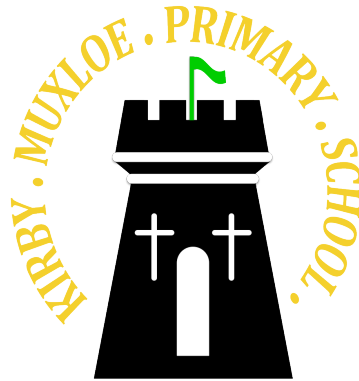


Kirby Muxloe Primary School



Supporting Children with Medical Needs Policy 2025

Status: Statutory

Date adopted by Trust Board: February 2025

Date for review: Spring 2028

Kirby Muxloe Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full-time curriculum or as much as their medical condition allows. We ensure children at school with medical conditions are properly supported so they can play a full and active role in school life, remain healthy and achieve their full potential.

Kirby Muxloe is an inclusive community that welcomes and supports all children, including those with medical conditions. We understand that children can experience long term, short term, chronic and acute illnesses and will provide for all children without exception or discrimination. This includes both physical and mental health conditions.

*** There is no legal duty which requires school staff to administer medication; this is a voluntary role, however school should take all reasonable steps to ensure a child can attend school without interruption to their education.** Staff who provide support for children with medical needs, or who volunteer to administer medication, should receive support from the headteacher and parent, access to information and training and reassurance about their legal liability. Staff should, whenever they feel it necessary, consult with their respective professional associations.

Role and Responsibilities

The Trust Board: -

The Trust Board has ultimate responsibility to make arrangements to support pupils with medical conditions. They will ensure that sufficient staff receive suitable training and are competent before they are responsible for supporting children with medical conditions.

Headteacher/ Assistant Head - Pastoral: -

- Has overall responsibility for the implementation of this policy.
- Should make sure all staff are aware of the policy and understand their role in its implementation.
- Should ensure all staff who need to know are aware of a particular child's medical condition.
- Should ensure sufficient staff are appropriately trained.
- Has overall responsibility for the development of Individual Health Care Plans (IHCP for short).

School Staff:

- Should take into account the needs of children with medical conditions that they teach, and make necessary adjustments to enable their medical needs to be managed successfully.
- Should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should receive appropriate training before giving prescription medicines or undertaking health care procedures.
- Should know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

Other healthcare professionals (including GP, paediatricians, nurse specialists/ community paediatric nurses):

- Should notify the school nurse and work jointly when a pupil has been identified as having a medical condition that will require support at school.
- May provide advice on developing a healthcare plan
- Specialist local health teams may be able to provide support in schools for pupils with specific conditions (e.g. asthmas, diabetes, epilepsy)
- Should ensure any prescribed medications, including dosages, are appropriately monitored and reviewed.

Pupils:

- Should be fully involved in discussions about their medical needs.
- Should contribute to their IHCP and agree to follow the plan, where possible.

Parents/Carers:

- Should provide the school with sufficient and up to date information about their child's medical needs
- Should be involved in the development and review of their child's individual healthcare plan
- Should carry out any action essential to its implementation (e.g. provide medicines and equipment and ensure that they or another nominated adult are always contactable).

School nurses and other healthcare professionals

Parents and/or the nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHCP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs.

Policy procedure:

When school is notified that a child has a medical condition, the responsible person, the Assistant Head (Pastoral) makes sure that:

- The child and parents meet with school staff to record relevant information
- An Individual Health Care Plan (IHCP) is completed within **two weeks** of this meeting.
- The admin staff email all school staff with the relevant medical information and the support being provided. A medical note is also added on the child's record on **Bromcom**.
- All relevant staff are given a copy of the IHCP and more specific details of the support to be given.
- Sufficient staff are suitably trained by the school nurse, online training or by other medical professionals.
- When the regular adult support is unavailable, arrangements are in place for other suitably trained staff to cover their absence (unless excessive absence makes this impossible).
- Supply teachers are briefed by the relevant class teacher. If the class teacher is not available then notes about children with medical needs will be left on the supply pack.
- Risk assessments for visits and activities outside of the normal timetable are carried out.
- The Individual Health Care Plan (IHCP) is monitored and reviewed with parents, the child and relevant school staff on an annual basis. Interim review meetings to be held when necessary.
- Transition arrangements between schools are carried out.
- Any changing medical needs are reflected in the IHCP which should be adjusted accordingly.

See Appendix 1 IHCP flowchart

Children who join the school at the start of the academic year should have all arrangements in place before the start date. **Children who join mid-year, or who receive a medical diagnosis mid-year**, should have arrangements in place as soon as possible, and no later than one month after notification of the medical needs.

Individual Health Care Plans (IHCP):

The headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to Sharon Jackson (Assistant Headteacher - Pastoral).

All children with a medical condition which requires medication or medical support in school should have an IHCP. The IHCP details the child's medical needs and the provision being made for those needs. They should be written with input from all relevant parties including parents, the child and other healthcare professionals where relevant. IHCPs should be reviewed at least annually or earlier if there is evidence that the child's needs have changed.

Where a child has SEN but does not have an EHCP, their special educational needs are mentioned in their IHCP.

The IHCP will cover the following: -

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, whether it is a controlled drug, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and any environmental issues (crowded corridors, travel time between lessons)
- specific support for the pupil's educational, social and emotional needs – for example how absences will be managed, requirements for extra time to complete SATs, rest periods or additional support in catching up with lessons
- the level of support needed, including emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring

- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the pupil's condition and the support required
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure that child can participate eg risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the pupil's conditions
- What to do in an emergency, including whom to contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

The school will keep a copy of the IHCP on CPOMs and it will be shared with all members of staff working closely with the child. All other staff are notified of their needs. The parents/carers, specialist nurse (where appropriate) and relevant healthcare services should hold a copy of the IHCP. Other school staff will be made aware of and have access to the IHCP for the pupils directly in their care.

Where appropriate, the child should be encouraged to manage their own medical needs and medicines as follows:

- where possible, the child will carry their own medicines where it could be a medical emergency (e.g severe allergy and been agreed staff and parents) or be able to access them quickly
- appropriate training and supervision will be given to help the child to be able to manage their own medical needs and medicines
- any decision about this will be made after discussion with parents and the child and will be reflected in the IHCP
- all the above points will be documented in the IHCP

If the parents, healthcare professionals and school staff agree that an IHCP is not required, a record of the child's medical condition and any implications for the child will be kept on Bromcom/CPOMs in the child's individual file.

Training:

Specific support and training needs will be identified through the Individual Health Care Plans (IHCP), together with who will provide the training. This will enable staff who support a pupil with a medical condition to understand the specific conditions, their implications, preventative and emergency procedures.

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 as set out in 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.

Training on administering medications/injections for specific medical conditions at the school will be carried out by healthcare professionals. The family of a child will often be key in providing relevant information to school staff, about how their child's needs can be met.

School will keep a record of medical conditions supported, training undertaken, and a list of teachers trained will be added to individual health care plans.

It is recognised that it is not a requirement to have specific training to administer non-prescribed medications such as pain relief or antihistamines.

Administering and managing medicines

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

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Parents need to complete **a medicine form** before any medication is administered by school staff
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

- Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should 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 must still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container.
- Non-Prescribed medication can only be administered in school where it is absolutely essential to the pupil's health and where it cannot be taken out of the schools' hours. Parents/carers will need to complete a medicines form prior to administration.
- All medicines should be stored safely. Children should 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 are kept in individually labelled boxes in the classroom. The box has a photograph of the child for clear identification. All are kept in a bag so that it is easily accessible to be taken out at break-times, lunchtimes and during PE.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- School staff will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted and reported to parents.

Oral Mixtures

A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Instructions on the medication label must be followed. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves. Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

Tablets/capsules

Pupils who need tablets usually take them before or after their meal according to their GP's instructions. They may however be needed at other times of the day.

Pupils should go to the school office and ask for their tablets from the appropriate member of staff.

Inhalers

Inhalers will be kept in individual classrooms in the classroom medical bag, unless there is a specific reason why this is not appropriate, which must be documented in the IHCP. When the pupil needs to take their inhaler, e.g. before a PE lesson, or at break time/lunchtime, the teacher should record this on their record. Where a child increases the number of times they need their inhaler, staff will be alerted to this by the record, and they are able to pass this information onto the parents, so that the 'preventer' inhaler dose can be checked by their GP.

Pupils are trained how to access and use their inhaler, and the importance of adult supervision. Pupils should be supervised when they take their inhaler. If they have any difficulty, the First Aider should be called to assist.

If parents request that their child keeps their inhaler with them during the day, the pupil must be reminded by the class teacher to record when a dose has been taken.

Emergency Salbutamol Inhalers

The school holds an emergency inhaler to be used by pupils who have been diagnosed with asthma and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler.

If there is an emergency, either for a pupil with diagnosed asthma, or for a pupil with no previous history of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received by parents/carers and full details of the advice given and dosage administered will be recorded on CPOMs.

An emergency kit is in place, kept in the school office, which includes: -

- a salbutamol metered dose inhaler
- at least two plastic spacers
- instructions on using the inhaler and spacer, together with cleaning/storage instructions

If a pupil has used the emergency inhaler, their parent/carer will be informed as soon as possible.

Emergency Medication for Anaphylactic Shock

Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an IHCP with an emergency action plan.

Where an adrenaline auto-injector has been prescribed, the pupil's parent/carer should ensure that in date adrenaline auto injectors (e.g. an Epi Pen) are kept in the school. If appropriate, the pupil may keep an auto injector on their person – refer to the section on Self-Management. If this is not appropriate, the auto injector should be kept safely in the pupil's classroom.

If a pupil is going into anaphylactic shock, the emergency services will be called immediately – see Emergency Procedures.

If there is an emergency where a pupil has no previous history or knowledge of having an allergy, but symptoms suggest anaphylactic shock is occurring, the emergency services will be called. The school should inform the emergency services that an emergency adrenaline auto-injector is in the school. If advised to do so by the emergency services, another pupil's auto-injector will be used even where consent has not been received by parents/carers and full details of the advice given and dosage administered will be recorded.

Emergency Adrenaline Auto-Injector

The school holds an emergency Adrenalin Auto-Injector to be used by pupils who have been diagnosed with asthma and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler.

The emergency Auto-Injector may be used for a pupil who does not have their own device, under the instruction from emergency services.

Injections

School staff will not give a pupil an injection unless staff have agreed and specific training to do so has been delivered. This training will be delivered by the Healthcare professional.

Ointments/creams

The school will only administer ointments/creams prescribed by healthcare professionals. All efforts should be made for the pupil's ointment/cream to be applied at home by parent/carers.

If it is a long-term prescription (i.e. more than 4 weeks), a Healthcare Plan should be provided by the pupil's healthcare professionals.

The pupil will be encouraged to apply the cream/ointment themselves, under supervision from a member of staff.

Eye, Nose and Ear Drops

The school will only administer ear, nose or eye drops prescribed by healthcare professionals. All efforts should be made for the pupil's ear, nose or eye drops to be applied at home by parent/carers. The drops should be administered, following the label's instructions by a member of staff. Good infection prevention practice should be adhered to, i.e. using a clean environment, with handwashing facilities immediately available.

Refusal to take medication:

If a pupil refuses to take their medication, staff should not force them to do so. If a prescribed condition critical medication/injection is refused, the School must take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.

If a pupil refuses to take a non-prescribed medication, parent/carers should be informed of the refusal on the same day.

If a refusal to take medication results in an emergency, the School's emergency procedures should be followed.

Controlled Drugs (CDs)

Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school. Controlled Drugs require additional safety controls for storage, administration and disposal, under the Misuse of Drugs Regulations 2001. The school should follow these to ensure that all legal requirements and best practice are adhered to.

A list of commonly encountered controlled drugs can be found at the following link:-

<https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>

Guidance on how a controlled drug is classified can be found at the following link:

<https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency#appendix-1-classifying-and-controlling-drugs>

An example of a medical condition that may require a controlled drug is ADHD, for which methylphenidate (Ritalin tm) may be prescribed.

Midazolam Buccal, which is a medication used for controlling seizures, is a Schedule 3 controlled drug, and does not require the same controls as other Schedule 1 and 2 controlled drugs under the legislation. However, it is best practice to store and control this medication in the same way as other controlled drugs.

When a controlled drug is prescribed, and has to be administered during school hours, a controlled medicines form needs to be completed first. Extra training requirements should be highlighted and undertaken for staff administering a controlled drug. Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers if needed.

The following requirements should be met, in line with the above legislation: -

- **storage:**
 - the medication should be in a locked storage unit.
 - named staff only should be allowed access to the medication.
 - A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.
- **administering:**
 - two members of staff should be present when the drug is to be administered, to double check the dose is correct.
 - One person will administer the dose, and the second person will witness its administration.
- **record keeping:**
 - a separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication. This register is to be kept for two years from the date of the last entry in the register so will be added to CPOMs after last entry.
 - if misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Headteacher and reported to the Police/Local Intelligence Network (LIN). Guidance on this should be sought from healthcare professionals.
- **Unused controlled drug:**
 - unused controlled drugs should be given back to the parent.

Day trips visits, residentials and sporting activities

- School will carry out the usual risk assessments for all school visits and school activities outside of the normal timetable including provision for children with medical conditions.
- Additional risk assessments regarding the participation of children with medical needs will also be carried out.
- Clear emergency procedures for all off-site situations should be in place for identified children with medical needs.
- School will be as flexible as possible in making reasonable adjustments so that children with medical conditions can take part in all activities eg adjustments to sleeping arrangements, food provision and adjustments to the planned programme of activities.
- Parents will be consulted at the planning stage to ensure the child's medical needs are met
- All risk assessments for trips will be overseen and approved by the Deputy Headteacher.

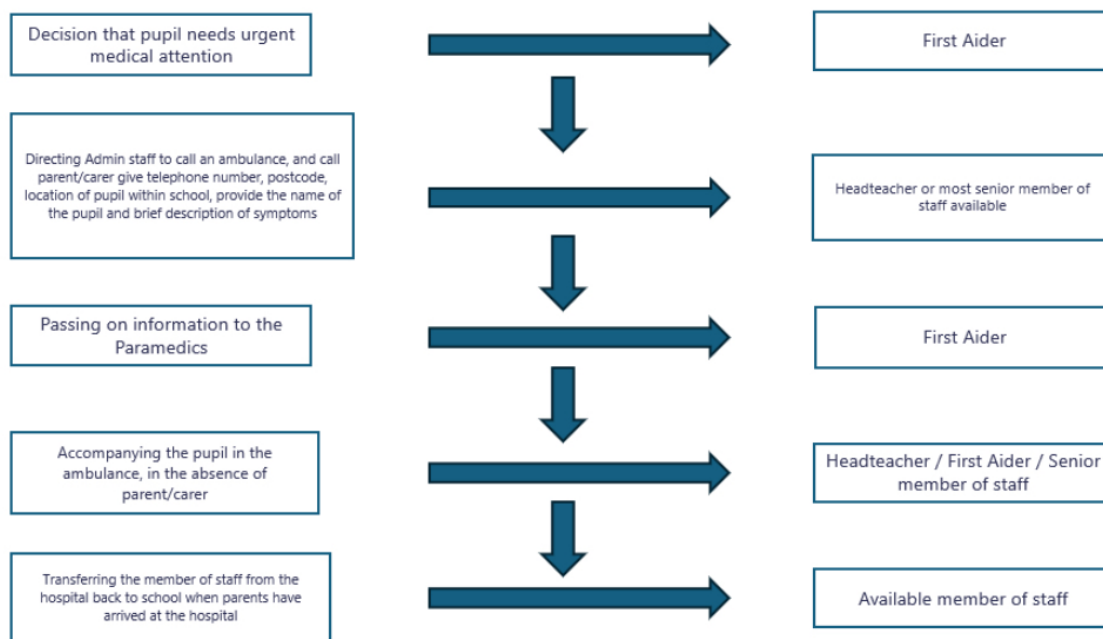
- Pupil's who require regular/prescribed pain relief that needs to be taken whilst on an outing/residential visit must bring in their own supply of the medication and parents must complete a separate medication consent form. All medication needed by the pupil for the visit will be held by the named person responsible for medication (detailed on school visit documentation).

Emergency Procedures

The flowchart follows Template F of the Department for Education statutory guidance.

Staff should not take pupils to hospital in their own vehicle, unless it is an emergency, which would ensure that the pupil receives quicker professional medical attention, by doing so. This must be assessed following dialogue with the emergency services. Staff should not travel alone with a pupil in their own car.

Where an Ambulance needs to be called in school, there are several roles which need to be fulfilled. The responsibility for these roles is fluid, to cover staff absence/cover. All staff should be aware of the procedures.



Complaints Procedure

Should parents or children feel dissatisfied with the support provided, they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via school's complaint's policy

Appendix 1 IHCP flowchart

