CORNWALL EDUCATION
LEARNING TRUST

Supporting Pupils with Medical Conditions

"Safeguarding is everyone's responsibility"

At Cornwall Education Learning Trust (CELT) we are committed to safeguarding and promoting the welfare of children and we expect all Trustees, Governors, staff and volunteers to share this commitment. This policy is 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.

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1. Aims

This policy is 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.
This policy should be read in conjunction with 'Keeping Children Safe in Education' (2021) and 'Working Together to Safeguard Children' (2018).

Children with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and enable them to access their learning. They may require monitoring and interventions in emergency circumstances. It is important to recognise that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. Some children with medical conditions may be disabled and, as a school, we will comply with our duties under the Equality Act 2010.

2. Legislation and statutory responsibilities

This policy is based on the Children and Families Act 2014, Children and Families Act 2014, the Education Act 2002, Children Act 1989, Children Act 2004, Equality Act 2010, the Code of Practice 2014 and supporting pupils with medical conditions at school.

3. Roles and responsibilities

3.1 The Local Governing Body (LGB)

The LGB will make arrangements to support children with medical conditions in school, including making sure that a policy for supporting children with medical conditions in school is developed, implemented and reviewed. They will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

3.2 The Headteacher

The headteacher will ensure:

- all staff are aware of the policy and understand their role in its implementation.
- all staff who need to know are aware of the child's condition.
- sufficient trained members of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- school staff are appropriately insured to carry out these responsibilities.

3.3 Appointed Person

The appointed person responsible for children with a medical condition will:

- oversee the development of individual healthcare plans and review these on an annual basis.
- ensure that any action agreed by the school in the healthcare plan is carried out.
- oversee the training needs for staff members who need specific support.

3.4 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.5 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs as is age-appropriate.

3.7 Other healthcare professionals, including GPs and pediatricians

They may provide advice on developing IHPs. Specialist local health teams may be able to provide support in schools for children with particular conditions e.g. asthma and diabetes.

4. Equal opportunities

CELT is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

CELT will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When a CELT school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an healthcare plan.

The school will make every effort to ensure that arrangements are put into place within a week, or by the beginning of the relevant term for pupils who are new to our school.

1. Parent or healthcare professional tells the school that the child:
    a. Has a new diagnosis
    b. Is due to attend a new school
    c. Is due to return to school after a long-term absence
    d. Has needs which have changed

2. The headteacher and appointed person has a meeting to discuss child's needs and identifies a member of staff to support the child

3. Hold a meeting with the following people to discuss the need for the healthcare plan
    a. Key school staff
    b. Pupil
    c. Parent/Carer
    d. Any relevant healthcare professionals

4. Develop healthcare plan

5. School identifies training needs

6. Healthcare professionals commission or deliver training and sign off school staff as 'competent' with an agreed review date

7. Implement healthcare plan and circulate to relevant staff

8. Review the health care plan annually or when the child's condition changes. Parents or healthcare professionals will initiate this

6. Individual healthcare plans

Healthcare plans ensure that we are able to effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom.

They will be helpful when conditions fluctuate, where there is a high risk that emergency intervention is needed or where medical conditions are long-term and complex. Not all children with medical conditions will need an individual healthcare plan.

Individual healthcare plans will vary depending on the child's needs and the level of detail will depend on the complexity of the child's condition and degree of support needed. Where a child has SEN but does not have an EHCP, their special educational needs should be mentioned in the individual healthcare plan. Where they have an EHCP, the individual healthcare plan should be linked to or become part of this plan.

Plans will be drawn up in partnership with the school, parents, child and relevant healthcare professionals. **They will be reviewed annually or earlier if evidence is presented that the child's needs have changed**.

Healthcare plans are to include:

- The medical condition, its triggers, signs, symptoms and treatments
- The child's resulting needs
- Specific support for the child's educational, social and emotional needs
- The level of support needed
- 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
- Who in school needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents and the Head of School for medication to be administered by a member of staff or self-administered by the child
- Separate arrangements or procedures required for educational visits
- What to do in an emergency, including who to contact and contingency arrangements.

See Appendix 1 for the template healthcare plan.

7.1 Staff Training and Support

Any member of staff providing support to a child with medical needs should have received suitable training. These training needs will be identified with the support of relevant healthcare professionals and the training will be sufficient to ensure that staff are competent and have confidence in their ability to support children with medical conditions and to fulfil the requirements set out in individual healthcare plans.

Staff will not give prescription medicines or undertake complex healthcare procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with complex medical conditions.

The school will arrange whole school awareness training so that all staff are aware of the school's policy for supporting children with medical conditions and their role in implementing the policy.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the individual healthcare plans
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will be made aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

7.2 The child's role in managing their own medical needs – Secondary phase only

Where possible, children should be able to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.

In cases where secondary age students carry their own medication, e.g. epipens, the school must hold spare medication in an easily accessible place within the school. Schools will consider the speed of access to spare medication in the event of the student not carrying their own prescription medication.

7,3 Managing medicines on school premises

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. The school will require parental written consent for a child under the age of 16 to be given prescription or non-prescription medicines. **(See appendix 3)** In exceptional circumstances, if pain relief medication is given, it must not contain aspirin unless prescribed by a doctor. Maximum dosages and when the previous dose was taken will be checked and parents will be informed.

The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which will be generally available inside an insulin pen or pump.

All medicines will be stored safely. The children will know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available. Medication should be reviewed regularly to ensure it is in date.

At the end of a school term or when no longer required, the medicines will be returned to the parent/carer. Sharps boxes will be used for the disposal of needles and other sharps.

Staff should check that the medicine has been administered without adverse effect in the past and that parents have certified this is the case – a note to this effect should be recorded in the written parenteral agreement for the school/setting to administer medicine.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

7.4 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.
In secondary schools, a child who has been prescribed a controlled drug may legally have it in their possession but it is an offence to pass it onto another child for use. Controlled drugs should be securely stored in a non-portable container and only named staff should have access. These drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug kept in school.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.5 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their Healthcare plan.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the individual healthcare plan and inform parents so that an alternative option can be considered, if necessary.

7.6 Unacceptable practice

CELT staff will use their discretion and judge each case individually with reference to the pupil's IHP, but it is not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in a school toilet cubical

8 Record keeping

- Written records will be kept of all medicines administered to pupils for as long as these pupils are at the school. **(See appendix 4)**
- Parents will be informed if their pupil has been unwell at school.

- Healthcare Plans are kept in a readily accessible place which all staff are aware of.

9. Emergency procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do. If a child needs to be taken to hospital, staff will stay with them until the parent arrives, or accompany a child taken to hospital by ambulance.

10. Educational Visits and Sporting Activities

Children with medical conditions will be actively supported to participate in educational visits and sporting activities. All children will be able to participate in these activities according to their own abilities and with any reasonable adjustments unless evidence from a clinician, such as a GP, states that this is not possible. The school will carry out a risk assessment so that planning arrangements take into account any steps needed to ensure that children with medical conditions are included.

11. Liability and indemnity

The Trust's insurance policy will provide liability cover relating to the administration of medication. Individual cover may need to be arranged by the school for individual circumstances.

12. Complaints

Should parents/carers or children be dissatisfied with the support provided, they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they should follow the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the Board of Trustees every two years.

14. Links to other policies

This policy is part of the following suite of annually updated safeguarding policies:

1. Child Protection and Safeguarding
2. **Supporting Children and School with Medical needs/ Managing Medicines**
3. Mental Health and Wellbeing
4. Online Safety
5. Peer on Peer Abuse
6. Attendance
7. Staff Code of Conduct
8. Whistleblowing

Appendix 1: Individual Healthcare Plan

School Logo	**Individual Healthcare Plan**	CORNWALL EDUCATION LEARNING TRUST
Name:		
DOB:		
Class/Tutor Group:		
Medical Condition:		
Clinic/Hospital Contact Name: Phone Number:		
GP Contact Name: Phone Number:		
Triggers	Symptoms	Treatments
Specific support:		
Educational Needs	Social Needs	Emotional Needs
Provision of support		
Who		
Training Needs		
Expectations of role		
Proficiency confirmed by healthcare professional		

