



## SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

**Version: 2**

<b>Name and Designation of Policy Author(s)</b>	Ms Rachael Fallon, Foundation Governor, Miss Nina Chwastek, Headteacher		<b>Is this a Statutory Document</b>
			Yes
<b>Approved By (Committee / Group)</b>	Premises, Health & Safety Committee		
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<b>Target Audience</b>	Parents/Carers and Staff		
<b>Links to Other Strategies, Policies, Procedures, etc</b>	Complaints Policy, Special Educational Needs Policy		

### Version History

Date	Ver	Author Name and Designation	Summary of Main Changes
Mar 2014	1	Ms Rachael Fallon, Foundation Governor	N/A - is a new policy
Jan 2020	2	Ms Rachael Fallon, Foundation Governor, Miss Nina Chwastek, Headteacher	Addition of adrenaline autoinjector pens, Over the counter medicines and new Asthma Plan format.

### Monitoring Compliance with the Policy

Describe Key Performance Indicators (KPIs)	Target	How will the KPI be Monitored?	Which Committee will Monitor this KPI?	Frequency of Review	Lead
Emergency Action sheet is on display in the School Office and Staff Room	100%	Annual audit	Premises, Health & Safety Committee	Annual	Premises, Health & Safety Committee Chair
All first aider training is up to date and 3 members of staff have the extended training.	100%	Annual audit	Premises, Health & Safety Committee	Annual	Premises, Health & Safety Committee Chair
Central register of pupils	100%	Annual audit	Premises, Health &	Annual	Premises, Health &

with a medical condition (chronic) is in place and up to date and there is a corresponding in-date ISHP.			Safety Committee		Safety Committee Chair
Where there is a pupil with an ISHP staff are suitably trained (in accordance with this policy) to support the pupil.	100%	Annual audit	Premises, Health & Safety Committee	Annual	Premises, Health & Safety Committee Chair
There is written evidence that all staff where informed of a pupil's medical condition at the start of the school year (or on induction if they started after the school year)	100%	Annual audit	Premises, Health & Safety Committee	Annual	Premises, Health & Safety Committee Chair
Where an ISHP identifies that medication is required to be kept in school that this is kept in the designated place and it complies with this policy (such as labelling and expiry date)..	100%	Annual audit	Premises, Health & Safety Committee	Annual	Premises, Health & Safety Committee Chair
Written records of administration of medicines to pupils have been kept and are complete	100%	Annual audit	Premises, Health & Safety Committee	Annual	Premises, Health & Safety Committee Chair

# Emergency Action:

## Urgent **Medical** Attention Required



This page must be on display in the School Office & School Staff Room

### Part 1:

Locate a telephone and dial 999. Ask for ambulance and be ready with the information below.

*Speak clearly and slowly and be ready to repeat information if asked.*

1. Your telephone number

**0161 445 6359**

2. Give your location as follows: **St Catherine's R.C. Primary School, School Lane, Didsbury, Manchester, M20 6HS**

This is situated close to the crossroads with Parrs Wood Road and next to the Parrs Wood pub.

3. Give your name

4. Give name of person requiring attention, approximate age, a brief description of the symptoms and if they are known to have any medical problems

5. State that the crew will be met on the road outside the school and taken to the patient

### Part 2:

1. Ensure an adult remains with the person

2. Ensure the ambulance crew have someone ready to meet them.

3. If it is a pupil with an Individual School Health Plan then provide a copy (part 1 only) ready for the Ambulance Crew to take with them.

4. If it is a pupil who has had medicines administered that day provide a copy of the medicine administration form and the medicines for the Ambulance Crew.

5. Contact the person's "Emergency Contact". This information is kept in the school office.

6. Accompany them to hospital if the parent/carer has not arrived.

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## **1. School Ethos**

St Catherine's Primary School is a Roman Catholic School provided within the RC Diocese of Salford: it shares the ethos and values of the Catholic community within this context, for the benefit of the children, families, staff and governors.

Our school community is rooted in the Gospel and the vision of St. Catherine of Siena. This inspires each of us 'To be who God wants us to be and so set the world on fire.'

- We are called to love one another as we seek to be the best in all that we learn and do.
- We celebrate and nurture the gifts, talents and skills of everyone.
- We commit ourselves to grow together in faith, love and service.

Within this context the present policy calls each of us to respect the abilities, dignity, and needs of all our children as well as the adults who journey alongside them. The school is an inclusive community that aims to provide all pupils with medical conditions the same opportunities as others at the school.

## **2. Introduction**

On the 1st September 2014 new legislation came into force. This legislation is Section 100 of the Children and Families Act 2014. It places a duty on governing bodies of schools to make arrangements for supporting pupils at their school with medical conditions. In order to meet this duty the Governing Body of St. Catherine's School has developed this policy.

## **3. Purpose**

The policy aims 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.

- Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- When the school is notified that a child has a medical condition the child will be treated as an individual with an individualised healthcare plan put in place that supports them taking part fully in school life.
- The child's healthcare plan to support their participation in school life will be a regularly reviewed document. The frequency of review will depend on the child's medical condition and it is appreciated that this needs to be flexible. As a minimum, the plan must be reviewed in the Summer Term so the child's new school teacher can be involved in the review.
- Arrangements are to be put in place ready for when the child starts at the school. Where the medical condition comes to light mid school year then the school will endeavour to put arrangements in place within 2 weeks or as soon as possible after this.
- The school will endeavour to actively support pupils with medical conditions to participate in educational and visits and sporting activities.

## **4. Roles and responsibilities**

### **a. Governing Body**

The Governing Body must:

- seek assurance that this policy is implemented effectively within the school

- ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life
- seek assurance that relevant staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- seek assurance that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

#### **b. Headteacher**

The Headteacher is responsible for ensuring that:

- this policy is implemented and all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- all staff who need to know are aware of the child's condition
- a first aider with extended training is always on site and available during regular school working hours
- first aider training will be kept up to date
- sufficient trained numbers of staff are available to implement the policy and deliver against all Individual School Health Plans, including in contingency and emergency situations
- arrangements are in place for suitable medicines storage and that appropriate records are maintained and monitoring is in place in accordance with this policy
- school staff are appropriately insured and are aware that they are insured to support pupils in this way (see section 14)

The Headteacher has overall responsibility for the development of Individual School Health Plans but the operational management of this is delegated to the Special Educational Needs and Disabilities Co-ordinator.

#### **c. Special Educational Needs and Disabilities Co-ordinator**

The SENDCo will:

- be the key liaison person for all parents/carers and school teachers who have a pupil with a medical condition and any partners (e.g. school nurse, specialist nurse, GP, paediatrician, etc).
- lead/co-ordinate meetings regarding the development of ISHPs
- ensure all training of staff occurs, is kept up to date and current and records are maintained.
- ensures all ISHPs are easily accessible but confidentiality is maintained.
- liaise with the Local Authorities who should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within Individual School Health Plans can be delivered effectively.
- ensure a single school central register of pupils with medical conditions is maintained.

#### **d. All staff and volunteers**

Any member of school staff, including volunteers, should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. For volunteers, this is covered through the Code of Conduct for Volunteers, upon induction.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

Only school staff that have received sufficient and suitable training and achieve the necessary level of competency should take on the responsibility to support children with medical conditions.

All staff and volunteers should follow this policy.

#### **e. Pupils with medical conditions**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual School Health Plan.

Specifically, those with Asthma will have a School Asthma Health Plan, provided by the parent or carer. (Appendix 5)

#### **f. Parents/carers of pupils with medical conditions:**

Parents/carers of pupils with medical conditions should provide the school with sufficient information about their child's medical needs and ensure the school is up dated as appropriate. They may in some cases be the first to notify the school that their child has a medical condition.

Parents/carers are key partners and should be involved in the development and review of their child's Individual School Health Plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Parents/carers must ensure that the school is aware of any child bringing medicines into the school. Any medicines on the school premises must be handled in accordance with this policy.

Parents/carers must update the school as a when changes occur, if not yearly. It is their responsibility to check medication expiry dates.

### **5. Unacceptable practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual School Health Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their Individual School Health Plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g. by requiring parents to accompany the child.

#### **6. Notification of a pupil with a medical condition**

St Catherine's School has access to school nursing services (see information below) and they are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff in implementing a child's Individual School Health Plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally (e.g. general practitioners, paediatricians or specialist local health teams such as asthma and diabetes) on appropriate support for the child and associated staff training needs. In other cases it may be the pupil's parent or carer informing the school that have documentation from the healthcare professional.

**Northenden Team of School Health Advisers and School Health Nurses, based at the Northenden Health Centre. Tel: 0161 215 2012**

When the school is notified that a pupil has a medical condition the pupil will be treated as an individual and a plan put in place that supports them taking part fully in school life. The school does not necessarily have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents.

Where the condition is 'simple' and short term, an agreement will be made between the school and pupil's parent or carer on how this will be managed by the school. Examples may include:

- child has a flare up of hayfever and management requires the need to stay indoors, any medication required will be given at home as it is only required once a day

OR

- child has had a course of antibiotics, they are coming to the end of the course and are well enough to return to school however, there is a clinical requirement to have one of the doses of the antibiotic in school hours.

St Catherine's School refers to the *Guidance on infection control in schools and other childcare settings* (published by Public Health England) to support decision making around a child's attendance at school versus the risk of spread of infection.

Where the condition is more complex and/or long term the Individual School Health Plan template in Appendix 1 needs to be completed. Who does this will depend on the individual situation (it could be the parent or it could be the paediatrician etc.) but it is the SENDCO's responsibility to ensure it is completed

and the information is sufficient and appropriate. If required the SENDCO will call a meeting to discuss how the school can support the pupil.

**NOTE:** Some pupils that have a medical condition requiring support from the school may also have an Education, Health and Care Plan. In such cases there may be no need to complete an Individual School Health Plan (ISHP) as well but this will be at the discretion of the SENDCO.

## **7. Individual School Health Plan**

### **a. What is an Individual School Health Plan?**

Individual School Health Plans (ISHPs) are a tool used to record important details about individual pupils' medical needs, their triggers, signs, symptoms, medication and other treatments.

The minimum that the ISHP must contain is detailed below. All aspects must be considered and should one area not be applicable N/ should be documented on the ISHP:

- 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 different areas of the school;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete assessments, use of rest periods or additional support in catching up with lessons, specific interventions
- 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 and the headteacher 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;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual School Health Plan.

The standard template for the ISHP used at St. Catherine's School is provided in Appendix 1. It is split into two parts. Part 1 will, with permission from the parents/carers, be the information shared with all staff in the school and on display in key areas and also provided to emergency services if required. Part 2 is further details that are for key staff only.

## **b. Child's role in managing their own medical needs**

Part of the discussion with parents/carers will include the child's level of competence to manage their medical condition. Children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. 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, then relevant staff should help to administer medicines and manage procedures for them. The agreed arrangements will be reflected within Individual School Health Plans.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the Individual School Health Plan. Parents/carers should be informed so that alternative options can be considered.

## **c. Individual School Health Plan Management**

Any pupil with an ISHP will be documented on a single school centralised register. This register will document the pupil's medical condition and thus aid the identification of common or important individual triggers for pupils with medical conditions to help devise a trigger reduction schedule.

Once an ISHP has been agreed a copy will be kept at the school and one given to the pupil's parents/carers. The school master copy will be kept in the School Office. If agreed with the parent/carer copies of part 1 will be made and be kept in agreed locations as defined on the ISHP. It is expected that in all cases part 1 will be on display in the staff room and kept in a clearly identifiable and accessible folder in the school office. In some cases it may also be on display in the pupil's classroom. This will be discussed with the parent/carer.

When the ISHP is updated the school master copy of the old version will be archived and any copies of part 1 of the old version of the ISHP (as noted on the ISHP) will be destroyed in the confidential waste. They will be replaced with the new version.

The ISHP must be reviewed (under the leadership of the SENDCO) in the following cases:

- as a minimum annually
- when a pupil is returning to school following a period of absence
- when a pupil is moving to another school (to ensure the information passed on is current)
- when a pupil's needs have changed (parent/carer or healthcare professional must notify the school)

## **8. When a pupil with a medical condition is absent from school**

All pupils that have medical conditions with an ISHP in place will have their attendance closely monitored by the SENDCO. During a period of absence it is important that the school maintains contact with the pupil's parent/carer.

When it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year) the Local Authority will be involved and discussions will be held around provision of home schooling.

## **9. Staff Training**

### **a. General**

St Catherine's School has a number of first aiders. These members of staff are trained in basic first aid. At least three of the first aiders will undertake some extended training and the Headteacher will ensure that one of these members of staff are always on site and available during the regular school working hours.

When educational visits are undertaken a risk assessment is formally conducted prior to the visit and this includes ensuring a first aider will be present. It is the Headteacher's responsibility to ensure that all first aider's training is kept up to date.

First aid training is NOT the same as training required to provide specialist care to pupils with known medical conditions.

#### **b. Specialist**

Any member of staff providing support to a pupil with medical needs will receive suitable training. This will be identified during the development or review of Individual School Health Plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions ideally should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in Individual School Health Plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. If staff have an extended period of absence, competence must be formally reviewed on return to work (such as, career break or maternity leave). Competence can be assessed by the relevant healthcare professional (including school nurse) and must be documented.

All training must be recorded and available for review. See appendix 2.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual School Health Plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

#### **c. All staff**

Annually, at the start of the school year, all staff at St. Catherine's School will be informed of the numbers of pupils they are supporting that year with a medical condition. This will also include the types of medical conditions and the year groups. Where necessary all the school staff will receive information on preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Ideally Part 1 of each pupil's ISHP will be shared with all staff, this is felt to be in the pupil's best interest due to the size of the school and the age of the children, however this will be agreed with the parent/carer first. A record of this communication with the staff will be made including who was in attendance. This will form part of the training and communication record and be available for review.

This communication will also occur on induction for new staff that are not commencing at the start of the school year (including supply staff), this will be included in the induction paperwork so that a record is kept.

### **10. Managing medicines**

#### **a. General principles**

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where the medicine is clinically required at home and at school then parents are advised to ask the prescriber to issue two prescriptions, one for home and one for school.

No pupil should be sent to school with a supply of medication for self-administration that the school is not aware of. If pupil's require medication on school premises parents/carers must discuss this with the school.

St. Catherine's School will only accept prescribed medicines that are in-date, labelled and provided in the original container as dispensed by a pharmacist. The medicine container must include:

- Name of the pupil
- Name and address of the supplying pharmacy
- Date of dispensing
- Name of medicine
- Directions for use, which must include the dose to be administered, the route of administration and the time/frequency of administration (not just "as directed")
- Expiry date (except when it is not an original pack that has been dispensed)

NOTE: In some cases an exception to the above needs to be made for some insulin preparations, this will form part of the discussion when formulating the ISHP and be documented on the ISHP as to how it will be managed to reduce risk.

The school will not accept:

- medicines that have been taken out of the container as originally dispensed
- medicines where changes have been made to the prescribed doses
- any medicine that has not been prescribed and dispensed for the pupil.

In line with the amended EYFS Framework and advice from the British Medical Authority it is appropriate for over the counter (OTC) medicines to be administered by a member of staff in the nursery or school, following written permission by the parents. An example would be the administration of an anti-sickness tablet for a pupil going on an education visit, to support this arrangement only a pre-populated consent form is available in Appendix 3 of this policy.

#### **b. Medicines Consent**

No pupil will be given medicines without their parent's/carer's consent. The form "Parent/Carer Request and Consent for Medication to be Administered in School" (see Appendix 4) must be completed. This is for:

- pupil's with a known medical condition that may require medicines either on an on-going basis or on an emergency basis in school
- and
- pupil's that have a short term medical issue that requires medication to be administered in school hours (e.g. a one-off completion of a course of antibiotics).

A pre-populated form for anti-sickness medication on an educational visit ONLY is available in Appendix 3. The administration of this can be authorised by the Lead Teacher for the educational visit.

### **c. Medicine Storage**

Medicines ideally should be kept out of sight and reach of children. However, some medicines may need to be easily accessed by the pupil in an emergency situation, such as adrenaline pens for allergy or reliever inhalers for asthma. These medicines will be identified on the ISHP and provision will be made that these will be available in a set place for the pupil to easily access.

Other medicines need to be kept in the locked medicines cupboard located in the School Office. When medication is required the pupil is required to attend the School Office to obtain it.

If a pupil is being taken off the school site for any reason then the issue of medication must form part of the risk assessment so as to ensure appropriate access to the pupil's medicines.

St. Catherine's School will keep a salbutamol inhaler in the medicine cupboard as a back up for emergency use (e.g. should the pupil's own inhaler fail or run out). Any child that is able to use this inhaler will be indicated on their ISHP.

St. Catherine's School does NOT keep an adrenaline autoinjector in the medicine cupboard as a back up for emergency use. This is because: very few pupils require this as part of their ISHP, those pupils that do have their adrenaline pen in school in a designated place and the expiry date is regularly checked, compared to the use of a salbutamol inhaler an adrenaline autoinjector is not used often and when it is it is a notable event with the parents/carer knowing and a replacement would be provided for the child to return to school. This will be kept under review by the school.

All first aiders with extended training can be key holders to the medicines cupboard. Anyone else will be clearly defined by the Headteacher and so will where spare keys are kept. A record of how many keys there are will be kept and a record of who is holding the key.

An inventory of what is contained in the medicines cupboard will be kept in a bound book with running balances. At the start of each school term a check of the cupboard will take place with the Assistant Headteacher and a first aider with extended training. This will include ensuring that what should be present (according to the log) is there and that what is in the cupboard is appropriate (e.g. the pupil is still on that medicine, the medicines are in date, etc). Where a controlled medicine is being held in the school's medicine cupboard, each time some is used the reduction in supply will be signed by two members of staff.

**NOTE:** It is the responsibility of the parents/carers to ensure that medication brought into school is not allowed to go out of date and that replacements are provided.

### **d. Medicines administration**

Members of staff administering medicines must be:

- willing to perform such tasks
- trained to perform the task

Members of staff administering medicines should check (a checklist is provided in Appendix 6):

- that the pupil has a consent form signed by their parent/carer that corresponds to the medicine provided
- that the pupil's name corresponds with the name on the medicine bottle/box (name on the consent form for OTC medicines)

- the expiry date on the medicine and ensure it is in date (where there is no expiry date stated, it is not a legal requirement so for medicines decanted by a pharmacist it will not necessarily appear, then the date dispensed should be checked to ensure it is within a reasonable timescale from dispensing).
- that you have the equipment to administer the dose prescribed on the medicine label, if required (e.g. measuring spoon, sharps box)
- that the medicine has been stored appropriately. Note: if the medicine needs to be stored in the refrigerator i.e. between 2 to 8 degrees Celsius it will be stated on the medicine label. Most medicines need to be stored below 25 degrees Celsius, i.e. room temperature.
- any special written instructions on the label, e.g. shake well before use, and follow them

If following the checks there is a problem then advice must be sought before proceeding to administer the medicine. Whose advice needs to be sought, depends on the nature of the problem identified but in the first instance discuss it with the Deputy Headteacher.

Once the medicine has been administered to the pupil a written record must be made and this is documented on the "Record of Administration of Medicines to an Individual Child" form (see Appendix 6). The medicine must be returned to where it should be stored.

If a pupil refuses to take the medicine, staff will not and must not force them to do so or try to conceal the administration in any way (i.e.: covert administration). Staff should record that the pupil refused administration and ensure that the pupil's parent/carer is informed of the refusal on the same day.

When a pupil is self-administering the medicine this will also be documented on the form in Appendix 6.

Administration of medicines records are to be kept for 5 years.

#### **e. Medicines disposal**

When a medicine is no longer required they must be returned to the parent/carer to arrange for safe disposal (such as taking them to a pharmacy for disposal).

Should the administration require the use of needles a sharps bin must be provided for use in the school. The sharps bin must never be filled over the level indicated on the side of the container. Where the sharps bin is to be kept when in use and where it is to be disposed of once full must be documented in the pupil's ISHP.

### **11. Emergency situations**

Where a child has an Individual School Health Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems. Page 3 of this document " Emergency Action - Urgent Medical Attention Required" details what action should occur.

### **12. Educational Visits, including residential visits and sporting activities**

It is essential that St. Catherine's School actively supports pupils with medical conditions to participate in educational visits or in sporting activities, and does not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. St. Catherine's School will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **13. Transport to and from school**

Whilst transport from home to school is the responsibility of the Local Authority and not the school, St. Catherine's School should liaise with the Local Authority where necessary to make them aware of a pupil's ISHP and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans (note - these are different to the ISHPs this policy refers to) for pupils with life threatening conditions.

### **14. Liability and indemnity**

St. Catherine's School has an insurance policy with Manchester City Council. This policy provides public liability cover relating to the dispensing and administration of medication as well as cover for health care procedures associated with more complex conditions.

Specifically the **Manchester City Council Liability Insurance Cover** states:

"With regard to insurance implications Manchester City Council will indemnify the staff in respect of their actions in dealing with the pupils in these circumstances, as long as they have complied with the training received, followed the guidance contained within schools Supporting Pupils at School with Medical Conditions Policy, or have been directed by emergency services, whilst not being perceived to have been acting on a 'folly (recklessness) of their own' and were still acting in the course of their employment."

The **Insurance policy exclusion for the Manchester City Council Travel Policy for school visits with overseas or overnight stays** states:

"Manchester City Council Medical and other emergency travel expenses policy has the following exclusions;

1. where and Insured Person is travelling against the advice of a Medical Practitioner;
2. where the purpose of the trip is to receive medical treatment or advice;
3. as a result of the use by an Insured person of non-prescribed drug or drugs which cannot be legally obtained from a pharmacy."

### **15. Complaints**

Should parents or pupils be dissatisfied with the support provided then they should be aware that St. Catherine's School is committed to supporting pupils with medical conditions and would be happy to discuss any concerns and to put in place measures to resolve the concern. If for whatever reason this does not resolve the issue, then refer to St. Catherine's School Complaints Policy which outlines how to make a complaint. Making a formal complaint to the Department for Education should only occur if it

comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

#### **References:**

- Department of Education. *Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.* updated Aug 2017.
- Department of Health. *Guidance for schools in England on using emergency inhalers.* 4th Sept 2014
- Website: <http://medicalconditionsatschool.org.uk>. Accessed Nov 2014
- Public Health England. *Guidance on infection control in schools and other childcare settings.* March 2017
- Department of Health and Social Care. *Guidance for schools on creating a policy around the use of emergency auto-injectors (AAI).* 20th Sept 2017
- Website <https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/prescribing-non-prescription-medication>. Accessed Feb 2019
- Department for Education. Statutory framework for the early years foundation stage Setting the standards for learning, development and care for children from birth to five Published: 3 March 2017 Effective: 3 April 2017 Section 3.44 to 3.47

**Part 1:**

**Individual School Health Plan**

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **Class** \_\_\_\_\_



*Insert Photograph  
(head and shoulders) of  
pupil here*

<b>Medical Condition</b>	
<b>Triggers</b>	
<b>Signs and Symptoms</b>	
<b>Treatment</b>	
<b>Support required by school</b>	<i>Include 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; 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. If school staff are managing the medication, state who.</i>
<b>Emergency care</b>	<i>Include what to do in an emergency, including whom to contact, and contingency arrangements.</i>

<b>Can the pupil use the school's emergency salbutamol inhaler?</b>		<b>Yes/No</b>
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**PLEASE NOTE: BY SIGNING THIS SCHOOL INDIVIDUAL SCHOOL HEALTH PLAN PARENTS AND CARERS AGREE TO THIS INFORMATION BEING DISPLAYED IN KEY AREAS IN SCHOOL TO SAFEGUARD THE CHILD.**

<b>Assistant. Headteacher Signature:</b>		<b>Date:</b>	
<b>Parent/Carer Signature:</b>		<b>Date:</b>	

**This document must be updated annually in the summer term prior to the start of the new school year.**

**Part 2:**

Part 1 of the ISHP is information that is available for all school staff to view. Part 2 is more detailed information that is shared on a need to know basis.

<b>Support the pupil receives outside school</b>	<i>Include medication and other treatments.</i>		
<b>Additional educational, social or emotional support required by school</b>	<i>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.</i>		
<b>Which staff are to undertake what roles</b>			
<b>Staff training needs and who to provide this support</b> (proficiency to undertake the role is to be recorded on the staff training record)			
<b>What the staff cover arrangements are</b>			
<b>Who in the school needs to be aware of the child's condition and the support required</b>	<p><i>It is expected that in all cases that all staff will be made aware of the pupil's medical condition and all information contained in part 1 of this ISHP. If that is not the case this must be in the best interest of the pupil.</i></p> <p><i>State which staff have access to part 2 of the ISHP.</i></p>		
<b>List areas where Part 1 of this ISHP will be on display</b>	<p><i>It is expected that in all cases this will be in the staff room and the school office (not on "display" but in an easy to identify folder on the wall where all ISHPs part 1s will be kept). In some cases it may be appropriate for it to be in the pupil's classroom. This must be discussed and agreed with the pupil's parent/carer.</i></p>		
<b>Arrangements for school trips/outside school activities</b>			
<b>Healthcare professional contacts</b>			
<b>Any other relevant information</b>			
<b>Assistant. Headteacher Signature:</b>		<b>Date:</b>	
<b>Parent/Carer Signature:</b>		<b>Date:</b>	

**This document must be updated annually in the summer term prior to the start of the new school year.**

**Appendix 2: Staff Training Record - Administration of Medicines/Undertake Procedures**



**Staff Training Record:**

**Administration of Medicines/Undertake Procedures**

<b>Name of Staff Member</b>	
<b>Type of Training Received</b>	
<b>Date/s Training Undertaken</b>	
<b>Training Provider</b>	
<b>Name of Trainer</b>	
<b>Trainer Profession</b>	
<p><b><u>Trainer Declaration:</u></b>                  I confirm that _____ <i>(name of member of staff)</i>                  has received the training detailed above and is competent to carry out the task.</p> <p>I recommend that this updated annually / every two years / other _____  <i>(delete as appropriate).</i></p> <p>Trainer's Signature: _____ Date: _____</p>	
<p><b><u>Member of Staff Declaration:</u></b>                  I confirm that I have received the training detailed above and I am competent to carry out the task.</p> <p>Staff Signature _____ Date _____</p>	

<b>School Use Only</b>	
<b>Date Review Due</b>	

**Appendix 3: Parent/Carer Request and Consent for Anti Sickness Medication to be Administered for an Educational Visit**



**Parent/Carer Request and Consent for Anti-Sickness Medication to be Administered in School/on Educational Visit**

The school will not give a pupil medication or allow a pupil to self-administer medication on school premises unless the parent/carers completes this form to make the request and to give consent.

