



## **SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY**

### **Statement of intent**

The Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting students at their school with medical conditions.

Students at Nidderdale High School will be properly supported so that they have full access to education, including school trips and Physical Education.

To enable this, we will consult health and social care professionals as necessary, along with the students and parents themselves, to ensure that the needs of children with medical conditions are effectively supported.

Some students with medical conditions may be disabled. Where this is the case, the Governing body will comply with its duty under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement or Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their Special Educational Needs provision. For students with SEND, this policy should be read in conjunction with the SEN Code of Practice 2014.

### **2 The Local Authority (LA) is responsible for:**

- a. Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- b. Providing support, advice and guidance to schools and their staff.
- c. Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

### **3 The Governing Body is responsible for:**

- a. The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Nidderdale High School.
- b. Ensuring the following actions are delivered. The link governor will audit this with the Headteacher at least annually.
- c. Ensuring that the Supporting students with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- d. Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- e. Ensuring that all students with medical conditions are able to participate fully in all aspects of school life.
- f. Ensuring that relevant training provided by the LA and Area Health Authority is delivered to staff members who take on responsibility to support children with medical conditions.
- g. Guarantee that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.

- h. Keeping written records of any and all medicines administered to individual students and across the school population.
- i. Ensuring the level of insurance in place reflects the level of risk.

#### **4 The Headteacher is responsible for:**

- a. The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Nidderdale High School.
- b. Ensuring the policy is developed effectively with partner agencies.
- c. Making staff aware of this policy.
- d. Making staff that need to know aware of a child's medical condition.
- e. Ensuring that Individual Healthcare Plans (IHCPs) are developed by the SENCo and Pastoral Carers as appropriate.
- f. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver ICPs in normal, contingency and emergency situations.
- g. If necessary, facilitating the recruitment / or training of a member of staff for the purpose of delivering the promises made in this policy.
- h. Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- i. Ensuring Contact with the school nursing service in the case of any child who has a medical condition and include the students and family in reviewing the care provided by the school.

#### **5 Staff members are responsible for:**

- a. Taking appropriate steps to support children with medical conditions both in and out of lessons.
- b. Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- c. Administering medication, if they have agreed to undertake that responsibility.
- d. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions.
- e. Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.
- f. Mrs Wardell is responsible for administering medication. In her absence, Noni Newcomb and then Jacky Staniforth undertake this duty.

#### **6 School Local Authority nurses are responsible or:**

- a. Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- b. Liaising locally with lead clinicians including CAMHS (child and adolescents mental health service) on appropriate support.

## **7 Parents and carers are responsible for:**

- a. Keeping the school informed about any changes to their child/children's health.
- b. Completing a parental agreement for school to administer medicine form before bringing medication into school.
- c. Providing the school with the medication their child requires and keeping it up to date.
- d. Collecting any leftover medicine at the end of the course / year, or term if it is going to be out of date.
- e. Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- f. Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals.

## **8 Definitions**

"Medication" is defined as any prescribed or over the counter medicine.

"Prescription medication" is defined as any drug or device prescribed by a Doctor.

A "staff member" is defined as any member of staff employed at Nidderdale High School, including teachers.

## **9 Training of staff**

Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.

Teachers and support staff will receive regular and on-going training as part of their development.

Teachers and support staff who undertake responsibilities under this policy will receive the following training externally:

Epipen Training  
First Aid at Work  
Epilepsy training  
Buccol Midazolam administration  
Diabetes Training

The person responsible for identifying training needs is Mrs A Robertson and Ms K Jordan Joint Head of School has full oversight of the schools CPD programme and will coordinate this training either within whole school training days/sessions or for individuals when required.

No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering

No staff member may administer drugs by injection unless they have received training in this responsibility.

Ms K Jordan will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

Supply teachers will be provided with details of any child in need of medication in their classes.

## **10 The role of the child / students**

Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures.

All medicines will be securely (locked door and lockable cabinet) stored/located in the first aid room and students must report there to take medication under the supervision of Mrs Wardell.

If students refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

Where appropriate, students will be encouraged to take their own medication (in the first aid room) under the supervision of a designated staff member. (This however must always be centrally recorded by the staff member trained to administer).

## **11 Individual Healthcare Plans (IHCPs)**

Where necessary, an IHCP will be developed in collaboration with the pupil, parents/carers, Headteacher, Designated person, Special Educational Needs Coordinator (SENCO) and medical professionals.

IHCPs will be accessible whilst preserving confidentiality.

IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an Education, Health and Care plan or a statement of Special Educational Needs, the IHCP will be linked to it or become part of it.

Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

## **12 Medicines**

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a Parental Agreement for a School to Administer Medicine Form and parents should come in person when they initially request this.

No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality (the school would never make his decision in isolation and would be part of a social care decision and directed by health professionals assuming responsibility for a young person's health).

No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

A maximum of four weeks' supply of the medication may be provided to the school at one time.

Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.

Medications will be stored in the school first aid room in a locked cabinet.

Any medications left over at the end of the course will be returned to the child's parents.

Written records will be kept of any medication administered to children.

Students will never be prevented from accessing their medication.

Nidderdale High School cannot be held responsible for side effects that occur when medication is taken correctly and this will be clearly outlined in the parental consent form.

### **13 Trips and Visits**

The Educational Visits Co-ordinator is Mrs N Newcomb.

Prescribed (form med1) and non-prescribed medication forms must be completed for all residential visits.

All medication must be clearly labelled and handed to teacher in charge of medication on the visit.

Staff will record time and date that medication is administered and students asked to sign to agree.

If a student does not have their medication with them (including inhalers/Epipen) then they will NOT be allowed to go on a trip or visit.

All prescribed medication to be handed back to parents on return

Copies of medication spread sheet to be returned to EVC and retained.

### **14 Emergencies**

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHCP is in place, it should detail:

- a. What constitutes an emergency?
- b. What to do in an emergency.

Students will be informed in general terms of what to do in an emergency such as telling a teacher, Learning Support Assistant or other member of staff.

If a student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive unless specifically agreed by the parent and the nature of the injury allows.

## **15 Avoiding unacceptable practice**

We understand that the following behaviour is unacceptable:

- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the student and/or their parents.
- Ignoring medical evidence or opinion.
- Sending students home frequently or preventing them from taking part in activities at school
- Sending the student to the medical room or school office alone if they become ill.
- Penalising students with medical conditions for their attendance record where the absences relate to their condition and are supported by a medical letter from GP/Consultant.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

## **16 Insurance**

Teachers who undertake responsibilities within this policy are covered by the school's insurance scheme.

This policy can be viewed by any member of staff by contacting the Finance Manager.

## **17 Complaints**

The details of how to make a complaint can be found in the Complaints Policy:

Stage 1 - complaint heard by Staff Member

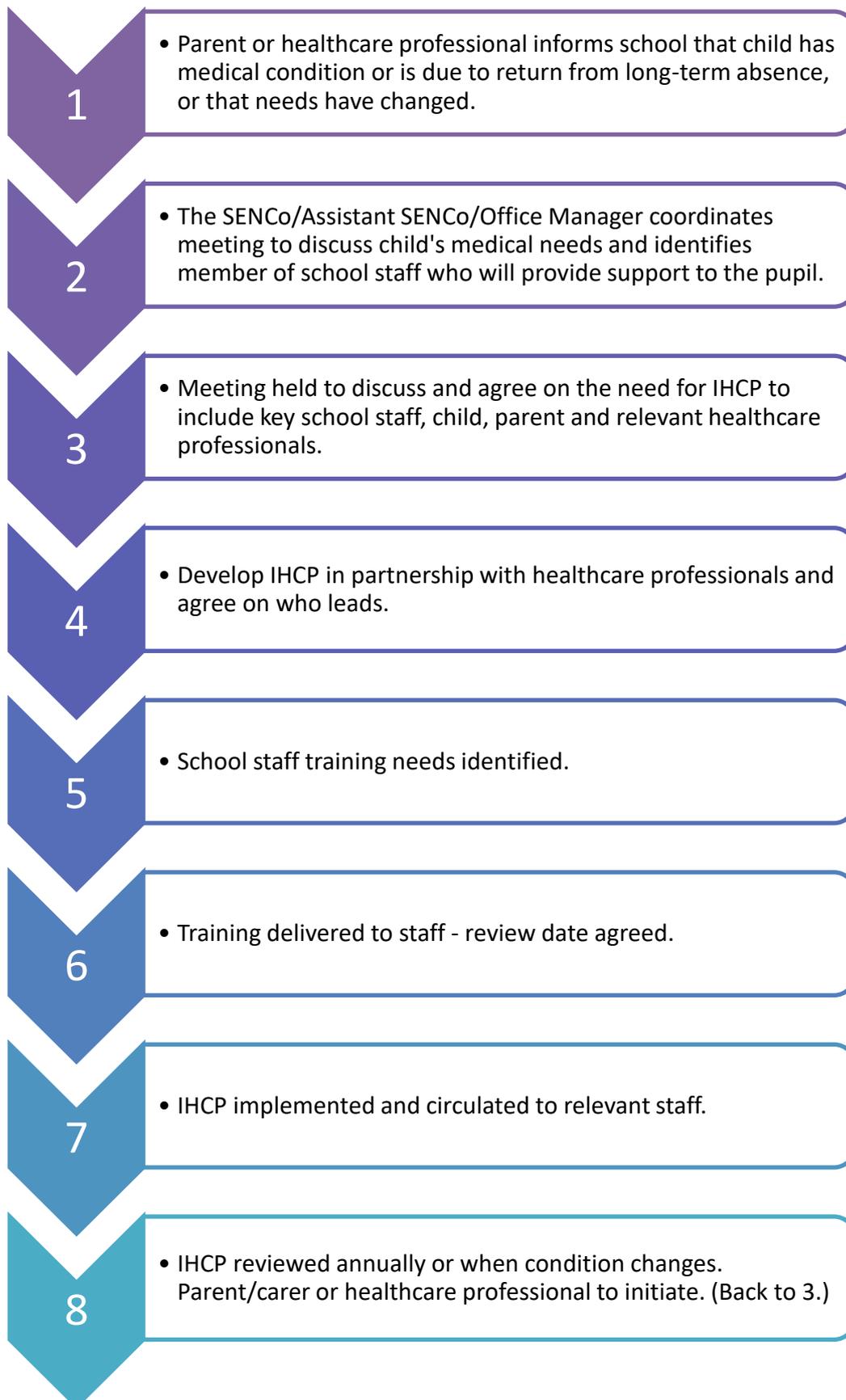
Stage 2 - complaint heard by Headteacher

Stage 3 - complaint heard by Governing Bodies' Complaints Appeal Panel (CAP)

Reapproved by Governing Body 29 June 2020

Next Review June 2023

## Appendix 1 Individual Healthcare Plan Implementation Procedure



**Appendix 2 – Individual Healthcare Plan Template (5 pages)**

Name	
Date of Birth	
Address	
Telephone Number	
Medical Condition	
Known Allergies	
<p>Indicate Identified Need:</p> <ul style="list-style-type: none"> <li>A. EMERGENCY CARE</li> <li>B. MEDICATION</li> <li>C. MEDICAL PROCEDURES</li> <li>D. DAILY CARE REQUIREMENTS</li> <li>E. SPECIFIC SUPPORT REQUIRED FOR PUPIL'S EDUCATIONAL, SOCIAL AND EMOTIONAL NEEDS</li> <li>F. STAFF TRAINING</li> <li>G. MANAGING EDUCATION DURING MEDICAL ABSENCES</li> <li>H. HOME TO SCHOOL TRANSPORT</li> </ul>	
Named person responsible for Healthcare Plan	
Role of named person	
Address of Provision	
Telephone number	

## A. EMERGENCY CARE

In an emergency:

What to watch for	What to do

Contact Details	Name	Address	Telephone
Emergency			
Parent			
Parent			
Main Provision			
Other Provision			
Health Professional details: GP Consultant Specialist Nurse			

**B. MEDICATION**

Medicine (include dose and form e.g. tablet and when to take	Person who will administer	Possible side effects and action to be taken / comments

Procedure	When	How	Comment

**C. DAILY CARE REQUIREMENTS**

PROCEDURE	Who is responsible

**D. SPECIFIC SUPPORT REQUIRED FOR PUPIL'S EDUCATIONAL, SOCIAL AND EMOTIONAL NEEDS:**

Support required	Who is responsible

E. STAFF TRAINING

Training Required	Who will provide	Completed

F. MANAGING EDUCATION DURING MEDICAL ABSENCES

Person responsible for ensuring work is sent home if appropriate	
Person responsible for monitoring absences and liaison with Enhanced Mainstream School / Pupil Referral Services.	

G. HOME TO SCHOOL TRANSPORT

Instructions for giving medication / carrying out procedures in transit (it is the responsibility of the man provision to ensure a copy of this Healthcare Plan is shared with transport staff as appropriate.	
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HEALTHCARE PLAN AGREED BY:

	Name	Signature
Registered Health Professional		
Registered Health Professional		
School		
Parent		
Parent		
Child/Young person (if appropriate)		

PARENTS' CONSENT:

By signing this plan you are agreeing for your child to receive the treatment / care detailed. You are agreeing for copies of this plan to be shared with:

- NYCC Insurance and Risk Management
- Staff who have a role / responsibility in managing your child's health care needs
- Transport providers as required.

\*\*I confirm I will not hold North Yorkshire County Council or its staff responsible unless loss, damage or injury is occasioned as a result of their negligence.

Parents' Name	
Parents' Signature	
Relationship to child	
Date	

Data Protection:

The information in this plan will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the health care needs of the child/young person.

The information will be kept in accordance with NYCC policy regarding Data Protection.

A copy of this Health care Plan must be sent to [insurance@northyorks.gov.uk](mailto:insurance@northyorks.gov.uk)

**Treatment of Severe Allergy / Anaphylaxis – May need to administer Epi Pen**

<b>Child's name</b>	
<b>Date of Birth</b>	
<b>Condition</b>	<b>The person named above may suffer from an allergic or anaphylactic reaction if he/she eats or comes into contact with</b> .....
<b>Symptoms</b>	
<b>Possible signs of a mild / moderate reaction:</b> <ul style="list-style-type: none"> <li>• Itching of skin</li> <li>• Rash</li> <li>• Swelling /puffiness of eyes</li> <li>• Tickly throat</li> <li>• Tummy ache</li> <li>• Nausea</li> </ul>	<b>Treatment for a mild reaction:</b>
<b>A severe reaction/anaphylaxis is when there is:</b> <ul style="list-style-type: none"> <li>• Difficulty breathing, or wheezing or choking feeling</li> <li>• Swelling of mouth, lips, tongue with difficulty swallowing/talking</li> <li>• Drowsiness, floppiness, collapse or deteriorating consciousness</li> </ul>	<b>Treatment for a severe reaction:</b>
	<ol style="list-style-type: none"> <li>1. <b>CALL 999 FOR AN AMBULANCE IMMEDIATELY.</b> Tell Ambulance Control this is a case of anaphylaxis.</li> <li>2. <b>ADMINISTER EPIPEN.</b> Follow instructions on EpiPen. Note time of administration.</li> <li>3. <b>CALL THE PARENTS.</b> TELEPHONE .....</li> <li>4. <b>MONITOR THE CHILD'S CONDITION.</b> Airway, breathing, circulation (ABC), and if worse after 5-10 mins give second dose of EpiPen while waiting for the ambulance to arrive.</li> <li>5. If a child becomes unconscious at any time, place in the recovery position and continue to monitor airway, breathing and pulse. If necessary commence CPR.</li> </ol>

**Location of Epi Pens**

Three Epi-pens kept in school to be stored

1. To be carried on the child's person.
2. One to be kept in the First Aid/Physiotherapy Room.
3. One in Reception lockable cabinet.

Staff trained in the use of Epi-pens:

Staff will be trained annually in the use of Epi-pens. All staff will be trained in the administration of an epi-pen.

Food management:

All efforts will be made to keep the school free of nuts. The school kitchen staff are made aware of any reported allergies.

School Trips:

A member of staff trained in the use of Epi-pen will accompany the child on school trips taking Epi-pens and other medication with them.

**Parents' agreement and signature:**

We confirm that the above information and arrangements have been discussed with us and that they reflect the procedures to be followed in the event of my child suffering an allergic reaction.

Signed .....Parent .....Date

Signed .....School .....Date

## Appendix 1 to the Supporting Students with Medical Conditions Policy

### Request for school to administer medication (FORM MED 1)

This form must be completed by the parent before medication can be given. This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

Name of child	
Date of Birth	
Address	
Parent/carer name and contact number	
GP's name and contact number	
Emergency contacts name(s) and number(s)	

\*We will ensure that Nidderdale High School is informed of any changes to my child's medical condition or treatment that might affect these arrangements detailed overleaf. We confirm that we are responsible for the provision of all medication necessary and keeping it within expiry date.

We hereby consent to the administering of emergency treatment as set out overleaf. We confirm that we will not hold Governors, staff or education authorities responsible unless loss, damage or injury is occasioned as a result of their negligence.

Signed ..... Parent PRINTED NAME .....

Signed ..... Parent PRINTED NAME .....

Date .....

#### DETAILS OF MEDICATION

***If more than one medication is to be given a separate form must be completed for each.***

Medical Condition / illness	
Medication name and strength	
Medication formula (e.g. Tablets) and amount given to school (e.g. number of tablets supplied).  N.B. Medication must be in the original container as dispensed by the Pharmacy.	

Dosage and frequency / time of administration	
Details for storage	
Administering instructions	
Any known side effects	
Date first dose given	
Date last dose given	

**Potential emergency details**

What would constitute an emergency?	
What to do in an emergency	

**Parental Statement of consent**

Name of Parent / carer .....(PRINTED)

I request and give my consent to school administering this medication in accordance with the prescribers' instructions.  
I confirm that the information and instruction given is accurate and up to date.  
I will inform school in writing of any changes to this information and instructions.  
I understand that the medication may be given by non-medically qualified staff.  
I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration of the medication unless resulting from their negligence.

I will abide by the school's policy and procedure for the delivery and return of the medication.  
I will ensure adequate supply of the medication that is within its expiry date.

Signature of parent/carers ..... Date .....

**School Statement of Agreement**

Nidderdale High School agrees to administer this medicine in accordance with the prescriber's instructions until the end of the course of medication or until instructed otherwise in writing by the Parent/Carer.

Signature of Headteacher ..... Date .....

NAME .....

*N.B. Headteacher/Manager must establish that the appropriate knowledge, training and insurance requirement for the giving of this medication are met before the agreement is given.*

**Appendix 2 to the Supporting Students with Medical Conditions Policy**

**Administration of Medication Record to an Individual Student (Form Med 2)**

Name of student	
Date of Birth	
GP's name, address and contact number	
Name of medication	
Formula (e.g. Tablets)	
Dosage	
Frequency and timing of dosage	
Any special instructions	

<b>Date and time of administration</b>	<b>Dose given</b>	<b>Any reactions and any action taken by staff</b>	<b>Name of persons administering / supervising</b>	<b>Signature of persons administering / supervising</b>	<b>Additional information e.g.</b>
					<ul style="list-style-type: none"> <li>• Repeat prescription supplied</li> <li>• Medication returned to parent</li> <li>• Medication returned to Pharmacy</li> </ul>



### Appendix 3 to the Supporting Students with Medical Conditions Policy

#### Request for Child/Young Person to Carry and Self Administer Medication (Form Med 3)

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

*This form must be completed by the parent / carer before medication can be given.*

Name of child	
Date of Birth	
Address	
Parent/carer name and contact number	
GP's name and contact number	
Emergency contacts name(s) and number(s)	

#### DETAILS OF MEDICATION

*If more than one medication is to be given a separate form must be completed for each.*

Medical Condition / illness	
Medication name and strength	
Medication formula (e.g. Tablets) and amount given to school (e.g. number of tablets supplied).  N.B. Medication must be in the original container as dispensed by the Pharmacy.	
Dosage and frequency	
Action to be taken in an emergency	

## Parental Request and Statement of Agreement

Name of Parent / carer .....(PRINTED)

I request that my child carry and self-administer the above named medication.

I confirm that the information given is accurate and up to date.

I will inform school in writing of any changes to this information.

I understand that the self-administering of the medication will not be supervised by staff.

I agree not to hold staff responsible for loss, damage or injury associated with my child carrying and self-administering their medication.

Signature of parent/carer ..... Date .....

PRINTED NAME .....

Emergency Contact details:

## School Statement of Consent

Nidderdale High School agrees to allow ..... to carry and self-administer their named medication.

Signature of Headteacher ..... Date .....

NAME .....

*N.B. The Headteacher must take into consideration any risk/insurance implications for the child/young person or other before consent is given.*





**Contacting Emergency Services**

1. Dial 999
2. Request an ambulance
3. Speak clearly and slowly and be ready to repeat information if asked.
4. It is better if this can be done by mobile while you are next to the casualty so you can answer any questions about the patient.
5. Give :
  - a. The telephone number of the school: 01423 711246
  - b. The name of the school: Nidderdale High School.
  - c. Location of the school: Low Wath Road, Pateley Bridge, Harrogate, HG3 5HL
  - d. The exact location of the casualty.
  - e. The name of the child and a brief description of their symptoms / injuries and whether the child has an individual Healthcare Plan.
6. Arrange for someone to meet the ambulance at the main entrance and direct to the casualty.