Who needs to be aware in school	
School Logo **Individual Healthcare Plan** 	
What constitutes an emergency	
Procedures to follow in an emergency	
Follow up care	
Arrangements for educational visits	
Permission for administering of medication	
Name	
Date	
Review Date:	

Appendix 2: Managing Medicines Guidance

Important procedures:

1. Prior to admission
2. Emergency medication
3. Administration of prescription medication
4. Application of cream and lotions
5. Record keeping
6. Alternative medication
7. Simple Analgesics (Pain Relief)
8. Storage and disposal
9. Refusal of medication
10. Offsite Activities and Educational Visits

As an inclusive Trust, we recognise that there may be times when medication needs to be administered to ensure a child's participation in our schools. We will therefore administer medication and supervise children taking their own medication according to the procedures in this guidance.

We do support parents/carers when a child needs to take medication during the school day in strict accordance with the procedures in this policy and following the guidance in the DfES document 'Supporting Pupils at school with medical conditions' (2014)

Children with Special Medical Needs

Should we be asked to admit a child to the school with special medical needs we will, in partnership with the parents/carers, discuss their individual needs and write a Healthcare Plan. We will also involve other outside agencies as appropriate to the needs of the child and family.
Essential information will be on display in classrooms, staffrooms and kitchens.
Any resulting training needs will be identified and arranged from the appropriate support agencies and the family as required

Procedures

1 Prior to admission

All parents and carers are asked to complete a family record giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. These details are updated every 12 months via the collection forms.

2 Emergency medication

Specific specialised training is required for those staff prepared to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health care professional which should be updated annually. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies e.g. Epipens, defibrillators, emergency treatment for epilepsy, emergency treatment for diabetes.

3 Administration of Prescribed Medication

3.1 Should a child need to receive medication during the school day, parents or carers will be asked to come into school and personally hand over the medication to Reception Office.

3.2 On receipt of medication, a 'Medicine Record Sheet' should be completed and signed by the Parent/Carer - (a separate form should be completed for each medication). Completed forms will be kept with medications in the Reception Office. No medicine should be administered if the situation is not compatible with the instructions on the medicine. If in doubt about any procedure, staff should not administer the medicines but check with the parent or a healthcare professional before taking further action.

3.3 The medication should be in the original container as dispensed clearly labelled with the instructions for administration including:

- The child's name
- Name of medication
- Strength of medication
- How much to be given
- When to be given
- Date dispensed and/or expiry date. (If no date given, the medication should be replaced 6 months after date dispensed)
- Length of treatment
- Any other instructions

NB: A label stating 'to be taken as directed' does not provide sufficient information.

3.4 Liquid medication should be measured accurately using a medicine spoon or syringe. Medication should not be added to food or drinks unless there is a specific reason.

3.5 A record of the administration of each dose will be kept and signed by Office staff, on the reverse of the Medicine Record Sheet.

3.6 Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes, the school should be notified in writing by the parent/carers. A new supply of medication – correctly labelled with the new dose – should be obtained and a new consent form completed.

3.7 Should the supply need to be replenished this should be done in person by the parent or carers.

3.8 All controlled medication will be stored in a locked cupboard

4 Application of Creams and Lotions

4.1 Non-prescribed creams and lotions may be applied at the discretion of the Head in line with this policy but only with written consent from parents and carers.

4.2 Parents and carers are responsible for sending in the cream, labelled for the individual child, if they wish cream to be applied.

4.3 Steroid creams are usually applied twice daily only – we would usually expect these to be applied at home.

4.4 Sun cream needs to be supplied by parents and carers. We ask parents and carers to apply sun block in the morning before coming to school. Children may bring in their own creams and self-administer during the day. It should be labelled clearly and is the child's responsibility. Sun creams will not be shared and used by other children.

