



## St Augustine's Catholic Primary School

### Supporting Pupils with Medical Conditions Policy

*The Governors of St Augustine's Catholic Primary School are committed to safeguarding and promoting the welfare of children and young people and engage with staff in policy and practice developments and proactively encourages feedback.*

Recommended by the Community Committee on .....

Signed Chair of Community Committee .....

Agreed by Governing body on .....

Signed Chair of Governors .....

*This policy is written in line with the requirements of:-*

Children and Families Act 2014 - section 100

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014

0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

## **Definitions of medical Conditions**

Pupils' medical needs may be broadly summarised as being of two types:-

**Short-term** affecting their participation at school because they are on a course of medication

**Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement/Education Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy. The personal care management plan will become part of the EHCP.

## **Policy implementation**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing Body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to Mrs J Warren Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

Mr J Crozier, Deputy Head, will be responsible for briefing supply teachers, overseeing risk assessments for school visits and other school activities outside of the normal timetable.

Mrs J Taylor, Inclusion leader will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review a personal care management plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post. Office staff are responsible for producing and maintaining a list of known medical conditions for each class and issuing it to relevant staff.

## **Procedure to be followed when notification is received that a pupil has a medical condition**

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon re-integration after a period of absence or when pupils' needs change. For children being admitted to St Augustine's Catholic Primary School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to St Augustine's school mid-term, every effort will be made to ensure that arrangements are put in place as soon as possible.

The school will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to enable pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending because arrangements for supporting their medical condition have not been made. However, in line with safeguarding duties, the school will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. Therefore the school will not accept a child in school at times where it would be detrimental to the health of that child or others.

### **Personal care management plans**

Personal care management plans will help to ensure that St Augustine's Catholic Primary School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher, Mrs J Warren, is best placed to take a final view.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual personal care management plans (and their review) should be drawn up by the school in partnership with parents/carers and a healthcare professional if appropriate. The aim should be to capture the steps which St Augustine's Catholic Primary School should take to help manage their condition and overcome any potential barriers to getting the most from their education. St Augustine's Catholic Primary School will ensure that individual personal care management plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that St Augustine's Catholic Primary School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, the school will work with the local authority and education provider to ensure that the personal care management plan identifies the support the

child will need to re-integrate effectively.

Appendix 1a provides a basic template for the personal care management plan which may be varied to suit the specific needs of each pupil.

### **Staff training and support**

The following staff (at time of policy) have received general training

School first aiders (full certificate) and date certificate valid until:

|                     |                    |              |
|---------------------|--------------------|--------------|
| Mrs Jackie Warren   | Headteacher        | January 2018 |
| Mrs Tami Berry      | Teaching Assistant | January 2018 |
| Mrs Caroline Archer | Teaching Assistant | July 2016    |
| Mrs Jackie Asindi   | Teaching Assistant | July 2016    |
| Mrs Linda Hampson   | Teaching Assistant | July 2016    |

Paediatric First Aider and date trained:

|                |                    |                |
|----------------|--------------------|----------------|
| Mrs Emma Green | Teaching Assistant | September 2017 |
|----------------|--------------------|----------------|

Named people for administering medicines:

Mrs Jackie Warren  
Mr Jonathon Crozier  
Mrs Judith Taylor  
Miss Naomie Barclay  
Mrs Melanie Martin

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professionals qualified to do so.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Mrs J Warren, Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

## SECTIONS

1. Managing medicines during the school day
2. Managing medicines on trips and outings
3. Roles and responsibilities of staff supervising the administration of medicines
4. Children's medical needs - Parental responsibilities
5. Parents' written agreement
6. School policy - Supporting children with complex or long-term health needs
7. Policy on children taking and carrying their own medicines
8. Advice and Guidance to staff
9. Record keeping
10. Storing medicines
11. Emergency procedures
12. Risk assessment and arrangement procedures (care plans)
13. Appendices

### 1. Managing medicines during the school day

Prescription medicines should only be taken during the school day when essential. **They must be in the original container including prescriber's instructions.**

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or;
- Provide two prescriptions - one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

Prescription and non-prescription medicines:

- All medicines must be handed in to the school office in their original container as dispensed by the pharmacist;
- A Record of Medicines Administered to an Individual Child Form (Appendix 3b) must be completed for audit and safety reasons;
- The school may only look after and administer the drug on behalf of the child if a Parental Agreement Form is signed and handed into the office (Appendix 3a);
- Named staff may administer such a drug for whom it has been prescribed, according to the instructions;
- The school will keep the drug safely either locked up with access only by named staff or, where refrigeration is needed, the fridge in the staffroom will be used;
- Prescription drugs should be returned to the parents when no longer required;
- Ritalin, a prescription drug known as a "controlled drug" needs to be kept in a more secure environment than suggested above e.g. in a cupboard attached to a structural wall.

### 2. Managing medicines on trips and outings

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment considering parental and medical advice. This will allow reasonable adjustments to be made.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans (where they exist) will be taken by the responsible

person.

## **PE / Sports**

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

### **3. Roles and responsibilities of staff managing or supervising the administration of medicines**

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Advice and guidance will be provided by the Schools Nursing Service, when needed, to carry out the actions in a care plan. Where a condition is potentially life-threatening all staff will need to be aware what action to take.

Specific advice and support from the Schools Nursing Service will be given to staff who agree to accept responsibility, as delegated by the Headteacher, for administering medicines and carrying out procedures.

When all planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

### **4. Children's medical needs – parental responsibilities**

The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Looked after Children) so that information is shared and the care plan reflects all information.

The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals.

The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements, in all cases Parents know their child best. They should sign the appropriate agreement forms for the administration of medicines (see Appendix 3a).

### **4. Parents' written agreement**

The attached form (Appendix 3a) is to be completed and signed by the parents for the administration of medicines to their child.

It is the responsibility of parents to ensure that medicines sent to school are 'in date'. If new supplies are needed it is the responsibility of the parents to supply medication as needed.

Children may be sent home if their medication is out of date and the school feels that they are at risk.

## **6. Supporting children with complex or long-term health needs**

The school will aim to minimise any disruption to the child's education as far as possible, calling on the Health Needs Education Service for support and advice as needed, on the impact on learning and supportive strategies.

The school will carry out a risk assessment and complete a care plan, with the agreement of parents, and advice from health professionals (Appendix 2).

The school will call on the School Health Service to deliver advice and support and receive appropriate documented training on procedures such as tube feeding or managing tracheotomies.

Where school staff carry out glucose monitoring, records will be kept with parents and specialist nurses advice.

## **7. Policy on children taking and carrying their own medicines**

When administered by staff, drugs will be kept in a locked secure place and only Mrs Warren, Mr Crozier, Mrs Taylor and Miss Barclay will have access. When drugs are administered, the school will keep records (Appendix 3b).

Epipens need to be kept with or near the pupils who need them.

Where pupils have their insulin administered by staff then records will need to be kept. Asthma medication to be kept in or near children's classrooms until children can use it independently. It must be taken on school trips (see Appendix 4).

## **8. Advice and Guidance to Staff**

The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The Health Service;
- The Health Needs Education Service;
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning);
- Any other appropriate medical specialists.

## **9. Record keeping**

### **Appendices**

- 1a. Personal Care Management / Emergency Plan (translate when taken abroad on school trips);
- 1b. Contacting Emergency Services (translate when taken abroad on school trips);
2. Risk assessment forms;
- 3a. Parental agreement for the administration of medicines;
- 3b. Record of medicines administered to an individual child;
5. Asthma Appendix – sample letters to parents.

These forms can be amended to fit individual circumstances with the advice of relevant nursing staff and therapy colleagues.

NB All risk assessments and care plans must be updated at least annually or when needed by a change in a pupil's condition.

## **11. Storing medicines**

The school will keep medicines in a locked secure place, (not asthma pumps or epipens) with access only by Mrs Warren, Mr Crozier, Mrs Taylor and Miss Barclay. Where refrigeration is needed, the fridge in the staffroom will be used.

## **12. Emergency procedures**

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties.

All staff will be made aware of the plans in order to discharge their common law 'duty of care' should the need arise.

