



**Stockton-on-Tees**  
BOROUGH COUNCIL

**LEVENDALE SCHOOL**  
**Supporting Pupils with**  
**Medical Conditions Policy**  
**2020-2021**



**PRODUCED BY SBC Health & Safety Unit**

**Autumn Term 2014**

**Adopted by staff and Governors, March 2015**

**Reviewed: November 2015**

**Updated to reflect new DfE guidance, January 2016**

**Reviewed annually, most recently June 2020**

**Signed: \_\_\_\_\_ (Chair)**

## **Reviews and amendments**

March 2017:	'Policy Statement', page 2, final paragraph added in line with our ongoing incorporation of RRSA principles into school policy.
2018:	No amendments necessary
2019:	No amendments necessary

## **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 Levensdale School so they can play a full and active role in school life, remain healthy and achieve their academic potential.

Relevant staff (on a need-to-know basis) will be aware of individual children's medical conditions and the plan that is in place to support them, including what to do in an emergency.

The school understands the importance of medication and care being managed as directed by health care professionals and parents. Only prescribed medication will be administered and this must be in the original packaging with the prescription label clearly identifying the child who is to receive the medication.

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

The Levensdale Governing Body have a statutory duty to ensure that arrangements are in place to support pupils with medical conditions. To ensure this, the Governors delegate the day-to-day responsibility for the implementation of this policy to the named person: the named member of school staff responsible for this medical conditions policy and its implementation is Dr. Richard Beadnall, the Headteacher.

As a Rights Respecting School, this policy indicates our commitment to the UNCRC and, for this policy in particular, Article 24 which states that children have the right to the best health care possible.

## **On Admission to School**

All parents/carers will be requested to complete an admissions form advising of any medical conditions for which their child may require support whilst at school.

## **Individual Health Care Plans**

Individual Health Care Plans (IHCPs) and their review may be initiated in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child.

IHCPs will be drawn up in partnership between the school, parents and a relevant healthcare professional e.g. school, specialist or community nurse who can best advise on the particular needs of the child. Input from paediatricians or other specialist medical agencies may need to be sought, depending on the level and/or complexity of need. Dialogue between all relevant parties should enable a decision to be made as to whether an IHCP is required, based on all available evidence, or whether such an approach would be inappropriate or disproportionate.

Pupils may also be involved where appropriate. The aim is to capture the steps which Levensdale Primary School will take in order to help the child manage their condition and overcome any potential barriers to getting the most from their education.

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

For the start of a new academic year, or on receipt of a new diagnosis of a medical condition, every effort should be made to ensure that suitable arrangements are put in place within two weeks.

Schools do not need to wait for a formal diagnosis before providing support to pupils. In cases where information about a medical condition is unclear, or where there is a difference of opinion, judgements would be needed about what support to provide based on the available evidence. This would usually involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support is put in place.

Relevant (on a need-to-know basis) staff will be made aware of IHCPs. A central register of IHCPs will be held by the school and they shall be reviewed at least annually.

A copy of the current IHCP will be held by the school/parent/carer and, where relevant, a healthcare professional. The IHCPs will accompany the child on any out-of-school activities.

## **The role of the Governing Body**

The Governing Body should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of the school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

## **The role of the Headteacher**

The Headteacher will ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the

policy for supporting pupils with medical conditions and understand their role in its implementation.

The Headteacher will ensure that all staff who need to know are aware of the child's condition. He will ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all IHCPs, including contingency and emergency situations.

The Headteacher will ensure that all school staff are appropriately insured and are made aware that they are insured to support pupils in this way.

### **The role of the parents**

Parents must provide the school with sufficient and up-to-date information about their child's medical needs. Parents should be involved with the development of their child's IHCP and must carry out any action they have agreed to as part of its implementation e.g. providing medicines and equipment and ensuring that they, or another nominated adult, are contactable at all times.

### **The role of school staff**

Any member of school staff may be asked to 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. School staff will receive sufficient suitable training and achieve the necessary level of competency before they take on responsibility for supporting children with medical conditions. All members of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. All staff should be aware of those children with IHCPs in school and forms part of the induction process for new staff. Volunteers and students should not administer medication to children under any circumstances although they may act as witness to an authorised member of staff who has administered medication to a child.

### **Staff training needs**

The requirement for staff to receive suitable and sufficient training to support a child with a medical condition is the responsibility of the Headteacher. Training needs will be assessed in conjunction with relevant medical professionals (school nurse, GP, consultant, specialist nursing teams etc) and are commissioned through these services.

### **Administration and Storage of Medication in School**

The Governors and staff at Levensdale Primary School wish to ensure that children with medical conditions receive proper care and support at school. Whilst any member of staff can be asked to provide support to pupils with medical conditions (including the administration of medication), a member of staff cannot be compelled to do so: whilst the administration of medication is not part of a teacher's professional

duties, staff should take into account the needs of pupils with medical conditions that they teach.