5 Record Keeping

Schools should ensure that written records are kept of all medicines administered to children, and inform the child's parent and/or carers on the same day, or as soon as reasonably practicable. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell.

6. Alternative Medication

Alternative medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/consultant.

Schools will not administer non-prescription cough sweets to pupils.

7 Simple Analgesics (Pain Relief)

These will be given if there is an ongoing medical condition i.e. febrile convulsions and it has been prescribed by a GP/consultant, in line with school policy

With permission of parent and carers, if they have signed paperwork to say they agree to school giving pain relief.

No ibuprofen-based drugs will be given in school unless specifically directed by GP/hospital.

8 Refusing Medication

8.1 If a child refuses medication staff will not force them to take it.

8.2 The refusal will be noted and parents contacted by telephone.

8.3 In the event of a child refusing emergency medication, parents and carers will, of course, be contacted immediately by telephone. The emergency services will be contacted immediately, and a member of school staff will accompany the child to hospital to allow parents time to arrive.

9 Storage and Disposal of Medication

9.1 All medication (with the exception of any requiring refrigeration) will be kept in a secure location. Children prescribed with an Epi-pen will need one pen in school. Epi-pens should be kept in a clearly labelled box in the office; this must travel with the children during off-site visits. Parents are responsible for ensuring that Epi-pens they supply to school are 'in date'. N.B. from 1st October 2017 schools can now purchase additional Epipens and inhalers for emergency use (see separate protocol). Children should know where their medicines are at all times and their access requirements. They should know who holds the key to the storage area. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens – should always be readily available to children and not locked away.

9.2 Medication requiring refrigeration will be stored in the lockable fridge. It will not be accessible to children.

9.3 Emergency medication will be stored out of the reach of children, in the same room as the child wherever possible and easily accessible to staff. All members of staff working in the school will need to be made aware of the location of the emergency medication.

9.4 A regular check of all medicines in school by office staff will be made every term. Parents and carers will be asked to collect any medication which is no longer needed, is out of date or not clearly labelled.

9.5 Any medication which is not collected by parents and carers and is no longer required will be disposed of safely at a community pharmacy. No medication should be disposed of into the sewage system or refuse.

Sharps boxes should always be used for the disposal of needles and other sharps.

All storage facilities should be in an area which cannot be accessed by children without supervision. All emergency medication e.g. inhalers, adrenaline pens, dextrose tablets, must be readily accessible but stored in a safe location known to the applicable child and relevant staff.

Medication should always be kept in the original containers. Staff should never transfer medicines from original containers. Local pharmacists and school nurses can give advice about storing medicines.

10. Offsite Activities and Educational Visits

10.1The named leader of the activity must ensure that all children have their medication, including all emergency medication necessary. The medication will be carried by a named member of staff.

This also includes asthma inhalers and other relief medication. Record forms are also taken to ensure normal administration procedures are followed.

10.2 For residential visits parents and carers are required to complete a consent form for all forms of medication. This includes over the counter medication such as travel sickness.

9.3 All parents and carers are asked to sign a consent form to give permission for a small dosage (stated on the consent form) of paracetamol to be administered should the child require this during the trip. Any such administration of paracetamol is recorded, and parents are informed and asked to countersign on the child's return.

Appendix 3: Receiving Medicine Record

Receiving Medicine Record

Pupil Name:		**Date of Birth**	
Class:			

Name of Medication:	
Dosage required:	
Time dose required:	
Frequency of dose:	
Any previous adverse reactions:	

Quantity received:	
Check	☐ **In original packaging** ☐ **Prescribed to the child** ☐ **Side effects leaflet**
Age appropriate	

Signature:		**Relationship to Pupil**
Date:		
Staff Signature:		**Role:**
Date:		

Appendix 4: Administering Medicine Record

Administering Medicine Record

Pupil Name:		**Date of Birth**	
Class:			

Name of Medication:		**Dose and frequency**	

Date	Time Given	Dose Given	Administer Signature	Administer name	Witness signature	Witness name