



**Knights Templar Community Church School  
and Nursery**

*Work at it with all your heart*

Head Teacher: Mrs Laura Weaver, BA Hons QTS

# Supporting Pupils with Medical Needs

<i>Date Approved by the Governing Board</i>	<i>Review Period</i>	<i>Date to be reviewed</i>
<i>January 2024</i>	<i>Three Yearly</i>	<i>January 2027</i>

## **Introduction:**

*As a church school, we believe that everyone should be treated fairly and with respect, with equality of opportunity and positive attitudes. We strive to create a stimulating environment where everyone's spiritual and moral beliefs are nurtured. In approving this policy, the governors have considered their responsibilities to achieve these aims.*

*Most children will at some time have a medical condition that may affect their participation in school activities. For many this will be short term; perhaps finishing a course of medication.*

*Other children have medical conditions that, if not properly managed, could limit their access to education. Such children are regarded as having medical needs.*

## **Support for Children with Medical Needs: Who is responsible?**

- Parent/carers have prime responsibility for their child's health and should provide schools with information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need. The school nurse, medical specialists and specialist voluntary bodies may also be able to provide additional background information for school staff.*
- There is no legal duty that requires school or nursery staff to administer medicines. For some assistants, the administration of medicines or the delivery of other procedures, e.g. therapies, is built into their core job description.*
- Knights Templar Community Church School and Nursery ensure that they have sufficient members of assistants who are appropriately trained and competent to manage medicines or the delivery of identified medical procedures as part of their duties.*
- Close cooperation between our school or nursery staff, parent/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.*
- Visits and school residential trips will be planned so that pupils with medical needs can participate and reasonable adjustments will be made as appropriate to ensure that they are not discriminated against. If a risk assessment indicates that it is not safe for the pupil to participate in part of the experience because of their condition, then reasonable adjustments will be made and an alternative experience will be provided to ensure that they are enabled to join in the curriculum surrounding the trip.*
- All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and*

sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.

### **Parent/carers and Guardians**

- Parent/carers, as defined in the Education Act 1944, are a child's main carers. They are responsible for making sure that their child is well enough to attend school.
- Parent/carers should provide the Headteacher or SENCo with sufficient information about their child's medical condition and treatment, or special care needed at school. They should, jointly with the Headteacher or SENCo, reach agreement on the school's or nursery's role in helping with their child's medical needs. The Headteacher or SENCo should seek parent/carers' or carers' agreement before passing on information about their child's health to other school staff. Sharing information appropriately is important if staff and parent/carers are to ensure the best care for a child.
- It only requires one parent/carer to agree to or request that medicines are administered.
- If parent/carers have difficulty understanding or supporting their child's medical condition themselves, the school or nursery will provide additional assistance in these circumstances by liaising with the appropriate Health Agency. Parent/carers' cultural and religious views should always be respected.
- Parent/carers are responsible for supplying to the school or nursery, medicines and associated equipment which have been prescribed for their child.
- Parent/carers are responsible for renewing medicines when needed and for disposing of out of date medicines.

### **The Local Authority**

- The Local Authority (LA) is responsible, under the Health and Safety at Work, etc Act 1974, for making sure that a school has a Health and Safety Policy. Therefore, this policy includes procedures for supporting children with medical needs, including managing medication and personal care.
- The Local Authority ensures that their insurance arrangements provide full cover for staff acting within the scope of their employment. Staff that volunteer to assist with any form of medical procedure in line with the Healthcare Plan and following appropriate training (where required) are acting within the scope of their employment and are indemnified by the LA. In the event of legal action over an allegation of negligence, the LA rather than the employee is likely to be held responsible.

### **The Governing Body**

- *It is the school's and nursery's responsibility to make sure that correct procedures are followed.*
- *Keeping accurate records in the school/nursery is essential in such cases. Teachers and assistants are expected to follow this policy and procedures at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.*
- *The school/nursery is also responsible for making sure that staff have appropriate training to support children with medical needs.*
- *The school/nursery should be satisfied that any training has given staff sufficient understanding, confidence and expertise. A Healthcare Professional should confirm that they have observed the Non-Health Professional demonstrating proficiency and understanding in medical procedures.*
- *The staff in receipt of the training should confirm their own understanding of what is required and their role in requesting further training as needed. A record of this should be held in the school, e.g. with staff training records.*
- *The school/nursery is responsible for ensuring that Health and Safety for the member of staff and the child have been considered and the necessary risk assessments completed, and training and equipment are in place.*
- *It is the school's and nursery's responsibility to ensure that basic First Aid training has been provided and First Aiders are in place.*

### **The Headteacher**

- *The Headteacher is responsible for implementing the governing body's policy in practice and for developing detailed procedures.*
- *When staff agree to give children help with their medical needs, the Headteacher should also agree to their doing this, and must ensure that staff receive proper support and training where necessary.*
- *Known needs should be highlighted prior to children entering school as part of transition planning.*
- *Consideration will need to be given to ensuring that children continue to have medical needs met when cover supervisors or supply teachers are employed.*
- *The Headteacher should make sure that all parent/carers and carers are aware of this policy and procedures for dealing with medical needs. This policy is on the school's website.*
- *For a child with complex medical needs, the Headteacher will need to agree with the parent/carers/carers the nature of the support required. Complex medical assistance is likely to*

mean that identified staff will need special training. Headteachers should ensure that staff are enabled to attend training by support agencies.

- There is a requirement to undertake individual risk assessments on children, to identify any control measures for children with complex medical needs, and these should be contained in their care plans.
- The Headteacher may delegate these responsibilities to the SENCo.

### **Teachers**

- Teachers who have children with medical needs in their class should understand the nature of the condition, and when and where the child may need extra attention. Teachers should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- Under Workforce Reform, Teachers' conditions of employment do not include giving medication or supervising a child taking it.

### **Other School or Nursery Staff**

At different times of the school day, other staff will be responsible for children (e.g. lunchtime supervisors). They are also provided with appropriate information, training and advice. They are given the Medical Information for all key children in the school.

### **School and Nursery Staff Giving Medication**

Any member of staff who agrees to accept responsibility for administering prescribed medication or medical procedures to a child, must have training and guidance so that they feel fully confident to carry out these responsibilities. He or she must also be aware of possible side effects of any medication and what to do if they occur. The type of training necessary will depend on the individual case but should be delivered by the appropriate professionally trained person.

### **Confidentiality**

The Headteacher and staff must treat medical information confidentially. The Headteacher must agree with the child (where he/she has the capacity) or otherwise the parent/carer, who else should have access to records and other information about a child.

### **Short Term Medical Needs**

- Many children will need to take medication (or be given it) at school or nursery at some time. Mostly this will be for a short period only; to finish a course of antibiotics or apply a lotion. To allow children to do this will minimise the time they need to be off school or nursery. Medication should only be taken to school or nursery when absolutely essential.

- It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parent/carers should be encouraged to ask the prescribing doctor or dentist about this.
- School or nursery should only normally accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and they should always be in their original container and include the prescriber's instructions for administration. Parent/carers will need to complete the form giving permission and information supplied by the school.
- No child under 16 should be given medication or any other kind of (non-emergency) medical intervention without his or her parent/carer's or carer's written consent.

### **Non-Prescription Medication**

- Some children have creams and lotions that are not prescribed by doctors, nurses or pharmacists for long term skin conditions. These will also need specific prior written permission from the parent/carers. Parent /carers will need to complete the form giving permission and information supplied by the school
- If a child suffers regularly from acute pain, such as migraine, the parent/carers should authorise and supply appropriate painkillers for their child's use, with written instructions about when the child should take medication. .

### **Infectious conditions:**

- Government Guidance on Infection Control in Schools and other Child Care Settings gives guidance on the most common infectious diseases and the recommended periods for which children should be kept away from school or nursery.

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

### **Self-Management**

It is good practice to allow children who can be trusted to do so, to manage their own medication from a relatively early age and schools should encourage this. If children can take their medicine themselves, staff may only need to supervise this. Written parent/carer consent is always required.

### **Refusing Medication**

If children refuse to take essential medication, school or nursery staff should not force them to do so, but should note this in the records. The school or nursery should inform the child's parent/carer of the refusal on the same day. If necessary, the school or nursery should follow agreed emergency procedures.

### **Record Keeping**

Parent/carers are responsible for supplying information about medicines that their child needs to take at school or nursery, and for letting the school/nursery know of any changes to the prescription or the support needed. The parent/carer or doctor should provide written details including:

- Name of child, address and date of birth
- Name of medication
- Dose
- Method of administration
- Time and frequency of administration
- Other treatment
- Any side effects
- Expiry date

Staff should check that any details provided by parent/carers are consistent with the instructions on the container. Keeping records offers protection to staff and proof that they have followed agreed procedures. Staff will complete and sign a record each time they give medicine to a child.

### **Dealing with Medicines Safely**

Some medicines may be harmful to anyone for whom they are not prescribed. Where a school or nursery agrees to administer this type of medicine, the employer has a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

### **Access to Medication**

When the school/nursery stores medicines, staff should ensure that the supplied container is labelled with the name of the child, the name and dose of the drug and the frequency of administration. Non-Health Care Staff should never transfer medicines from their original containers.

The Headteacher is responsible for making sure that medicines are stored safely. Children should know where their own medication is stored and who holds the key.

A few medicines, such as asthma inhalers and epi pens, must be readily available to children and must not be locked away. Many schools allow children to carry their own inhalers. Other medicines are kept

in a secure place not accessible to children. This is in the cabinet in the Office or in the fridge in the User's Kitchen.

Due thought and consideration should take place before the school/nursery locks away medication that a child might need in an emergency.

All staff should know where to obtain keys to the medicine cabinet and be aware of the policy and procedures for locked medicines relevant to their work area.

Some medicines need to be refrigerated. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Medicines are stored in the Users' Kitchen fridge within school.

### **Disposal of Medicines**

School staff should not dispose of medicines. Parent/carers should collect medicines held at school or nursery at the end of each term. Parent/carers are responsible for disposal of date-expired medicines. If parent/carers do not collect all medicines they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parent/carers on prescription from the child's GP or Paediatrician. Parents will arrange the disposal of sharps when the box is full.

### **Hygiene and Infection Control**

All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

### **Emergency Procedures**

As part of general risk management processes, all schools and nurseries should have arrangements in place for dealing with emergency situations. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent/carer arrives. Health Professionals are responsible for any decisions on medical treatment when parent/carers are not available.

Individual Healthcare Plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground, a Lunchtime Supervisor would need to be very clear of their role.

## *Long Term Medical Needs – Healthcare Plans*

- *It is important for the school/nursery to have sufficient information about the medical condition of any child with long term medical needs. The school/nursery needs to know about any medical needs before a child starts school or nursery, or when a child develops a condition. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. A written Healthcare Plan which adopts a holistic approach detailing all aspects of the child's condition as well as the medicines and support required, may be completed for such children, involving the parent/carers and relevant Health Professionals.*
- *Where a Community Children's Nurse or School Nursing Service provides training, Healthcare Plans will be drawn up by that nurse relevant to the condition, in consultation with school, parent/carers and child.*

### *Drawing up a Healthcare Plan for a Child with Medical Needs*

*The main purpose of an Individual Healthcare Plan for a child with medical needs is to identify the level of support that is needed at school or nursery. A written agreement with parent/carers clarifies for staff, parent/carers and the child the help that the school or nursery can provide and receive.*

*We agree with parent/carers how often they should jointly review the Healthcare Plan. It should happen at least once a year.*

*Each Healthcare Plan will contain different levels of detail according to the needs of the individual child. We may use one provided by a Healthcare Professional or use our own template. Those who may need to contribute to a Healthcare Plan are:*

- *The Headteacher or SENCo*
- *The Parent/carer or guardian*
- *The child*
- *Class Teacher*
- *Support Staff (if applicable)*
- *School Staff who have agreed to administer medication or be trained in emergency procedures*
- *SEN Support Services as appropriate*
- *The School Health Service, the child's GP or other Healthcare Professionals (depending on the level of support the child needs)*

*A Healthcare Plan should include:*

- *Details of a child's condition*
- *Special requirements e.g. dietary needs, pre-activity precautions*
- *Procedures that should be carried out*
- *Medication and any side effects*
- *What constitutes an emergency*

- What to do, and who to contact in an emergency
- The use, storage and maintenance of any equipment
- Arrangements for reviewing the plan
- Risk assessments and safe system of work

### *Training of school and nursery staff in medical procedures*

*In supporting children with long-term health needs there are a number of clinical procedures which school and nursery staff may be trained to undertake:*

- *Diabetes monitoring and care*
- *The administration of emergency medication (e.g. epilepsy)*
- *The use of equipment to assist breathing*
- *The administration of oxygen to children*
- *Procedures in the event of anaphylactic shock and the use of an adrenalin device such as an EpiPen*
- *Gastrostomy and nasogastric tube care*

*This is not an exhaustive list.*

*Such training will be provided by an appropriate Health Professional, often a Community Children's Nurse or nurse specialist. It may be very appropriate for parent/carers and the young person themselves where they are able, to contribute to the training but **they must be supported in this by an appropriate Health Professional.***

*The School and Nursery need to make appropriate provision:*

- *In order to ensure that key staff are trained to an appropriate level*
- *to ensure the safety and well-being of the child or young person*
- *To ensure that staff who receive training and become responsible for the delivery of medical care are confident in the care they provide and are suitably indemnified by insurance.*
- *To maintain a consistent team to support the child or young person's medical needs, introducing new staff and changing staff **only when it is identified as being in the child's own best interests.***
- *To ensure that the child is not dependent on one person who is trained to meet their medical needs, but to identify a small team who can work flexibly and interchangeably.*

*To ensure this, the SENCo must:*

- *Liaise with the School's Medical Team, health care staff, children's community nurses and/or school health advisors, as appropriate.*
- *With guidance from the healthcare professionals agree a training plan, outlining how much time will be required and providing a suitable place where training can happen, free from interruptions and where confidentiality can be maintained.*

- Facilitate the training to take place, ensuring that all key staff are released from other duties and have sufficient time to take on training from health care staff. **It is not appropriate for school or nursery staff to train one another or cascade training.**
- Ensure that care plans are reviewed and refreshed with the involvement of healthcare professionals at agreed intervals (at least once a year) but also whenever circumstances change and new advice may be needed.
- Give support to those staff who are being trained so that they understand their own roles and responsibilities –
  1. To follow guidelines and procedures and to consult appropriately with healthcare professionals if circumstances change and they feel they need further training.
  2. To identify their own need for further training, updates or refreshers.

### **The Legal Framework**

- SEN and Disability Act 2001.
- Health and Safety at Work etc Act 1974.
- The Management of Health and Safety at Work Regulations 1999.
- Control of Substances Hazardous to Health Regulations 2002.
- Misuse of Drugs Act 1971 and associated regulations.
- Medicines Act 1968.
- The Education (School Premises) Regulations 1999.
- The Education (Independent Schools Standards) (England) Regulations 2003.
- National Standards for under 8s day care and childminding – Premises.
- Special Education Needs – Education Act 1996.
- Care Standards Act 2000.
- The Equality Act 2010.

*This policy should be reviewed yearly by the Health and Safety governors and recommended to the full governing body.*

Appendix 1:

Healthcare Plan for Child with Long Term Medical Needs

Name of child .....

Address.....

.....

.....

Date of Birth.....

Condition.....

Date.....

Review Date.....

GP Surgery.....

Class .....

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**CONTACT INFORMATION**

Family contact 1 Name..... Phone .....

Family Contact 2 Name..... Phone .....

Clinic/Hospital/GP Contact

Name.....

Phone No.....

Describe condition and give details of child's individual symptoms:

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Daily care requirements:

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Describe what constitutes an emergency for the child and the action to be taken if this occurs:

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.....

Follow up care: .....

.....  
.....

Who is responsible in an emergency (state if different on off site activities):

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.....

Additional information re: child/young person's wishes regarding their care:

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.....

Additional information re: parent/carer's wishes:

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.....

Form circulated to: Admin Team/Child File; Class Teacher and Support Staff or Nursery staff  
SENCO; School Nurse; Parent/carers

Date:

Review:

Appendix 2

# Knights Templar Community Church School & Nursery

"Be the best you can be with a zest for living, a thirst for learning and a spirit of kindness."

Headteacher: Mr David Frowde B.Ed, NPQH



## Parent/Carer agreement for School/nursery to administer medication

The School/Nursery will not give your child medicine unless you complete and sign this form (staff can complete this on behalf of a parent/carer across the phone if necessary)

**All medicines must be in the original container as dispensed by the Pharmacy**

Name of child: ..... Class: ..... Date of Birth: .....

Medical Condition/illness: .....

### Medicine

Name of medicine (as described on container): .....

Date dispensed: ..... Expiry Date: .....

Dosage and Method: .....

Dates and Times: .....

Are there any side effects that the school/nursery needs to be aware of? .....

Procedure to take in an emergency: .....

### Contact Details

Name: ..... Relationship to child: ..... Contact Number: .....

I understand that I must deliver the medicine personally to the school/nursery office and accept this is a service that the school/nursery is not obliged to undertake.

I understand that I must notify the school/nursery of any changes in writing.

Signed: ..... Date: .....

### For School Use Only:

I agree that the above named child will receive the above named medicine under supervision from a first aid trained member of staff at the dates/times mentioned above.

Signed (Head/Deputy Head Teacher) ..... Date: .....



## *Checklist for Schools with Children/Young People on Medication and/or in Receipt of Nursing Procedures*

*Please tick or indicate not applicable*

<ul style="list-style-type: none"> <li>• <i>Identify person responsible for co-ordinating, monitoring and liaising with health service professionals and support services</i></li> <li>• <i>Identify person/persons in school who will be responsible for co-ordinating the administration of medication.</i></li> <li>• <i>Send out form "Request for schools to administer medication" to parent/carers</i></li> <li>• <i>Complete Healthcare Plan (if appropriate)</i></li> <li>• <i>Identify a safe and lockable central store for medication.</i></li> <li>• <i>Establish a system which records the handover and any return of medication</i></li> <li>• <i>Establish a system which records medication administered in school</i></li> <li>• <i>Establish a system which records nursing procedures training in school</i></li> <li>• <i>Establish a system whereby members of staff can regularly feed back to the co-ordinator details of any effects associated with the medication.</i></li> <li>• <i>Establish a system for responsible person to regularly feedback to:</i> <ul style="list-style-type: none"> <li>○ <i>GP/Paediatrician/Paediatric Psychiatrist</i></li> <li>○ <i>Support Services (Educational Psychologist, Specialist Advisory Teachers who support Learning, Behaviour, Sensory or Physical needs)</i></li> <li>○ <i>Parent/carers</i></li> </ul> </li> <li>• <i>Ensure involved staff have regard to Child Protection Policy and procedures (e.g. carrying out invasive techniques)</i></li> </ul>	
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| <ul style="list-style-type: none"><li>• Where an emergency procedure is a possibility to set up a record of the procedure as soon as the possibility is known</li><li>• Review procedures on change of class/TA/school</li></ul> |  |
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