



Headteacher: Mr A Taylor

Associate Headteacher: Miss S Sumner

Supporting Pupils with Medical Conditions Policy

Statement of intent

The Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

Students at Kettlewell School will be properly supported so that they have full access to education, including school trips and Physical Education.

To enable this, we will consult health and social care professionals as necessary, along with the pupils and parents themselves, to ensure that the needs of children with medical conditions are effectively supported.

Some pupils with medical conditions may be disabled. Where this is the case, the governing body will comply with its duty under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement of Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their Special Educational Needs provision. For pupils with SEND, this policy should be read in conjunction with the SEN Code of Practice 2014.

1 Key roles and responsibilities

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

- 1.1.1. Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- 1.1.2. Providing support, advice and guidance to schools and their staff.

- 1.1.3. Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

1.2. The Governing Body is responsible for:

- 1.2.1. The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Kettlewell School.
- 1.2.2. Ensuring that the Supporting pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- 1.2.3. Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- 1.2.4. Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- 1.2.5. Ensuring that relevant training provided by the LA and Area Health Authority is delivered to staff members who take on responsibility to support children with medical conditions if appropriate.
- 1.2.6. Guarantee that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- 1.2.7. Keeping written records of any and all medicines administered to individual pupils and across the school population.
- 1.2.8. Ensuring the level of insurance in place reflects the level of risk.

1.3. The Headteacher is responsible for:

- 1.3.1. The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Kettlewell School.
- 1.3.2. Ensuring the policy is developed effectively with partner agencies.
- 1.3.3. Making staff aware of this policy.
- 1.3.4. Making staff who need to know aware of a child's medical condition.
- 1.3.5. Ensuring that Individual Healthcare Plans (IHCPs) are developed by the health team, parents/carers and SENCo as appropriate.
- 1.3.6. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver ICPs in normal, contingency and emergency situations.

- 1.3.7. If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- 1.3.8. Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy. If a IHCP is necessary then a copy must be sent to the Insurance and Risk Management department at County Hall for verification and checking that sufficient insurance is in place for staff who support pupils in line with the policy.
- 1.3.9. Ensuring Contact with the school nursing service in the case of any child who has a medical condition.

1.4. Staff members are responsible for:

- 1.4.1. Taking appropriate steps to support children with medical conditions.
- 1.4.2. Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- 1.4.3. Administering medication, if they have agreed to undertake that responsibility.
- 1.4.4. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- 1.4.5. Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- 1.4.6. Mrs T Briggs is responsible for administering medication, in her absence Mrs A Simpson will undertake this duty.

1.5. School nurses are responsible for:

- 1.5.1. Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- 1.5.2. Liaising locally with lead clinicians on appropriate support.

1.6. Parents and carers are responsible for:

- 1.6.1. Keeping the school informed about any changes to their child/children's health.
- 1.6.2. Completing a [parental agreement for school to administer medicine](#) form before bringing medication into school.
- 1.6.3. Providing the school with the medication their child requires and keeping it up to date.

- 1.6.4. Collecting any leftover medicine at the end of the course or year.
- 1.6.5. Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- 1.6.6. Where necessary, developing an [Individual Healthcare Plan](#) (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals.

2. Definitions

- 2.1. "Medication" is defined as any prescribed or over the counter medicine.
- 2.2. "Prescription medication" is defined as any drug or device prescribed by a doctor.
- 2.3. A "staff member" is defined as any member of staff employed at Kettlewell School, including teachers.

3. Training of staff

- 3.1. Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.
- 3.2. Teachers and support staff will receive regular and ongoing training as part of their development.
- 3.3. Teachers and support staff who undertake responsibilities under this policy will receive the following training externally:
 - First Aid at Work
 - Paediatric First Aid Training
 - Any other type of training deemed suitable
- 3.4. The person responsible for co-ordinating this training is Mrs T Briggs
- 3.5. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering
- 3.6. No staff member may administer drugs by injection unless they have received training in this responsibility
- 3.7. Mrs T Briggs will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

- 3.8. Supply teachers will be provided with details of any child in need of medication in their classes

4. The role of the child

- 4.1. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- 4.2. All medicines will be stored/located in the school office or in the fridge as advised.
- 4.3. If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- 4.4. Where appropriate, pupils will be encouraged to take their own medication under the supervision of a designated staff member.

