

## Medical Needs

### Sutton Park Primary School School

### School Specific Information

1. Headteacher
  - Mrs. Elizabeth Lee
2. Chair of Governors
  - Mrs. Gail Simpson
3. School First Aiders
  - Wendy Moses
  - Nicola Ferguson
  - Denise Brook
  - Kerry Cook
  - Karen Higham
  - Laura Spinks
  - Joanne Broadley
  - Jayne McGlone
  - Ellis Rowe
  - Angela Calcutt
  - Elaine Benn
  - Zoe Collinson
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- Lyn Acton
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# Hull Collaborative Academy Trust

## Medical Policy

**Dated issued: March 2019**  
**Ratified by the Trust Board:**  
**Review Date: March 2021**

Other related academy policies that support this Medical policy include: Attendance, Asthma, Child Protection, Complaints, Educational Visits, First Aid, Health & Safety, Intimate Care, Physical Intervention, Staff Code of Conduct & Whistle Blowing.

## **Policy for supporting children with medical conditions and managing medicines**

This policy has been structured based upon the most recent government advice “Supporting pupils at school with medical conditions” (DfE-December 2015),

**Hull Collaborative Academy Trust (HCAAT)** adheres to the duty as stated in the Children and Families Act 2014 that pupils with medical conditions will have the same right of admission to our school as other pupils and will not be refused admission or excluded from school on medical grounds. Appropriate levels of assessments will be undertaken to establish and determine what support pupils with medical conditions require. This will be done in partnership with parents and health professionals.

The statutory guidance, supporting pupils at school with medical conditions, is available to read on the Government website,

[www.gov.uk/government/publications/supportingpupils-at-school-with-medical-conditions--3](http://www.gov.uk/government/publications/supportingpupils-at-school-with-medical-conditions--3)

The prime responsibility for a pupil’s health rests with parents. It is anticipated that parents / carers will ensure that appropriate information is provided for the school that enables proficient management and a good understanding of their child’s medical condition; this includes working in partnership in the management of any medicines administered at school.

**HCAAT schools** take advice and guidance from a range of sources, including the School Nurse, Paediatric Consultants, and other Health professionals in addition to the information provided by parents in the first instance. This enables us to manage support effectively and to minimise any disruption to learning.

**HCAAT schools** will also ensure that the arrangements to support a child with medical needs give parents and pupils confidence in the school’s ability to provide effective support. The arrangements will also show an understanding of how medical conditions impact on a child’s ability to learn, as well as increase confidence and promote self-care.

## **AIMS**

The school is committed to assisting children with long-term or complex medical conditions and working in partnership with their parents /carers.

- To ensure that pupils at school with short or long term medical conditions are properly supported so that they have full access to education, including off-site activities and residential visits.
- Make arrangements for staff to ensure that they receive adequate and appropriate training for them to support children with medical needs.
- To ensure that parents and children have confidence in the medical support arranged at school.
- To work in partnership with Health Service colleagues.
- To be fully compliant with the Equality Act 2010 and its duties.
- To manage medicines within school in accordance with government and local advice.
- To keep, maintain and monitor records as detailed in this policy.
- To write and to monitor Individual Healthcare Plans, in partnership with health professionals.
- To ensure that the pupils in our school are safe and are able to attend school regularly with their medical condition.
- To support pupils with complex medical conditions and or long term medical needs in partnership with Health professionals and parents to enable their access to education.

- To adhere to the statutory guidance contained in “Supporting pupils at school with medical conditions” (DfE April 2014), and “Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People” (DSCB 2011)<sup>1</sup> as set out and agreed with the school’s Teaching Committee

#### **THE GOVERNING BODY WILL:**

- ensure that arrangements are in place to support children and young people with medical conditions and that support is tailored to individual medical needs;
- make arrangements for this policy to be published on the school website;
- review this policy annually;
- ensure that staff are identified to implement the policy from day to day;
- monitor the arrangements associated with Individual Healthcare Plans so that they are managed appropriately, reviewed and maintained in partnership with Health professionals;
- ensure that staff receive appropriate training enabling them to provide bespoke and purposeful support to pupils with medical needs and that the training is refreshed regularly;
- ensure that specific arrangements are made for the self-management of medicine where applicable and how this will be both monitored and managed by staff;
- oversee the school’s management of medicines to ensure that Health & Safety standards are met and that parents have confidence in the schools ability to support their child’s medical needs;
- ensure that insurance arrangements cover staff in carrying responsibility for medical procedures;
- have ‘due regard’ to the rights of pupils who are disabled as set out in the Equality Act 2010;
- ensure that appropriate arrangements are made to include pupils with medical conditions on off-site activities;
- ensure that parents / carers are aware of the school’s complaints policy