**Medication should only be administered in school where it would be detrimental to the child's health or school attendance not to do so.**

- Medication will only be accepted into school if it has been prescribed by a Doctor. Exceptions to this rule do apply – contact the Headteacher to discuss this.
- Medication will NOT be accepted if it is not in the original pharmacy packaging. An exception to this requirement is insulin where an insulin pen might be provided to the school – this might not be in its original packaging but must still be within its expiry date.
- Medication will NOT be accepted without complete written and signed instructions from the parent/carer (see Appendix 1).
- Only reasonable quantities of medication will be accepted into school (for example, a maximum of one weeks' supply at any one time. The Headteacher has discretion over what constitutes a reasonable quantity and will assess this on a case-by-case basis.
- Where clinically possible, medicines should be prescribed in dose frequencies which allow them to be taken outside of school hours (see below).
- **Where a course of antibiotics or similar medicine has been prescribed in three doses to be spaced over the course of a day, the Governing Body has determined that this can reasonably be accommodated by parents in the home environment and, as a result, any request to administer such medication will be refused. Where a course of medication requires four doses spaced across the day, school will agree to administer such medicines, subject to the provisos contained in this policy.**
- Each item of medication must be handed to either the Headteacher or School Administrator immediately and NOT sent in with children in their bags.
- Where the pupil travels on school transport with an escort, parents/carers should ensure the escort is informed of any medication sent with the pupil, including medication for administration during respite care.
- Each item of medication should have the original pharmacy label affixed which should state the following:
  - Name of pupil
  - Name of medication
  - Dosage
  - Dosage frequency
  - Date of dispensing
  - Storage requirements (where applicable)
  - Expiry date
- The school will NOT accept items of medication in unlabelled containers.
- Unless otherwise indicated, all medication to be administered in school will be kept in a locked cabinet or cupboard. There are exceptions to this rule: for example, salbutamol inhalers should be readily available for asthmatics and midazolam (although a controlled drug) should be readily available for the treatment of epilepsy as stated in an Individual Health Care Plan.
- The school will keep a record of when medication has been administered to a child (date/time): this record will be signed by the person administering the medication and also by a witness who has observed the process.
- Where indicated on the medication form (Appendix 1), a child may self-administer their medication where they are capable of doing so, under staff

supervision. Parents/carers should indicate this on the Appendix 1 form at the time medication is delivered to school.

- It remains the responsibility of the parent/carer to inform the school if there is a change in the medication, a change in dosage amount/frequency or the medication is to be discontinued.
- When a course of medication is completed, the packaging and any left-over medication will be returned to the parent/carer and signed off by the parent/carer and a member of staff.
- If for any reason medication remains uncollected within 14 days of a parent being requested to do so, the medicine will be returned by school to a pharmacy for destruction.
- Staff who have agreed to assist in the administering of medication will receive appropriate training/guidance at the discretion of the Headteacher through arrangements with the PCT. Staff are indemnified through the school's insurance policy (arranged via The 1590 Trust) for all authorised administration of medication.
- Where non-prescription medicine is requested to be administered during school time, this remains the responsibility of the parent/carer and they should make arrangements to come into school to administer the medicine: no member of school staff will agree to administer non-prescription medicine.

### **Out of School Activities/Extended School Day/Residential Visits**

The school will arrange to meet with parents, pupil and relevant healthcare professionals prior to any overnight or extended day visits to discuss and make alterations to any plans that are in place to support that child. This should be recorded on the child's IHCP which should accompany them on the trip.

Risk assessments are carried out on all school activities, taking into account the needs of pupils with medical conditions. School will ensure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit.

Where advice from a GP or other clinician states that a child's participation in a specific activity, trip or residential visit would be detrimental to the child's health or that the child should not take part for another specified reason, the school cannot reasonably be expected to make adjustments to the planned activity to include the pupil and therefore the pupil would not be able to participate.

### **Emergency Procedures**

Despite the best planning and assessment of risk, emergencies can happen in a school. In terms of managing chronic medical conditions and/or acute medical needs, the school has an obligation to set out procedures for an emergency situation.

- Where the child is subject to an IHCP, the plan will clearly define what constitutes an emergency and explain what needs to be done to safeguard the child's wellbeing, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils and staff in the school should know what to do in general terms, such as informing relevant persons immediately if they think help is needed.

- If any child needs hospital treatment and a 999 call is warranted, the call will be made to the emergency services and then to parents. A member of staff will stay with the child until parents arrive or will accompany a child taken to hospital by ambulance.

### **Unacceptable Practice**

In line with DfE non-statutory guidance, 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 advice or opinion) – this may, however, be challenged;
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs;
- Prevent children 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 for their child, including toileting issues.
- Prevent children from participating, or create unnecessary barriers to children participating, in any aspect of school life, including school trips.

### **Complaints Procedures**

In the event of a complaint relating to the school's handling of a medical condition, the first point of call should be the Headteacher.

If a parent/carer is dissatisfied with the outcomes of any meeting with the Headteacher, they should follow the school's established Complaints procedure and outline the details of their complaint to the Chair of Governors via sealed letter to the school office.