5. Individual Healthcare Plans (IHCPs)

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

6. Medicines

- 6.1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- 6.2. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- 6.3. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- 6.4. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

- 6.5. Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- 6.6. A maximum of four weeks' supply of the medication may be provided to the school at one time.
- 6.7. Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- 6.8. Medications will be stored in the school office in a cupboard or in the fridge if advised.
- 6.9. Any medications left over at the end of the course will be returned to the child's parents.
- 6.10. Written records will be kept of any medication administered to children.
- 6.11. Kettlewell School cannot be held responsible for side effects that occur when medication is taken correctly.

7. Trips and Visits

- 7.1 The Educational Visits Co-ordinator is Mrs T Briggs
- 7.2 Prescribed (form med1) and non-prescribed medication forms must be completed for all residential visits.
- 7.3 All medication must be clearly labelled and handed to teacher in charge of medication on the visit.
- 7.4 Staff will record time and date that medication is administered and students asked to sign to agree.
- 7.5 All prescribed medication to be handed back to parents on return
- 7.6 Copies of medication spreadsheet to be returned to EVC and retained

8. Emergencies

- 8.1. Medical emergencies will be dealt with under the school's emergency procedures.
- 8.2. Where an IHCP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

- 8.3. Pupils will be informed in general terms of what to do in an emergency such as telling a teacher, Learning Support Assistant or other member of staff.
- 8.4. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive unless specifically agreed by the parent and the nature of the injury allows

9. Avoiding unacceptable practice

9.1. We understand that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to the medical room or school office alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

10. Insurance

10.1. Teachers who undertake responsibilities within this policy are covered by the school's insurance scheme. All IHCP should be submitted to the Insurance and Risk Management Department at County Hall in order that they can clarify that sufficient insurance cover is in place for staff dealing with pupils under this policy.

10.2. This policy can be viewed by any member of staff by contacting the Finance Manager

11. Complaints

11.1. The details of how to make a complaint can be found in the Complaints Policy:

- 11.1.1. Stage 1 - complaint heard by T Briggs
- 11.1.2. Stage 2 - complaint heard by Headteacher

11.1.3. Stage 3 – complaint heard by Governing Bodies' Complaints Appeal Panel (CAP)

Appendix 1 - Individual healthcare plan implementation procedure

1

- Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

2

- The SENCo/Assistant SENCo/Office Manager co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the student.

3

- Meeting held to discuss and agree on the need for IHCP to include key school staff, child, parent and relevant healthcare professionals.

4

- Develop IHCP in partnership with healthcare professionals and agree on who leads.

5

- School staff training needs identified.

6

- Training delivered to staff - review date agreed.

7

- IHCP implemented and circulated to relevant staff.

8

- IHCP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate. (Back to 3.)

Appendix 2 - Individual healthcare plan template

Name		
DOB		
Address		
Telephone number		
Medical Condition		
Known Allergies		
Indicate Identified needs	A. Emergency Care	
	B. Medication	
	C. Medical Procedures	
	D. Daily Care Requirements	
	E. Specific Support required for Pupil's educational, social and emotional needs	
	F. Staff Training	
	G. Managing education during medical absences	
	H. Home to school transport	
Named person responsible for Health Care Plan		

Role of named person	
Address of provision	
Telephone number	

A. EMERGENCY CARE:

In an emergency:

What to watch out for	What to do

Contact Details	Name	Address	Telephone
Emergency			
Parent			
Parent			

Main Provision			
Other Provision			
Health Professionals <ul style="list-style-type: none"> • GP • Consultant • Specialist nurse 			

B. MEDICATION

Medicine (Include dose and form e.g. tablet and when to take)	Persons who will administer	Possible side effects & action to be taken/Comments

C. MEDICAL PROCEDURES

Procedure	When?	How?	Comment

D. DAILY CARE REQUIREMENTS

Procedure	Who is Responsible

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E. SPECIFIC SUPPORT REQUIRED FOR PUPILS' EDUCATIONAL, SOCIAL AND EMOTIONAL NEEDS

Support Required	Who is Responsible

F. STAFF TRAINING

Training required	Who will provide?	Completed

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G. MANAGING EDUCATION DURING MEDICAL ABSENCES

Person responsible for ensuring work is sent home if appropriate	
Person responsible for monitoring absences and liaising with the Enhanced Mainstream School / Pupil Referral Service	

H. HOME TO SCHOOL TRANSPORT

Instructions for giving medication / carrying out procedures in transit (It is the responsibility of the main provision to ensure a copy of this Health Care Plan is shared with transport staff as appropriate)	
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HEALTH CARE PLAN AGREED BY:

	Name	Signature
Registered Health Professional		
Registered Health		

Professional		
School		
Parent		
Parent		
Child/Young Person (if appropriate)		

PARENTS' CONSENT

By signing this plan you are agreeing for your child to receive the treatment/care detailed. You are agreeing for copies of this plan to be shared with:

- NYCC Insurance and Risk Management
- Staff who have a role/responsibility in managing your child's health care needs
- Transport providers as required

I confirm I will not hold North Yorkshire County Council or its staff responsible unless loss, damage or injury is occasioned as a result of their negligence.