#### **INDIVIDUAL HEALTHCARE PLANS**

- Individual Healthcare Plans (Appendix A) will be developed for pupils with medical conditions. These will set out the support that is needed so that the impact on school attendance, health, social well-being and learning is minimised. Not all conditions will require an Individual Healthcare Plan. In some cases the agreement request to administer medicines will be sufficient to cover short term conditions and treatment. The plan will include the name of the member of staff who is appropriately trained and providing the agreed support.
- **Schools within the Trust** will use the recommended templates (DfE) to capture relevant information that will enable an appropriate plan to be structured. The templates cover a range of issues for which governors have responsibility. Health professionals will be involved in the development of Individual Healthcare Plans in addition to parents and pupils.
- The Individual Healthcare Plans will be tailored to meet the needs of short term, long term and/or complex medical conditions. The plans will be kept under review by the designated person and revised as required, or at least annually, to ensure that they

reflect current medical needs (e.g., changes in medication). Individual Healthcare Plans will include details on emergency arrangements and these will be shared with all relevant staff, First Aiders and school office staff as applicable.

- Where pupils have been issued with an Education and Health Care Plan (EHCP) by the local authority, any Individual Healthcare Plan will be linked to, or become part of that EHCP.

### **Designated Person's Responsibilities**

**Qualified First Aid trained staff** are responsible for the administration of medication in schools. Their role is to:-

- Ensure that the medicine has been prescribed by a health professional.
- Receive the medicine and consent form from the parent and check the name of the pupil, the prescribed dose, the expiry date and the written instruction provided by the prescriber on the label or container.
- Pass on relevant information to those members of staff who are administering the medicine.

### **Procedures for managing prescription medicines which need to be taken during the school day**

- The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and will reserve the right to administer non-prescribed medication, if necessary.
- Any medicines to be given in school must be given to the relevant member of staff at the start of the school day. Children are not allowed to carry medicines themselves. (See Asthma policy for guidance on inhalers)
- Medicines must be brought to school in the original container as dispensed by a pharmacist and must include the prescriber's instructions for administration.
- Where a child needs more than one prescribed medicine, each should be stored in a separate container.
- The school will never accept nor administer medicines that have been taken out of the original container. Nor will they make changes to dosages on parental instructions.
- It is to be noted that medicines which need to be taken three times a day should be taken before school, after school and at bedtime if possible.
- All emergency medicines, such as asthma inhalers, should be readily available to children and not locked away (see Asthma Policy)
- Storage of other emergency medication e.g. epipens will be included in individual care plans (See Appendix A) and will be decided in consultation with the child, class teacher, health professional and parents.

### **Procedures for managing prescription medicines on school visits**

- We encourage pupils with medical needs to fully participate in safely managed visits. Reasonable adjustments to this policy will be considered in such cases and may include the necessity for a risk assessment for specific children.
- Staff supervising school visits will always be aware of any medical needs, medication and relevant emergency procedures. A copy of any health care plans will be taken on visits in the event of this information being needed in an emergency.
- Staff taking pupils on a school visit should always ask for an up to date class medical list in preparation for the visit.

**Visit consent forms are filled in for each pupil annually.** Parents are given the opportunity to provide details of any medical needs. These are updated on pupil records.

### **Procedures for managing prescription medicines during sporting activities**

- Any restrictions on a pupil's ability to participate in PE, including the need for medication, will be recorded in their health care plan. All adults will be aware of issues of privacy and dignity for pupils with particular needs.
- Some pupils may need to take precautionary measures before or during exercise. Children need immediate access to necessary specific medicines such as inhalers (see Asthma Policy).

### **Roles and responsibilities of staff administering medicines to pupils**

- Medicines will only be administered by the school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.
- No child will be given medicines without their parent's written consent (it is only necessary to seek consent from one parent). See Appendix B
- Any member of staff giving medicines to a pupil will check the name of the pupil, the prescribed dose, the expiry date and the written instruction provided by the prescriber on the label or container.
- If in doubt about any procedure, staff will not administer the medicines but will check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicines to a particular child, the issue will be discussed with the parent, if appropriate, or with a health professional related to the school e.g. school nurse.
- Staff administering the medicines will complete and sign the appropriate record each time they give medicine to the child. (See Appendix E)

### **Parental responsibilities in respect of their child's medical needs/medication required**

Parents are asked to provide the school with sufficient and up-to-date information about their child's medical needs using a standard form (Appendix B) so that arrangements to manage their short or long term medical conditions can be implemented in partnership.

