



MEDICAL CONDITIONS POLICY

Written by:	Policy Date:	Review Date:	Governing Body Approval:
Mrs S Black	March 2024	February 2026	March 2024

As a whole-school community, we take children's rights seriously and use the Convention on the Rights of the Child (CRC) as a framework for much of what we do. This policy is written with this in mind and reflects our commitment to being a Rights Respecting School.

1 Policy statement

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

All staff will know what to do in an emergency.

Relevant staff will be aware of individual children's medical conditions and the plan that is in place to support them.

The school understands the importance of medication and care being managed as directed by health care professionals and parents.

Staff involved in the administration of medicines and provision of support to pupils with medical conditions will be suitably trained.

2 Aims

It is our aim to support children's medical needs in a clear and unambiguous way through:

- identifying pupils who have medical needs (this is highlighted on the school's annual permission form, copies of which are stored electronically in a central location which staff can access);
- identifying member(s) of staff with responsibility for coordinating the administration of medication (Mrs Elaine Greenwood and Mrs Catherine Busby);
- seeking the permission of parents for the administration of medicine and ensuring that appropriate documentation is completed by them;
- providing safe and lockable storage for medication (a lockable medicine cabinet is located in the school office);
- storing antibiotics in the staffroom fridge;
- maintaining a system which records the administration of medicines;
- providing appropriate up-to-date training for relevant staff members;
- giving attention to relevant Safeguarding policies and procedures;
- maintaining confidentiality where information or records are kept about a child's medical condition.

3 Medication in schools – responsibility

Parents, as defined in the education act 1944, are a child's main carers. They are responsible for making sure that their child is well enough to attend school.

Parents should provide the Headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. They should, jointly with the Headteacher, reach agreement on the school's role in helping with their child's medical needs. The Headteacher should seek parental agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a pupil.

It is the school's responsibility to make sure that the correct procedures are followed, and accurate records are kept. Teachers and support staff are required to follow the school's policy and procedures at all times, particularly in emergencies.

The school is also responsible for making sure that all staff have appropriate training to support pupils with medical needs. This should be arranged with the appropriate health professionals. The school should be satisfied that any training has given staff sufficient understanding, confidence and expertise.

The Headteacher is responsible for implementing the Governing Body's policy and practice and for developing detailed procedures. For a child with medical needs, the Headteacher will need to agree with the parents exactly what the school can provide.

Teachers are responsible for understanding the medical needs of the children in their class and should understand the nature of the condition.

4 Individual Health Care Plans

The main purpose of an Individual Health Care Plan for a pupil with longer-term medical needs is to identify the level of support that is needed while the pupil is at school. The school, health care professional and parent should agree when a Health Care Plan is required. If consensus cannot be agreed, the Headteacher is best placed to take a final view. Refer to Appendix 1 for an example letter to parents to request completion of an Individual Health Care Plan.

Partners should agree with who will lead writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Relevant staff will be aware of Individual Health Care Plans.

A central register of Individual Health Care Plans will be held by the school. Parents are responsible for providing the school with any updates or amendments needed on the Individual Health Care Plan.

A copy of the current Individual Health Care Plan will be held by parents/carers and the school and, where relevant, health care professional. The medical needs of an individual child will be documented on the Educational Visits Risk Assessment form prior to a child leaving school on a visit.

5 On admission to school

In addition to the school's annual permission form that all parents are required to complete, parents of new starters are also required to complete a 'SIMS' data entry form, advising of any medical conditions for which their child may require support at school. This information is then recorded on SIMS.

Parents of children with medical conditions for which their child may require support will be requested to complete an Individual Health Care Plan (see Appendix 2) in conjunction, if relevant, with the child's health care professional and policy lead; the Plan clarifies for staff, parents and the child what needs to be done, when and by whom.

For the start of the new school year (or within 2 weeks of notification of a medical condition that will require support) the policy lead will ensure the Individual Health Care Plan has been completed and, in conjunction with health care professionals, any staff training agreed.

6 Administration and storage of medication in school

Medicines which have been prescribed for a child will be administered in school. Parents should request that, wherever possible, medication is prescribed so that it can be taken outside of the school day.

Should medication be required to be administered at school, parents should complete an 'Administration of Prescribed Medicines in School Consent Form' (see Appendix 3). Medication cannot be administered without signed consent.

The completed 'Administration of Prescribed Medicines in School Consent Form' and the medication should be handed by the parents to the school office.

Prescribed medicines will only be administered if they are provided in their original container, complete with a pharmacy label showing the child's name, dosage instructions and any relevant storage instructions. The product must be in date. The exception to this is insulin, which must still be in date, but will generally be provided to schools inside an insulin pen or pump, rather than in its original container.

The school will make sure all medication is stored safely and that pupils with medical conditions know how to access them. In the case of emergency medicines, they will have access to them immediately; asthma inhalers and Epipens, due to their need to be readily available, will be stored in the child's classroom in a labelled container.

The key(s) to the medicine cabinet will be held in the main key box in the school office. All staff need to know the location of the key(s) to the medicine cabinet.

Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each new term.

Parents must let the school know immediately if their child's needs change.

Parents are responsible for replenishing supplies of medicines and collecting no longer required/out of date medicines from school.

Children, where competent, can administer their own medicine. Parents will be requested to notify the school when this is the case (and request if this is to be supervised or not; the medication **will remain** stored in the school's medicine cabinet in the school office).

The school will keep an accurate record of all medication they administer or supervise administering, including the dose, time, date and staff involved. If a medication is not administered, parents will be notified.

Some drugs administered in schools may be classified as a controlled drug, for example, Midazolam. In schools, controlled drugs should be handled in the same way as any drug **except** that they are not suitable to be carried by the child and should be stored in a locked non-portable device. The exception to this is Midazolam, which is used in the emergency treatment of epilepsy and this should be readily available at all times.

7 The administration of prescribed medication for a short-term period

Where a child has returned to school and has been identified as requiring medication on a short-term basis, the following procedures will apply:

- a named individual will be identified for the administration of the medicine(s);
- the parent will be asked to complete the school's medical permission slip;
- the child will be asked to come to the office at an agreed time for the medicine(s) to be administered. Note: it is the responsibility of the child to remember to ask for their medicine.

8 The assistance of pupils with long-term or complex needs

In the case of a pupil with a long-term or complex need, the following procedure will apply:

- full details of the pupil's condition will be sought from the parents and any relevant health personnel before any treatment begins;
- a named member of staff will be identified to deal with the child;
- a Health Care Plan will be completed; this plan may be compiled by a community nurse in consultation with the school, parent(s) and pupil;
- a record of the administration of medicine(s) or medical procedure(s) will be kept and signed by the member of staff as it is administered - this will be kept in the individual child's folder along with all other relevant information relating to that child (e.g. Health Care Plan, parental consent for nursing procedures and training record);
- a room/area for the administration of medical procedures will be identified and checked for its appropriateness.

9 The administration of non-prescription medication

It is not school policy to administer any non-prescription medicine to our children; this is because we may not be aware of any other medication the child may be taking and there could be side effects. If a parent specifically asks that we give a non-prescription medication, e.g. Paracetamol, it will be treated in the same way as prescribed medication.

10 Staff training for members of staff dealing with long-term or complex medical needs

It is the responsibility of the Headteacher to ensure that all staff who deal with a long-term or complex medical need receives appropriate training prior to beginning the work, and full support as they administer their duties.

For staff who are involved in the administration of medicines, it is recommended that they undertake HSC 3047 'Support Use of Medication in School Settings' training. This training is competency based and will involve a workplace based assessment by a health care professional. Schools will need to arrange for

necessary consent to be obtained from parents for the workplace-based assessments of competency to be undertaken. This course will provide training on the administration of oral, inhaled and topical medicines. It will also provide guidance on the safe and secure handling of medicines in a school setting.

For children with more complex needs, an individual plan will need to be developed by the relevant health care professional. Examples of more complex needs include: use of Adrenaline/Epinephrine pens for severe allergy/anaphylaxis and insulin devices for diabetics. Any such complex issues must involve a health care professional in the briefing/training of relevant staff.

Wider staff awareness training

All staff should know what action to take in an emergency and receive updates at least yearly.

Staff with children with medical needs in their class or group should be aware of, and have access to a copy of, the child's Individual Health Care Plan.

Arrangements for back-up cover should be laid down and implemented when the responsible member of staff is absent or unavailable (member of the Senior Leadership team).

Advice and training should be available to other staff who are responsible for children, such as mid-day supervisors.

11 Disposal of medication

If parents do not collect out of date/no longer required medicines within 14 days of being requested to do so, the medicine will be returned by the school to a pharmacy for destruction.

School staff should not dispose of medicines by, for example, flushing tablets or medicine down the toilet. This should be recorded on the child's medication sheet – it is advised that this is documented and undertaken by two members of staff.

Sharps boxes should always be used for the disposal of needles. Sharps boxes should be provided by parents, but can be obtained through the contract for Washroom Services.

12 Out of school activities / extended school day

The school will meet with the parent(s), pupil and health care professional, where relevant, prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed to support a child with a medical condition to participate. This should be recorded in the child's Individual Health Care Plan, which should accompany them on the activity.

Risk assessments are carried out on all out of school activities, taking into account the needs of pupils with medical needs. School will make sure a trained member of staff (qualified first-aider) is available to accompany a pupil with a medical condition on an offsite visit.

13 Process for the administration of medicines during residential visits– all medical needs

For the purpose of residential visits, the Group Leader will be responsible for the administration of medicines to the children in their group.

Parents will be asked to complete a medical form and may be required to meet with the named member(s) staff to ensure that they are aware of all medical requirements

Terminology: 'parents'

Throughout this policy, the term 'parents' refers to all those with parental responsibility, including corporate parents and carers.

APPENDIX 1

Dear parent(s)/carer(s),

Re: Individual Health Care Plan

Thank you for informing us of your child's medical condition. As part of accepted good practice and with advice from the Department for Education, and the school's Governing Body, our school has a 'Medical Conditions' policy.

A copy of the policy is available at the school and on the school website. As part of this policy, we ask all parents of children with a medical condition to help us by completing an Individual Health Care Plan for their child/children.

Please complete the plan with, if necessary, the assistance of your child's health care professional, and return it to school. If you would prefer assistance from school to complete the Individual Health Care Plan or if you have any questions, please contact us on (01429) 743000.

Your child's completed plan will store helpful details about their medical condition, current medication, triggers, individual symptoms and emergency contact numbers.

The plan will help the school staff to better understand your child's individual condition. Please make sure the plan is regularly checked and updated and the school is kept informed about changes to your child's medical condition(s) or medication; this includes any changes to how much medication they need to take and when they need to take it.

I look forward to receiving your child's Individual Health Care Plan.

Thank you for your help.

Yours sincerely,

Mrs S Black
Headteacher

APPENDIX 2

INDIVIDUAL HEALTH CARE PLAN FOR PUPILS WITH MEDICAL CONDITIONS AT SCHOOL (NB. prescribed medicine in school consent form must also be completed)

1. Pupils information

Name of school _____ Class/form _____

Name of pupil _____

Date of birth _____ ☐ male ☐ female

Member of staff responsible for home-school communication _____

2. Contact information

Pupil's address _____

Post Code _____

Family Contact 1

Name _____

Phone (day) _____ Mobile _____

Phone (evening) _____

Relationship with child _____

Family Contact 2

Name _____

Phone (day) _____ Mobile _____

Phone (evening) _____

Relationship with child _____

GP Name _____ Phone _____

Specialist Contact Name _____ Phone _____

Medical Condition Information

3. Details of pupil's medical conditions

Signs and symptoms of the pupil's condition

Triggers or things that make this pupil's condition/s worse:

4. Routine / daily healthcare requirements

(For example; dietary, therapy, nursing needs or before physical activity)

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

6. What to do in an emergency

7. Regular medication taken during school hours

Medication 1

Name/Strength

Dose and method of administration

Medication 2

Name/Strength

Dose and method of administration

When it is taken (time of day)?

Are there any contra-indications
(signs when medication should not be given)?

Self-administration: can the pupil administer
the medication themselves?

☐ Yes ☐ No ☐ yes, with supervision by:
Staff member's name

Spare / back up supply of medicine to be
provided e.g. inhalers / adrenaline pen
YES / NO (If yes state location- not advised
to be held by child)

When it is taken (time of day)?

Are there any contra-indications
(signs when medication should not be
given)?

Self-administration: can the pupil administer
the medication themselves?

☐ Yes ☐ No ☐ yes, with supervision
by: Staff member's name

Spare / back up supply of medicine to be
provided e.g. inhalers / adrenaline pen
YES / NO (If yes state location- not advised
to be held by child)

8. Emergency Medication

(Please complete even if it is the same as regular medication)

Name/type of medication (as described on the container):

Describe what signs or symptoms indicate an emergency for this pupil

Dose and method of administration (how the medication is taken and the amount)

Are there any contraindications (signs when medication should not be given)?

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

Self-administration: can the pupil administer the emergency medication themselves?

Yes ☐

No ☐

yes, ☐ with supervision by:

Staff member's name

Spare / back up supply of medicine to be provided e.g. inhalers / adrenaline pen

YES / NO (If yes state location)

Is there any follow up care necessary?

Who should be notified if emergency medicines required?

Parents ☐

Specialist ☐

GP ☐

9. Regular medication taken outside of school hours

(For background information and to inform planning for residential trips)

Name/type of medication (as described on the container):

Are there any side effects that the school needs to know about that could affect school activities?

10. Members of staff trained to administer medications for this pupil

Regular medication

Emergency medication

11. Specialist education arrangements required
(E.g. activities to be avoided, special educational needs)

12. Any specialist arrangements required for off-site activities
(Please note the school will send parents a separate form prior to each residential Visit/off-site activity)

13. Any other information relating to the pupil's healthcare in school?

14. Form copied to:



APPENDIX 3

ADMINISTRATION OF PRESCRIBED MEDICINES IN SCHOOLS CONSENT FORM

PART A – DETAILS OF A PUPIL WHO REQUIRES MEDICINE TO BE ADMINISTERED AT SCHOOL

To be completed by the parents of the pupil

This form must be completed by the parents of children to ask the Headteacher if prescribed medicine can be administered to their son/daughter whilst they are at school.
If more than one medication is to be given a separate form should be completed for each.

School/College:

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

My son/daughter requires their prescribed medicine to be administered at school.

Surname:

Forenames:

Home Address:

Date of Birth:

Class/Form:

Condition or
illness:

MEDICINE DETAILS:

Name/Type of medicine
(as described on the container)

Name and address of the
Prescriber (GP) of the medicine

Date when the medicine was dispensed:

Starting date of the medicine:

Ending date of the medicine:

Expiry Date of Medicine

FULL DIRECTIONS FOR USE – NB Medicines must be supplied in their original container as dispensed by a pharmacy labelled with your child's name and clear instructions for use. Product must be in date

Dosage and amount to be given (as per label):

Method of administration: In the case of liquid medicines a suitable measuring device to administer the required dose should be supplied.

Timing of administration:

Special precautions:

Side effects:

Procedures to be taken in an emergency:

Self-Administration
Yes / No/Yes with supervision

*Request my child is able to carry their own asthma Inhaler/ adrenaline pen/diabetes device
Yes / No

Child must be able to competently self-administer their medicine without supervision.

CONTACT DETAILS:

Name:

Relationship:

Home
address:Daytime
Contact
number:**Where the school considers a Health Care Plan is required, then it should be completed.****PART B – UNDERTAKING BY THE PARENTS**

I understand that I must deliver the medicine personally to a member of staff with responsibility for coordinating the administration of medication (school admin team: Mrs Busby and Mrs Greenwood).

In the case of children using LA provided transport to school, I understand I must deliver the medicine to the escort or driver with a completed copy of this form.

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

I/We will personally further supplies of medicine to the nominated member of staff at school before the current supply expires.

I/We accept this is a service which the school is not obliged to undertake.

I /We where relevant will ensure that second devices e.g. adrenaline pen will be provided.

I/We will be responsible for receiving the discontinued / expired medicine from the school. If we do not collect expired or discontinued medicine from school within 14 days of being asked to do so we understand this will be disposed of by the school.

Signature(s)

Date

Relationship to the pupil:

PART C TO BE COMPLETED BY THE SCHOOL (COPY RETURNED TO PARENTS)

1. FOR PUPILS WHO REQUIRE PRESCRIBED MEDICINE TO BE ADMINISTERED AT SCHOOL

I agree that
(name of pupil)

Will receive
(quantity and name
of the medicine)

at (times of
administration)

Your child will be supervised
whilst they take their prescribed
medicine by the following members
of staff:

You must personally bring your
child's prescribed medicine
to school and hand it to (*insert name*)

Your child's prescribed medicine
will be stored in the following location:

This arrangement will continue until the end date of the medicine or until instructed by the parents.

**2. FOR PUPILS WHO ARE PERMITTED TO CARRY AND SELF ADMINISTER THEIR OWN
PRESCRIBED ASTHMA MEDICATION/DIABETIC DEVICE/ ADRENALINE (EPINEPHRINE) PEN
(secondary schools only) AT SCHOOL**

I agree that
(name of pupil)

Will be allowed to carry and self-administer their prescribed asthma medicine / adrenaline pen /
Diabetic device whilst in school and that this arrangement
will continue until

Signed:
Headteacher

Date:

**The school will not give your child medicine unless you complete and sign this form and the
Headteacher has agreed that school staff can administer the medication.**