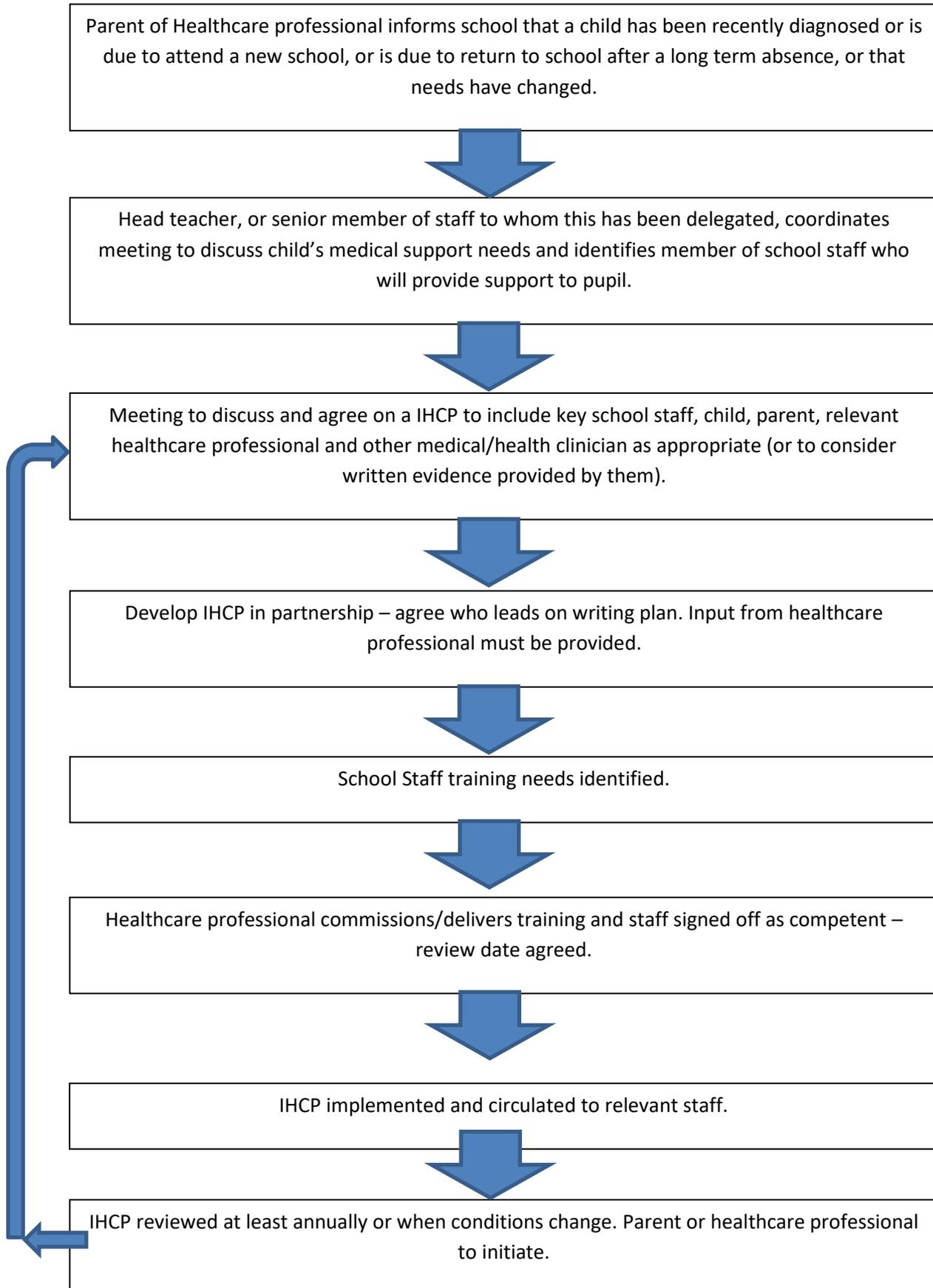
11.4 Where it is required, the job descriptions of staff should reflect these responsibilities. Under Workforce Reform teachers' conditions of employment do not include giving medication or supervising a pupil taking it.

11.5 Westgarth Primary School will ensure that its insurance arrangements provide full cover for staff acting within the scope of their employment. The school wishes to reassure staff that those who volunteer to assist with any form of medical procedure are acting within the scope of their employment and are indemnified.

Nicky Deluce – SenCo
October 2019

Appendix 1

Model Process for Developing Individual Health Care Plans



Appendix 2



Westgarth Primary School

Individual Healthcare Plan



Child's name

--

Group/class/form

--

Date of birth

--

Child's address

--

Medical diagnosis or condition

--

Date

--

Review date

--

Family Contact Information

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Relationship to child

--

Phone no. (work)

--

(home)

--

(mobile)

--

Clinic/Hospital Contact

Name

--

Phone no.

--

G.P.

Name

--

Phone no.