- Parents must inform the school in writing about any particular needs before a child is admitted or when a child first develops a medical need.
- It must be a parent (or someone with parental responsibility) who gives consent for medicines to be administered.
- Parents should make every effort to arrange for medicines to be administered outside of the school day, or to come to school to administer themselves.
- Parents must complete the appropriate form before any medicines can be administered by a member of staff.
- Parents are responsible for handing the medicine to the relevant member of staff at the beginning of the school day and collecting the medication at the end of the day.
- Parents are expected to notify the school immediately (in writing) of any changes or alteration to a prescription or recommended treatment so that adjustment can be made to Individual Healthcare Plans or previous agreement.
- It is important that the school is aware and informed by parents about other issues or symptoms their child may have experienced over night or before school; this is particularly important for asthma conditions

It must be remembered that the prime responsibility for a child's health rests with parents / carers.

### **REFUSAL OR TOO UNWELL TO TAKE MEDICINES**

If a child refuses to take medicine as prescribed and as requested by parents the records (Appendix E) must state 'REFUSED' clearly and the parents/carer informed immediately. Children / young people will not be forced to receive medicine if they do not wish to do so.

If a child or young person is ill / injured and therefore unable to receive the agreed prescribed medication, the person designated to supervise the taking of medicine will consult with parents / carers immediately and advise the Headteacher of their actions. If the child vomits or has diarrhoea soon after receiving medication, parents must be contacted so that they can seek further medical advice.

**Emergency planning agreement** – (Appendix J) If a child requires emergency care and an ambulance has to be called complete the emergency planning agreement - Appendix J.

## **STAFF TRAINING AND SUPPORT**

Most medicines to be administered will not require professional training; however the school will ensure that staff supervising the administering of medicines will understand that accurate records are to be kept and are completed at the time of being administered.

Staff who maintain these records should be clear about what action to take, (such as referring to the Designated Senior Person for Child Protection) if they become concerned about the welfare of an individual pupil. If an Individual Healthcare Plan is applied to particular children / young people, additional training must be given by a nominated Health professional, e.g., use of a nebuliser, using Epipens. Training received or cascaded from parents will not be accepted unless otherwise instructed by a health professional. Record of Training Forms must be completed and maintained. (See Appendix G: staff training record).

The Headteacher will ensure the following:

- that Governors are informed about the implementation and effectiveness of this policy,
- that appropriate training has been provided for staff that enables them to carry out agreed procedures;
- liaison with governors in the review of this policy at appropriate intervals, in line with local and national advice;
- that all staff and parents/carers are aware of this policy and the procedures for dealing with medical needs

### **Disposal of Medication**

- School staff should not dispose of medicines. Parents should collect medicines held at the end of each term.
- If parents do not collect medicines held they should be taken to a pharmacy for safe disposal.
- Sharps boxes should always be used for the disposal of needles.

### **Record Keeping**

- All medication given to pupils will be recorded on the relevant form at the time of administration.

## **BEST PRACTICE**

All schools will endeavour to eliminate unacceptable situations by promoting best practice in supporting pupils with medical conditions. In doing so we will:

- ensure that pupils have access to the medicine they need as arranged with parents;
- manage each medical condition through an Individual Healthcare Plan;
- provide supply teachers and temporary staff with access to pupil details including medical needs
- listen to the views of pupils and their parents and take advice from medical professionals in planning the support needed;
- ensure that pupils with medical conditions are supervised appropriately and not left alone when ill;
- support access to the full curriculum or as much as medical consultants recommend;
- work in partnership with health services to ensure swift recovery or access to treatment;



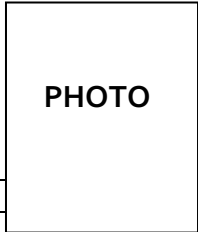
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- facilitate opportunities to manage medical conditions with dignity;
- manage medical needs such that parents are not required to support their child in school;
- include all children in school on and off-site activities, meeting their medical needs in the best way possible.

**Appendices to be used within HCAT schools where appropriate and relevant**

**Appendix A**  
**Healthcare Plan for Pupils with Medical Needs**

Date: \_\_\_\_\_  
Review Date: \_\_\_\_\_



<b>Name</b>	
<b>Class</b>	
<b>Date of Birth</b>	
<b>Condition</b>	_____ _____ _____ _____ _____ _____ _____

**Contact Information**

<b><u>Family Contact 1</u></b>	
<b>Name</b>	
<b>Phone No.</b>	Work: _____ Home: _____
<b>Relationship</b>	
<b><u>Family Contact 2</u></b>	
<b>Name</b>	
<b>Phone No.</b>	Work: _____ Home: _____
<b>Relationship</b>	

<b><u>Clinic/Hospital Contact</u></b>	
<b>Name</b>	
<b>Phone No.</b>	
<b>Describe condition giving details of individual symptoms</b>	_____ _____ _____
<b><u>General Practitioner (GP)</u></b>	
<b>Name</b>	
<b>Phone No.</b>	
<b>Describe condition giving details of individual symptoms</b>	_____ _____ _____

**Appendix B - REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

For completion by parents if they wish the school to administer medication.