## **13. Risk assessment and arrangement procedures (Care Plans)**

Where a pupil has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed (Appendix 1, 2 and 3).

### **Related Documents**

- Including Me by Jeanne Carlin;
- Managing Complex Health Needs in Schools and Early Years settings;
- Department of Education and Skills Council for Disabled Children ISBN 1-904787-60-6;
- Managing Medicines in Schools and Early Years Settings;
- Department for Education and Skills/Department of Health March 2005 ISBN 1-844178-459-2;
- Health and Safety Commission "Principles of Sensible Risk Management" 2006 [www.hse.gov.uk](http://www.hse.gov.uk);
- "Medical Conditions at School" Produced by the Anaphylaxis Campaign, Asthma UK, and Epilepsy Action;
- "Medical Conditions Awareness Sessions" A school healthcare professionals resource. Produced by the Anaphylaxis Campaign, Asthma UK, Cystic Fibrosis Trust, Diabetes UK and Epilepsy Action.

**St Augustine's Catholic Primary School**  
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Appendix 1a

PERSONAL CARE MANAGEMENT PLAN

Pupil Name:

Date of Birth:

Medical condition:

**Description of signs and symptoms:**

|  |
|--|
|  |
|--|

**Details of regular assistance required:**

|  |
|--|
|  |
|--|

**What is an emergency for this pupil and what actions should be taken.**

|  |
|--|
|  |
|--|

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Appendix 1a

PERSONAL CARE MANAGEMENT PLAN

| <b>Facilities and equipment:(clarify responsibility for the provision of supplies e.g. parent/school/others</b> | <b>Responsibility</b> |
|---|-----------------------|
|   |                       |

**Training Needs: (individual staff must keep signed/dated records of training received in addition to school held records. A record should be completed when training has been delivered and kept as part of the care plan)**

**Arrangements for trips/transport:**

**Procedures for monitoring and complaints: (including notification of changing needs by any relevant party)**

**Plan to be reviewed annually or more often if felt necessary.**

**Parent to be made aware of any difficulties in school.**

**Any complaints to be made to class teacher, SENCO or Headteacher.**

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 Appendix 1a

PERSONAL CARE MANAGEMENT PLAN

**Parent and School Agreement**  
 To the best of our knowledge the above information is correct. The staff, in agreement, will do their best to support and care for ..... 's medical and emergency needs.

| <b>Name</b> | <b>Role</b>          | <b>Signature</b> | <b>Time Plan</b> | <b>Date</b> |
|-------------|----------------------|------------------|------------------|-------------|
|             | <b>Parent</b>        |                  |                  |             |
|             | <b>Class Teacher</b> |                  |                  |             |
|             | <b>TA</b>            |                  |                  |             |
|             | <b>TA</b>            |                  |                  |             |
|             | <b>TA</b>            |                  |                  |             |
|             | <b>SENCO</b>         |                  |                  |             |

A copy of the Contact Sheet should be attached to this document.

**Date for review:**

This form is to be kept by the telephone

## CONTACTING EMERGENCY SERVICES

To request an ambulance:

Dial 999 and be ready with the following information:

1. 01892 529796

2. Wilman Road  
Tunbridge Wells  
Kent

3. TN4 9AL

4. Exact location - Powdermill Lane end of Wilman Road

5. Your name

6. Child's name and brief description

7. Where the ambulance crew will be met and taken to child  
- Front entrance then through school, playground or field



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 Appendix 2

**Risk Assessment Form**

**CONTACT DETAILS**

Name of person completing the form : \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year Group: \_\_\_\_\_ School: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

| List significant hazards | Who is at risk? | Existing controls | List additional controls needed | By Whom (e.g. Parent, School, Doctor) |
|--------------------------|-----------------|-------------------|---------------------------------|---------------------------------------|
|                          |                 |                   |                                 |                                       |
|                          |                 |                   |                                 |                                       |
|                          |                 |                   |                                 |                                       |
|                          |                 |                   |                                 |                                       |
|                          |                 |                   |                                 |                                       |
|                          |                 |                   |                                 |                                       |
|                          |                 |                   |                                 |                                       |
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|                          |                 |                   |                                 |                                       |
|                          |                 |                   |                                 |                                       |