Child's Name			
Date of birth		Class	
Medical condition		<i>Travel sickness</i>	
Name of medicine <i>(as described on the container)</i>		<i>Eg: Hyoscine hydrobromide</i>	
Dosage and method of administration			
Time dose/s due in school/on trip			
Special precautions/other instructions			
Are there any side effects that the school needs to know about?		<i>Eg: Nil</i>	
Self-administration		Yes / No	
<p>I understand that the medicines must be in the original container and I must deliver the medicine personally to the School Office. The child's name is written on the box of medicine.</p> <p>I can confirm that the named child is not allergic to the named medicine.</p> <p>I give consent to school staff to administer medicine in accordance with the school policy (unless pupil self-administration has been requested) and sharing of relevant information with staff. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, if the medicine is stopped (unless a specified course is detailed above).</p>			
Parent/Carer's Full Name (Please print)			
Parent/Carer's Signature		Date:	

<b>School Use Only</b>	Date Received		
Action(s)			
Date Agreed by Lead Teacher for the Educational Visit		Signed by Lead Teacher for the Educational Visit	

## Appendix 4: Parent/Carer Request and Consent for Medication to be Administered in School



### Parent/Carer Request and Consent for Medication to be Administered in School

The school will not give a pupil medication or allow a pupil to self-administer medication on school premises unless the parent/carers completes this form to make the request and to give consent.

Child's Name			
Date of birth		Class	
Medical condition or illness			
Name of medicine <i>(as described on the container)</i>			
Dosage and method of administration			
Time dose due in school		Time of dose/s at home	
Special precautions/other instructions			
Are there any side effects that the school needs to know about?			
Self-administration		Yes / No	
Is this a short course? If yes specify stop date.			
Procedures to take in an emergency			
<p>I understand that the medicines must be in the original container and dispensed by a pharmacy and I must deliver the medicine personally to the School Office.</p> <p>I can confirm that the named child is not allergic to the named medicine.</p> <p>I give consent to school staff to administer medicine in accordance with the school policy (unless pupil self-administration has been requested) and sharing of relevant information with staff. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, if the medicine is stopped (unless a specified course is detailed above).</p>			
Parent/Carer's Full Name (Please print)			
Parent/Carer's Signature		Date:	

<b>School Use Only</b>		Date Received	
Action(s)			
Date Agreed by Assistant Head Teacher		Date Review Due	



## Appendix 6: Administration of medicines checklist



Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

	Tick
I am trained and competent to undertake this task	
There is an up to date consent form signed by the parent/carer that corresponds to the medication requiring administration	
The pupil's name corresponds with the name on the medicine bottle (or consent form for OTC medicines) and I know the pupil (where you are not familiar with the pupil or the pupil is a twin then further checks should be made to confirm identity - document this).	
I have confirmed the dose is due and a dose has not already been given.	
The expiry date on the medicine and ensure it is in date (where there is no expiry date stated, it is not a legal requirement so for medicines decanted by a pharmacist it will not necessarily appear, then the date dispensed should be checked to ensure it is within a reasonable timescale from dispensing).	
I have the equipment to administer the dose prescribed on the medicine label, if required (e.g.: measuring spoon, sharps box)	
The medicine has been stored appropriately. Note: if the medicine needs to be stored in the refrigerator (i.e. between 2 to 8 degrees Celsius) it will be stated on the medicine label. Most medicines need to be stored below 25 degrees Celsius, i.e. room temperature.	
My hands are clean	
The medicine label has been checked for any special written instructions on the label, e.g.: shake well before use, and these are followed	
<u>Any further comments:</u>   	

If following the checks there is a problem then advice must be sought before proceeding to administer the medicine. Who advice needs to be sought from depends on the nature of the problem identified but in the first instance discuss it with the Assistant Headteacher.

<b>Completed by:</b>				
<b>Name:</b>		<b>Signature:</b>		<b>Date:</b>