--

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed by

Staff training needed/undertaken – who, what, when

Form copied to

--

Signed

Authored:	
Authored:	
Read:	
Read:	
Read:	
Read:	

Checklist – Have you covered:	
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/noisy conditions, 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 tests, use of rest periods or additional support in catching up with lessons, counselling sessions the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required	
Arrangements for written permission from parents/carers 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 child can participate, e.g. risk assessments	
Where confidentiality issues are raised by the parents/carers or child, who is to be entrusted with information about the child's condition	
What to do in an emergency, including whom to contact, and contingency arrangements	

Ann Person

Year 6/Mrs Teacher



If Ann looks pale or flushed or complains of feeling unwell, then please inform Mrs. Teacher, Mr. Nextdoor-Teacher or Mrs. Teaching-Assistant.

Appendix 3



Westgarth Primary School

Redcar Road, Marske-by-the-Sea, Redcar, TS11 6AE

Head Teacher: Mrs J Woodhead

Tel: 01642 485560

Fax: 01642 759009

Tweet: @westgarthSchool

Email: westgarthoffice@westgarth.rac.sch.uk Web: www.westgarthprimaryschool.co.uk



MEDICATION RECORD

Surname:.....

Forenames:.....

Date of Birth:.....

Class:.....

Name of Medicine:.....

Formula (e.g. liquid, tablet, ointment, eyedrop etc.)

Quantity given to school:

Dosage:

Frequency/time(s):

First date of administration:

Projected last date of administration:

Expiry date of medicine:

Medical condition requiring medication:

Note: Medicines must be in original container and show a pharmacy label. The dosage and frequency must be as stated on the label. If more than one medicine is to be given a separate sheet should be completed for each one.

Daytime phone no. of parent or adult contact:

Name and phone number of GP:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to School Staff administering medicine in accordance with the school policy. I will inform the school in writing if there is any change in dosage or frequency of the medication or if the medication is stopped. Also, I will provide a new prescription should dosage or frequency change. I understand an adult must deliver the medication to, and collect from, the School Office.

Parent signature:

Print name: Date:.....

Medicines returned to parent/guardian/destroyed (delete as appropriate)

Staff Signature: **Date:**

Appendix 5 – Residential Medicine Timetable

Monday Lunchtime Medicine

Child's Name	Medicine	Dosage - see child's sheet for more detail	Signed

Monday Evening Medicine

Child's Name	Medicine	Dosage - see child's sheet for more detail	Signed

Tuesday Morning Medicine

Child's Name	Medicine	Dosage - see child's sheet for more detail	Signed

Tuesday Lunchtime Medicine

Child's Name	Medicine	Dosage - see child's sheet for more detail	Signed

Tuesday Evening Medicine

Child's Name	Medicine	Dosage - see child's sheet for more detail	Signed

Wednesday Morning Medicine

Child's Name	Medicine	Dosage - see child's sheet for more detail	Signed

Appendix 6 Residential Individual Dosage Sheets

Residential Place 20** - Medication Form

Child's name: _____

1. Name of medicine: _____

Taken for: _____

	Mon pm	Tues am	Tues pm	Wed am
Dosage and instructions				

2. Name of medicine: _____

Taken for: _____

	Mon pm	Tues am	Tues pm	Wed am
Dosage and instructions				

Please sign here if you give permission to Mrs. Teacher/Miss Teacher/Mr Teacher to administer these medicines on your behalf

Signature: _____

Date: _____

Appendix 7: Pupil Medical Information Collection For Residentials

RESIDENTIAL VISIT TO **** 20** - PUPIL MEDICAL INFORMATION

Name of pupil: Class:

To ensure the children enjoy their visit, they should be reasonably fit and well.

1. Does your child suffer from? (Add details below)

	Y/N		Y/N		Y/N
Vertigo		Sleep Walking		Limited Diet (fussy eater)	
Travel Sickness		Bed Wetting		Allergies (inc. food)	

2. Does he/she take any regular medicine or require any treatment (including inhalers): YES
 NO

IF 'YES' YOU MUST FILL IN A DETAILED WHITE DOSAGE SHEET AND RETURN TO SCHOOL
WITH MEDICINE ON/BEFORE ** 20****

Medicine cannot be accepted on the morning of the visit unless arranged in advance.

3. Dietary Information: Vegetarian? YES NO

4. Has your child been immunised against:

	YES/NO		YES/NO
Diphtheria		Whooping Cough	
Tetanus		Measles/Mumps/ Rubella (MMR)	
Polio			

5. Has your child recently had any infectious diseases:

	YES/NO	When?
Rubella (German Measles)		
Measles		
Mumps		
Chicken Pox		
Other?		

6. Any other important information? (Including allergies, food intolerances, other medical issues):

.....

7.

I would like my child to be given Calpol (in line with the dosage instructions on the box) for the conditions listed here: →	
a) Calpol will be administered in line with the dosage instructions on the box	b) Calpol will be administered by Mrs Teacher (or their representative from another attending Westgarth Primary Staff member)
If you agree to points a) and b) above, please sign below:	
Signature:	

SIGNED: Parent/Guardian

DATE: