

SHEFFORD LOWER SCHOOL
Medical Needs and Administration
Policy for Supporting Pupils



Written by	Reviewed and Ratified by Governors	Shared with Staff	Last Updated	Next Review due
Headteacher- Polly Ross	February 24	Staff meeting and briefing Feb 24	Nov 21	Feb 25

1. Statement of Intent

- 1.1 The governing body of Shefford Lower School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential. The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children’s medical conditions, and that pupils feel safe in the school environment.
- 1.2 Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases. In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school’s compliance with the DfE’s ‘Special educational needs and disability code of practice: 0 to 25 years’ and the school’s Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.
- 1.3 To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

2. Legal framework

2.1 This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha’s Law)
- DfE (2015) ‘Special educational needs and disability code of practice: 0-25 years’
- DfE (2021) ‘School Admissions Code’

- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

2.2 This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Information Report and Policy
- Complaints Procedures Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Attendance and Absence Policy
- Pupils with Additional Health Needs not in School Policy
- Admissions Policy
- Safeguarding Policy

3. Roles and responsibilities

3.1 The governing body will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the governing body holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Be aware that there is no legal requirement for teacher or staff to administer medicines.

3.2 The headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all Individual Health Care Plans, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHCP.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.

- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

3.3 Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHCP.
- Carrying out any agreed actions contained in the IHCP.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Ensuring that all medicines given to the school are prescribed and in date with clear administering instructions,
- Ensure appropriate paper work is filled in when requiring school to administer medicines.
- Engaging in regular review of the IHCP.

3.4 Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHCP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

3.5 School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.
- Reading IHCPs (from within the Green File) for ALL children that the member of staff works with.

3.6 The school nurse will be responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHCPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

3.7 Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHCP.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

3.8 Providers of health services are responsible for:

Cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

3.9 The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.

- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

3.10 Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

4. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting. The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

5. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHCP. The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents. For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

6. Planning and Organisation

- 6.1 Medical information will be confidential, although pupil first aid records are kept in the school office. Parents and the Headteacher will agree to whom access to the information should be given. Sharing information is important if staff and parents are to ensure the best care for a pupil.
- 6.2 Green folders – all IHCPs will be available to staff via the class Green Folders
- 6.3 There is no legal duty which requires school staff to administer medication; this is a voluntary role. The local G.P.'s are fully aware of our policy.
- 6.4 Parents should keep children at home when they are acutely unwell and school should be informed of the reason for their absence. In line with the school's safeguarding duties, the school does not have to accept a child in school, where it would be detrimental to the health of that child or to others. This may in some cases, include conditions which are considered a health risk to a pregnant member of staff though every effort will first be made to place the child or staff member in another area of the school.
- 6.5 In the event of a child requiring medication/treatment for a chronic illness/medical condition, training will be given to relevant members of staff and, if required, an IHCP drawn up. The school and parents should agree on whether an IHCP is required and healthcare professionals will be consulted to ensure conditions are supported effectively. It is the responsibility of the parent to inform the school of any changes to a child's medical condition. Individual Health Care Plans are reviewed annually unless the school is notified of any changes.
- 6.6 In an emergency situation the member of staff will follow the procedure on the child's record which was previously agreed between the parent/guardian and the Headteacher.

7 Training

- 7.1 All staff working with children have been trained in first aid. Training required for other medical conditions will be provided by the School Nurse Team or specialist nurse services. General auto injector and asthma training is provided annually by the School Nurse Team.
- 7.2 Staff will not undertake healthcare procedures or administer medication without appropriate training.
- 7.3 Any member of staff providing support to a pupil with medical needs will receive suitable training. Training needs for staff are assessed and discussed with the Head teacher and organised by the Medicines Co-ordinator.
- 7.4 The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.
- 7.5 A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.
- 7.6 Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHCPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.
- 7.7 All training and expiry dates are recorded on a school training register, and this is managed by the school office.
- 7.8 Whole-school awareness training will be carried out on an annual basis for all staff, and included in the induction of new staff members.
- 7.9 The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 7.10 Training will be commissioned by the School Business Manager (SBM) and may be provided by the following bodies:
- Commercial training provider
 - The school nurse
 - GP consultant
 - The parents of pupils with medical conditions (not as a sole trainer)
- 7.11 Supply teachers will be:
- Provided with access to this policy.
 - Provided with a Green File containing IHCPs and outlines of medical needs.
 - Informed of all relevant medical conditions of pupils in the class they are providing cover for.
 - Covered under the school's insurance arrangements.
 - Supply staff will not administer medication.

8 Administering Medicines

- 8.1 Staff should only be required to undertake the administration of medicines in an emergency situation if they feel confident and have sufficient training or experience to do so.
- 8.2 medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 8.3 ***There are times when it is feasible for the school to act in the absence of a parent/carer*** It is the school policy ~~not to administer short-term medication to children. unless it is detrimental to a child's health or attendance.~~ **However** where possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school i.e. breakfast time, directly after school and just before bedtime. ~~However,~~ Parents are welcome to come in and give medicines to their child during the day should they require it.

- 8.4 No pupil will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.
- 8.5 If a medicine has been prescribed and the dosage requires it to be administered 4 times a day, the school is able to administer this. However, there is no legal requirement on members of staff to dispense medicines **but most staff are happy to do so in the absence of a parent/carer. All administrations of medicine should be recorded and a 'Medicine in School' form will be required** ~~need to be completed,~~ stating the dosage, when to be administered and signed by the parent. ~~No child will be given medicine in school without a 'Medicine in School' form being completed.~~
- 8.6 Medicines should only be brought to school under these circumstances and will need to be brought to the school office by the parent/guardian and collected again at the end of the day from the school office. Under no circumstances should children bring their own medicines to school.
- 8.7 The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- 8.8 When medicines are no longer required, they will be returned to parents for safe disposal.
- 8.9 Sharps boxes will be used for the disposal of needles and other sharps.
- 8.10 The school keeps an infrared thermometer, in-ear thermometers, two emergency inhalers and adrenaline auto injectors. These are for emergency purposes only and are not a replacement for the child's own. An emergency inhaler and auto injector can only be administered if a child has been diagnosed with asthma or is at risk from anaphylaxis and the 'Administration of Emergency Inhaler' / 'Administration of Emergency AAI' form is signed by a parent.
- 8.11 Pupils provided with medication for ongoing conditions, IE ADHD, will need to sign a permission form and bring dosage in original labelled packaging. Staff will administer this to ensure school success, as per dosage. These pupils are indicated in the Class Green File, and there is a record in the office.
- 8.12 If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

9 Record Keeping

- 9.1 A First Aid Pupil Record form will be completed by the parents/guardians when a child starts at Shefford Lower School and kept in the school office. A full list of all medical needs is also kept in the school office.
- 9.2 A record is kept of administered medication for children which includes the time, the date and the member of staff who administered the dose. This includes the use of an asthma inhaler. Any side effects will also be recorded.
- 9.3 Parents have a duty and responsibility to check that medicines kept in school are in date.
- 9.4 The school keeps a record of medicines that are kept within school which includes expiry dates, which is checked regularly. Parents will be notified if medication is out of date or due to expire and sent home. Out of date medication will not be used and it is the responsibility of the parent to ensure a replacement is brought in to school. Medication that is not kept up to date by a parent is a source of concern and a welfare note may be made on the child's record.

10 Storage and Access

- 10.1 Any short term prescribed medicines that have been agreed by the Headteacher will be stored in the First Aid cabinet in the office medical room or the fridge as appropriate. Only medicines in their original, prescribed containers with clear dosage instructions will be accepted.
- 10.2 Inhalers are stored in individual class inhaler boxes kept in the classrooms. These are transported to accompany pupils when doing PE or on school visits/trips. Asthma sufferers will be responsible for their own medication under the class teacher's supervision. An emergency inhaler is stored in the office medical room and in the KS2 medical room near the main playground doors.

- 10.3 For children who suffer from anaphylaxis, parents are required to provide two adrenaline auto-injectors. One will be kept in the child's classroom and will be taken out at every playtime and the second one will be kept in the First Aid draw in the office.
- 10.4 Medication for diabetes will be kept in the classrooms and /or medical cupboard (as appropriate) and dispensed as required. Exceptions will be in accordance with an IHCP for the child. Any foods e.g. biscuits, sugar will be in the relevant classroom in the teacher's care.

11 Emergency Procedures

- 11.1 All staff should know how to call the emergency services. All staff also know who is responsible for carrying out emergency procedures in the event of need. A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parent arrives.
- 11.2 In the event of a serious injury (including a suspected break or head injury) or a child presents with severe illness symptoms, consideration will be given to calling an ambulance and the headteacher or deputy headteacher will attend. The decision whether to call an ambulance will usually, unless an emergency, be supported by an appropriately trained member of senior staff who will be trained at a higher level of first aid proficiency. In the event that it is deemed necessary for an ambulance to be called, a senior member of staff will call the parent and ensure they are aware of this need as soon as possible. Staff will be trained in using a particular script with parents when making this phone call.

12. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

- 12.1 Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.
- 12.2 The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.
- 12.3 The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.
- 12.4 Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.
- 12.5 The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHCP.
- 12.6 A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- 12.7 AAI devices will be stored in a suitably safe and central location; the school office.
- 12.8 Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members. In the event of anaphylaxis, a designated staff member will be contacted. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

12.9 The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

12.10 In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

12.11 For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with their designated member of staff and the school will give consideration to taking the spare AAI in case of an emergency.

13. School remote closure

Children remaining in school may be regrouped. The whole school medical list should always be current and available. Any changes MUST be provided to the office who maintain this record.

14. School and Residential Trips

14.1 Shefford Lower School will consider what reasonable adjustments need to be made after carrying out a risk assessment so that arrangements can be put in place to ensure that children with medical conditions are included. This will require consultation with parents and relevant health professionals to ensure that a child can participate safely.

14.2 All relevant medication will be the responsibility of the class teacher in charge to ensure it is taken on any trip outside the school.

14.3 Year 4 pupils attending any residential visit will have a specific medical regime agreed between home and school prior to the visit, in accordance with the County Guidelines on EDUCATIONAL VISITS. Two nominated members of staff will be responsible for administering medication during the visit, and securely storing the medications.

14.4 Children with medical needs on a residential trip may require a night time Care Plan as an extension of the existing Individual Health Care Plan which will be planned at least 1 month prior to the trip in collaboration with parents and relevant medical professionals.

15. Intimate or Invasive Treatment – please read in conjunction with Intimate Care Policy

Staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. This is applicable to the application of creams and where possible children should be able to apply the cream by themselves with the supervision of a member of staff. Parents and the Head teacher must respect such concerns and should not put any pressure on staff to assist in treatment unless they are entirely willing. (The Health Authority will have a "named professional" to whom we can refer for advice). In an extreme case the Head teacher and or governing body should arrange appropriate training for school staff willing to give medical assistance. Two adults, one the same gender as the pupil must be present for the administration of intimate or invasive treatment, (this minimises the potential for accusations of abuse). Two adults often

ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

16. Liability and indemnity

The governing body will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy covering liability relating to the administration of medication.

All staff providing such support will be provided with access to the insurance policies on request.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought the school, not the individual.

17. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE. Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

18. Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

19. Review

This policy may be reviewed on receipt of any further advice or concerns by staff, parents or pupils.

This policy is reviewed on an annual basis by the governing body, ~~school nurse~~ and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.