



Fitzjohn's Primary School

Policy for the Care of Children with Medical Conditions

Reviewed: September 2024

Date for review: September 2025

Policy for the Care of Children with Medical Conditions

Mission Statement: To provide an environment where every child can succeed.

Children with Medical Conditions

Children with medical needs have the same rights to education as other children. Most children's medical needs will be short term but a small number will have long term needs, which will also be accommodated by school staff.

Where children are unwell and not fit to be in school, and where they are still suffering from an infection which may be passed to others, children should remain at home to be cared for and looked after.

The school is committed to ensuring that children may return to school as soon as possible after an illness, (subject to the health and safety of the school community) and that children with chronic health needs are supported at school.

This policy statement sets out clearly a sound basis for ensuring that children with medical needs receive proper care and support in school.

Children should be kept at home if they are unwell or suffering from an infection (in accordance with Health Protection Agency Guidance) and should only return to school when they are fit and well.

However, many pupils need to attend school while taking prescribed medicines either because they are:

- Suffering from chronic illness or allergy; or
- Recovering from a short-term illness and are undergoing or completing a course of treatment using prescribed medicines accompanied by an authorised letter from the GP or Hospital.

To help avoid unnecessary taking of medicines at school, parents/guardians should:

Be aware that a three times daily dosage can usually be spaced evenly throughout the day and does not necessarily have to be taken at lunchtime: and

Ask the family doctor if it is possible to adjust the medication to avoid school time doses.

Aims and Objectives of the Policy:

- To support regular attendance of all pupils.
- To ensure staff understand their roles and responsibilities in administering medicines.
- To ensure parents understand their responsibilities in respect of their children's medical needs.
- To ensure medicines are stored and administered safely.

Section 100 of the Children and Families Act places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

This policy will outline how the school meets its duty by paying regard to the DFE guidance in 'Supporting pupils at school with medical conditions.' (April 2014)

Key points outlined in the guidance state:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

The Deputy Head and Inclusion Manager, Deborah Moss, has overall responsibility for ensuring this policy is developed, reviewed and implemented effectively.

The School Admin Officer, Linda Reed, is responsible for maintaining and updating relevant documents and sharing information with all necessary staff.

The Headteacher/Deputy Head, will ensure all staff are suitably trained and carry out risk assessments for all out of school activities, including consideration of children with medical needs.

Procedure for informing the school about children's medical conditions and medication.

1. Parents/carers must inform the office of their child's medical condition and/or medication as soon as possible once a place at the school has been accepted or a child has been diagnosed with a new medical condition.
2. The school will provide the parent with an 'Individual Healthcare Plan' (IHP) or 'Parental agreement for setting to administer medicine' form to complete. (Appendix A and Appendix B)
3. Parents must return the completed forms before any medicine or medical care can be administered in school.
4. Copies of these forms will be kept in the office and in class and the information will be shared with all relevant adults.
5. All medicines must be clearly labelled by a pharmacist with the child's name, dose, when it is to be given, i.e before lunch or after, date of issue, expiry date and how it should be stored.
6. Where the need for medication is long term, any change made should be reported to the office as soon as possible. Any new medication should be bought in immediately and the old medicine should then be taken away. (Pharmacists will destroy unused medicines);

7. A GP/consultant letter should be provided along with the 'Individual Healthcare Plan' for any medicines that need to be administered for over 2 weeks.
8. Some children may be responsible enough to administer their own medication, under appropriate supervision eg asthma inhalers. This will be arranged through discussion with their parents and reflected in their 'Individual Healthcare Plans'. In this instance, they may keep their medicine in a designated safe place in the classroom.
9. A record is kept when any medicine has been administered.
- 10.

Procedure for administering medicine:

Medicines will only be administered in school when it would be detrimental to a child's health or school attendance not to do so.

As far as possible, all medicines should be administered by parents out of school hours. To help avoid unnecessary taking of medicines at school, parents/guardians should be aware that a three times daily dosage can usually be spaced evenly throughout the day and does not necessarily have to be taken at lunchtime.

Parents should ask their GP if it is possible to adjust any medication to avoid school time doses.

All staff who administer medication will receive appropriate information and/or training for specified treatment. In most instances this will not involve more than would be expected of a parent or adult who gives medicine to a child.

Staff are expected to do what is reasonable and practical to support the inclusion of all pupils. This will include administering medicines or supervising children in self-administration. However, as they have no legal or contractual duty, staff may be asked, but cannot be directed, to do so.

The School Admin Officer is usually the adult responsible for administering and safety storing medicine.

Anyone who will be administering medicine will receive a copy of these policy guidelines.

Non-prescription medicines may be administered in school following the approval of the School Admin Officer and will be administered following the guidance below.

All staff administering medicine should:

1. Read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication.
2. Confirm the dosage/frequency on each occasion, and consult the administration of medicine record form to ensure there will be no double dosing;
3. Be aware of symptoms which may require emergency action, e.g. those listed on an

individual treatment plan where one exists;

4. Know the emergency action plan and ways of summoning help/assistance from the emergency services.
5. Check that the medication belongs to the named pupil and is within the expiry date.
6. Understand and take appropriate hygiene precautions to minimise the risk of cross contamination.
7. Ensure that all medicines are returned for safe storage.

Record keeping and administration for Children with Medical Conditions:

The School Admin Officer is responsible for maintaining accurate and up-to-date information about Children with Medical Conditions and sharing the information with all necessary staff.

The School Admin Officer should:

1. Check Admissions forms to ascertain whether a child has a medical condition and provide the parents/carers with the appropriate forms to complete.
2. Check the forms are completed with sufficient and relevant information. Discuss specific arrangements with parents/carers eg child administering their own medicine.
3. Give a copy of any forms to the class teacher. Keep a copy in the office file.
4. Inform supply teachers of 'Children with Medical Needs' for the children they are working with that day.
5. Update the 'Children's Medical Needs' database, including photos and display copies in the staffroom, hall, office, medical room and all classrooms.
6. On receipt of any medicine, check that it is labelled, in the original container as dispensed by a pharmacist with instructions for administration dosage and storage.
7. Store all medicines safely in the office or staff room fridge.
8. Ensure all medicines are collected from classrooms at the end of the school year and sent home. Epi-pens can remain in school, in a safe place in the office over the summer holiday as long as they are in date.
9. Remind parents/carers to bring in any medicine at the start of the school year and provide the school with any updates needed for their child's 'Individual Healthcare Plans'.

Training for staff

The school ensures that all staff have up-to-date basic first aid training. ie every 3 years. Additionally at least one member of staff in each of the Foundation Stage classes has paediatric first aid training.

Where additional training is required to support a pupil with medical needs, the school will liaise with parents and healthcare professionals to discover the most appropriate training provider, and ensure those who need to access the training are able to do so.

New staff will be provided with a copy of this policy so they are aware of their role with regards to children with medical needs.

Managing medicines on school trips

On school visits the teacher is responsible for taking any medication needed by the pupils in the class (e.g. asthma inhalers, Epipen, eczema cream etc) with them and a first aid bag

On a trip the class teacher or support staff may agree to take temporary responsibility for administering medicines e.g. antibiotics following the above procedures.

Emergency procedures

1. All staff understand and are trained in the school's general emergency procedures.
 2. All staff receive training on what to do in medical emergencies relating to the most common serious medical conditions at this school. This training is regularly refreshed.
 3. Every Individual Healthcare Plan (IHP) includes explanation of what help that child needs in an emergency, and all relevant staff will be trained to provide that help.
 4. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives or accompany the children in the ambulance to the hospital.
 5. If an emergency occurs off-site, for example on a school trip, the class teacher or journey leader should remain with the majority of the pupils while support staff go to the hospital with the injured or sick pupil(s).
 6. The school reviews all medical emergency incidents to see if they could have been avoided or prevented, and makes changes to policy and practice according to these reviews
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Appendix A : Individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix B: Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I

will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials