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

**DETAILS OF PUPIL**

<b>Surname</b>	
<b>Forename</b>	
<b>Address</b>	_____ _____
<b>Gender</b>	<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Date of Birth</b>	
<b>Class</b>	
<b>Conditions of illness</b>	_____ _____

**MEDICATION**

<b>Name/type of medication</b>	
<b>How long will your child take this medication</b>	_____ _____
<b>Date dispensed</b>	
<b>Full directions for use</b>	_____ _____
<b>Dosage &amp; method</b>	
<b>Timing</b>	
<b>Special precautions</b>	
<b>Side effects</b>	
<b>Self administration</b>	
<b>Procedures to take in an emergency</b>	_____ _____

**CONTACT DETAILS**

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is not obliged to undertake.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

**Appendix C**

**CONFIRMATION OF THE HEAD TEACHER'S AGREEMENT TO ADMINISTER  
MEDICATION**

Forms for schools to complete and send to parent if they agree to administer medication to a named child.

I agree that [named child] will receive [quantity and name of medication] every day at [time medication will be administered eg lunchtime/afternoon break]. [Name of child] will be given/supervised whilst he/she takes their medication by [name of member of staff]. This arrangement will continue until [either end date of course of medicine or until instructed by parents].

Date: \_\_\_\_\_

Signed: (The Headteacher/Named Member of Staff) \_\_\_\_\_

**Appendix D**

**YOUNG PERSONS AGREEMENT**

**Child's Name:** \_\_\_\_\_

**I agree that I will visit the [room] every day at [time to be administered]. I will be supervised by [named member of staff] whilst I take [quantity and name of medication].**

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_



**Appendix F**

**REQUEST FOR PUPIL TO CARRY HIS/HER MEDICATION**

Form for parents to complete if they wish for their child to carry his/her own medication. This form must be completed by parents/guardians.

Pupils Name: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Condition or illness: \_\_\_\_\_  
\_\_\_\_\_

Name of medicine: \_\_\_\_\_  
\_\_\_\_\_

Procedures to be taken in an emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION**

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

Daytime phone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I would like my son/daughter to keep his/her medication with him/her for use as necessary.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Appendix G**

**STAFF TRAINING RECORD – ADMINISTRATION OF MEDICAL TREATMENT**

Form for recording medical training for staff.

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

Type of training  
received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date training completed: \_\_\_\_\_

Training provided by: \_\_\_\_\_

I confirm that \_\_\_\_\_ has received the training detailed  
above.

Trainers signature: \_\_\_\_\_  
Date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_



**Appendix H**

**GUIDELINES FOR ADMINISTRATION OF RECTAL DIAZEPAM IN EPILEPSY AND FEBRILE CONVULSIONS FOR NON-MEDICAL/NON-NURSING STAFF**

**Individual care plan to be completed by or in consultation with the medical practitioner.**  
(Please use language appropriate to the lay person).

**Name of pupil:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Seizure classification and/or description of seizures which may require rectal diazepam**  
(Record all details of seizures e.g. goes stiff, falls, convulses down both sides of body, convulsion lasts 3 minutes etc. Include information about triggers, recovery time etc. If status epilepticus, note whether it is convulsive, partial or absence).

i)

\_\_\_\_\_

ii) Usual duration of seizure?

\_\_\_\_\_

**Other information:**

\_\_\_\_\_

\_\_\_\_\_

**DIAZEPAM TREATMENT PLAN**

**1. When should rectal diazepam be administered?** (NOTE: here should include whether it is after a certain length of time or number of seizures).

\_\_\_\_\_

\_\_\_\_\_

**2. Initial dosage: how much diazepam is given initially?** (NOTE: recommended number of milligrams for this person).

\_\_\_\_\_

\_\_\_\_\_

**3. What is the usual reaction(s) to rectal diazepam?**

\_\_\_\_\_

\_\_\_\_\_

**4. If there are any difficulties in the administration of rectal diazepam e.g. constipation/diarrhoea, what action should be taken?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Appendix J**

**EMERGENCY PLANNING AGREEMENT**

**Request for an ambulance to:**

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**Dial 999, ask for ambulance and be ready with the following information:**

**1- Your telephone number**

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**2- Give your location as follows:** (insert school address and postcode)

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**3- Give the exact location of the school:** (insert brief description)

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**4- Give your name**

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**5- Give a brief description of the pupil's symptoms**

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**6- Inform Ambulance Control of the best entrance and state that the crew will be met and taken to**

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**SPEAK CLEARLY AND SLOWLY AND BE READY TO REPEAT INFORMATION IF ASKED**