**St Augustine's Catholic Primary School**  
**Supporting Pupils with Medical Conditions Policy**  
Appendix 3a

**Parental agreement for the administration of medicines**

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

Date: \_\_\_\_\_ Childs Name: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_ Yr Group & Class: \_\_\_\_\_ DOB: \_\_\_\_\_

Condition / Illness: \_\_\_\_\_

Name and Strength of Medicine: \_\_\_\_\_

Where Medicine Kept: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Expiry date: \_\_\_\_\_

How much (dose) to give: \_\_\_\_\_ Date of Provision: \_\_\_\_\_

When to give it: \_\_\_\_\_

Number of tablets given to school: \_\_\_\_\_

**Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST.  
STUDENTS SHOULD NOT SELF ADMINISTER**

Agreed review date: \_\_\_\_\_

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school / setting staff, to administer the 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.

Parent/Guardian signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**St Augustine's Catholic Primary School**  
**Supporting Pupils with Medical Conditions Policy**  
 Appendix 3b

**Record of medicines administered to an individual child**

|                          |     |     |     |
|--------------------------|-----|-----|-----|
| <b>Date</b>              | / / | / / | / / |
| <b>Time given</b>        |     |     |     |
| <b>Dose given</b>        |     |     |     |
| <b>Medicine name</b>     |     |     |     |
| <b>Staff member name</b> |     |     |     |

|                          |     |     |     |
|--------------------------|-----|-----|-----|
| <b>Date</b>              | / / | / / | / / |
| <b>Time given</b>        |     |     |     |
| <b>Dose given</b>        |     |     |     |
| <b>Medicine name</b>     |     |     |     |
| <b>Staff member name</b> |     |     |     |

|                          |     |     |     |
|--------------------------|-----|-----|-----|
| <b>Date</b>              | / / | / / | / / |
| <b>Time given</b>        |     |     |     |
| <b>Dose given</b>        |     |     |     |
| <b>Medicine name</b>     |     |     |     |
| <b>Staff member name</b> |     |     |     |

|                          |     |     |     |
|--------------------------|-----|-----|-----|
| <b>Date</b>              | / / | / / | / / |
| <b>Time given</b>        |     |     |     |
| <b>Dose given</b>        |     |     |     |
| <b>Medicine name</b>     |     |     |     |
| <b>Staff member name</b> |     |     |     |

|                          |     |     |     |
|--------------------------|-----|-----|-----|
| <b>Date</b>              | / / | / / | / / |
| <b>Time given</b>        |     |     |     |
| <b>Dose given</b>        |     |     |     |
| <b>Medicine name</b>     |     |     |     |
| <b>Staff member name</b> |     |     |     |

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Appendix 4

**Asthma Pumps in School**

Dear Parent or carer,

Your child \_\_\_\_\_ has an asthma pump in school.

I am writing to inform you of the School's guidelines with regard to asthma pumps in school.

1. All asthma pumps will be kept in an asthma box, of which there is one in every classroom;
2. All asthma pumps will be named;
3. With the pump there will be written evidence of the frequency of usage necessary for each individual child. This is to ensure that if a child appears to need their pump rather too frequently, then the parent can be informed;
4. We strongly encourage independence so your child will not be restricted from using their pump during the course of the school day, but it is considered courteous to make the normal requests of the teacher first;
5. If the child needs their pump during breaktimes, a request to a member of staff must be made first before entering the building. If the child always needs their pump during lunchtime, then the child can give it to a Midday Supervisor for safekeeping. It will be the child's responsibility to ensure the Midday Supervisor is given it, to take back to class following lunch.

If you wish to see the School Medical Policy, please make a request to the school office.

Would you please sign and return the slip below indicating either your agreement or your wish not to keep the pump in the care of the teacher or other staff, thereby taking full responsibility yourself.

Yours sincerely

Headteacher

**Asthma Pumps**

Please tick as appropriate

{ } I agree and accept the above guidelines regarding asthma pumps in school

Signed \_\_\_\_\_ Parent/Guardian

Date \_\_\_\_\_ Child's name \_\_\_\_\_