Parents Name.....

Parents Signature

Relationship to Child.....Date.....

Data protection:

The information in this plan will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the health care needs of the child/young person.

The information will be kept in accordance with NYCC policy regarding Data Protection

A copy of this Health Care Plan must be sent to insurance@northyorks.gov.uk

HEALTH CARE PLAN APPENDIX

FOR

TREATMENT OF SEVERE ALLERGY/ANAPHYLAXIS

MAY NEED TO ADMINISTER EPIPEN

CHILD DETAILS: NAME: ADDRESS: DATE OF BIRTH:		Photo						
CONDITION:	The person named above may suffer from an allergic or anaphylactic reaction if she eats or comes into contact with:							
CHILD'S SYMPTOMS:								
<p>A SEVERE REACTION/ANAPHYLAXIS IS WHEN THERE IS:</p> <ul style="list-style-type: none"> • Difficulty breathing, wheezing or a choking feeling • Swelling of mouth, lips, tongue with difficulty swallowing/talking • Drowsiness, floppiness, collapse or deteriorating consciousness. <p>TREATMENT FOR SEVERE REACTION:</p> <ol style="list-style-type: none"> 1. CALL AN AMBULANCE IMMEDIATELY (999) Tell ambulance control this is a case of anaphylaxis. 2. ADMINISTER EPIPEN (Follow instructions on Epipen – see over for where Epipens are kept) Note time of administration. 3. Call the parents: _____ Tel: _____ 4. Monitor the child's condition, AIRWAY, BREATHING, CIRCULATION (ABC), and if worse after 5-10 mins give second dose of Epipen while waiting for the ambulance to arrive. 5. If child becomes unconscious at any time, place in the Recovery Position and continue to monitor airway, breathing and pulse. If necessary commence CPR. 								
<p>POSSIBLE SIGNS OF A MILD/MODERATE REACTION:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">• Itching of skin</td> <td style="width: 50%;">• Ticky throat</td> </tr> <tr> <td>• Rash</td> <td>• Tummy ache</td> </tr> <tr> <td>• Swelling/puffiness of eyes</td> <td>• Nausea</td> </tr> </table> <p>TREATMENT FOR MILD REACTION: Give antihistamines as</p>			• Itching of skin	• Ticky throat	• Rash	• Tummy ache	• Swelling/puffiness of eyes	• Nausea
• Itching of skin	• Ticky throat							
• Rash	• Tummy ache							
• Swelling/puffiness of eyes	• Nausea							

prescribed:

HEALTH CARE PLAN FOR

LOCATION OF EPIPENS:

Three Epipens kept in school to be stored:

1. One to be carried on the child's person.
2. One to be kept in the staff cloakroom
3. One to be kept in the school office in the cupboard

STAFF TRAINED IN THE USE OF EPIPENS:

Staff will be trained annually in the use of Epipens and a list of those who have undertaken the training is kept on the wall in the staff cloakroom

FOOD MANAGEMENT:

All efforts will be made to keep the school free of nuts. The school kitchen is made aware of allergies.

SCHOOL TRIPS:

A member of staff trained in the use of the Epipen will accompany the child on school trips taking Epipens and other medication with them.

PARENTS' AGREEMENT AND SIGNATURE:

We confirm that the above information and arrangements have been discussed with us and that they reflect the procedures to be followed in the event of your child suffering an allergic reaction. We will ensure that Kettlewell School is informed of any changes in his/her medical condition or treatment that might affect these arrangements.

We confirm that we are responsible for the provision of all medication necessary and keeping it within expiry date.

We hereby consent to the administering of emergency treatment as set out above. We confirm that we will not hold the Governors, staff or education authorities responsible unless loss, damage or injury is occasioned as a result of their negligence.

PARENTS' SIGNATURE:

..... Dated
.....

..... Dated
.....

Kettlewell School

**Request for School to Administer Medication
(Form Med 1)**

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before medication can be given.

Child's/Young Person's Details

Name

DoB.....

Address

.....

Parent/carer name and contact

number.....

GP's name and contact

number.....

Emergency contact name(s)

.....

and telephone

number(s).....

Details of Medication

Medical condition/illness.....

Medication name and strength.....

Medication formula (e.g. tablets) and amount given to school/setting (e.g. number of tablets supplied).....
...

NB Medications must be in the original container as dispensed by the pharmacy

Dosage and frequency/time of administration.....

Details for storage.....

Administering instructions.....

Any known side effects
.....

Date first dose given Date last dose given.....

Potential Emergency Details

What would constitute an emergency?
.....

.....
.....

What to do in an
emergency.....

.....
.....

Parental Statement of Consent

I (printed name of parent/carer).....

- request and give my consent to school/setting administering this medication in accordance with the prescriber's instructions
- confirm that the information and instruction given is accurate and up- to- date
- will inform school/setting in writing of any changes to this information and instructions
- understand that the medication may be given by non-medically qualified staff
- agree to not hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence
- will abide by the school's/setting's policy and procedure for the delivery and return of medication
- will ensure adequate supply of the medication that is within its expiry date

Signature of parent/carerDate.....

School/Setting-Statement of Agreement

Kettlewell SCHOOL agrees to administer this medication

- in accordance with the prescriber's instructions
- until the end of the course of medication or until instructed otherwise in writing by the parent/carer

Name of Headteacher:

Signature of Headteacher/Manager

.....Date.....

NB Headteacher/Manager must establish that the appropriate knowledge, training and insurance requirements for the giving of this medication are met before agreement is given

If more than one medication is to be given then a separate form must be completed for each.

Administration of Medication Record
TO AN INDIVIDUAL STUDENT
(Form Med 2)

DETAILS OF STUDENT	STUDENT'S PHOTO	
	NAME	
	DATE OF BIRTH	
NAME OF DOCTOR		
DOCTOR'S MEDICAL PRACTICE		
DOCTOR'S TELEPHONE NUMBER		

NAME OF MEDICATION	
FORMULA (eg tablets)	
DOSAGE	
FREQUENCY AND TIMING OF DOSAGE	

ANY SPECIAL INSTRUCTIONS	
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Kettlewell School

Request for Child/Young Person to Carry and Self Administer Medication (Form Med 3)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before medication can be given.

Child's/Young Person's Details

Name.....DoB

.....

Address

.....

Parent/carer name and contact

.....

GP's name and contact number

.....

Emergency contact name and number

.....

Emergency contact name

.....

and Telephone Number

.....

Details of Medication

Medical condition/illness

Medication name and strength

Medication formula (eg tablets)

Medication dosage and frequency

Action to be taken in an emergency

.....

.....

.....

.....

Parental Request and Statement of Agreement

I (printed name of parent/carer)

- request that my child carry and self administer the above named medication
- confirm that the information given is accurate and up-to-date
- will inform the provision in writing of any changes to this information
- understand that the self-administering of the medication will not be supervised by staff
- agree to not hold staff responsible for loss, damage or injury associated with my child carrying and self-administering their medication

Name of parent/carer

Signature of parent/carer Date:.....

Parent's emergency contact details

.....

Provision Statement of Consent

Kettlewell SCHOOL agrees to allow

(Name of child/young person)..... to carry and self-administer their named medication

Name of Headteacher/Manager:

Signature of Headteacher/Manager Date.....

NB The Headteacher/Manager must take into consideration any risk/insurance implications for the child/young person or others before consent is given

Kettlewell SCHOOL

STAFF TRAINING RECORD

TYPE OF TRAINING RECEIVED:	
DATE OF TRAINING:	
TRAINING PROVIDED BY:	
DATE FOR RENEWAL OF TRAINING	

TRAINER'S SIGNATURE

DATED

I confirm that I have received the training details above and are competent to carry out any necessary treatment.

Name	Signature

CONTACTING EMERGENCY SERVICES

Dial 999

Request an ambulance.

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

It is better if this can be done by a mobile while you are next to the casualty so you can answer any questions about the patient.

Give:

The telephone number of the school:

The name of the school:

Location of the school:

The exact location of the casualty

The name of the child and a brief description of their symptoms/injuries and whether the child has an individual health care plan.

Arrange for someone to meet the ambulance at the main entrance and direct to the casualty.

