



Kilham Church of England (V.C) Primary School  
Millside, Kilham, Driffield, East Riding of Yorkshire, YO25 4SR  
Tel/Fax: 01262 420214  
Email: [kilham.primary@eastriding.gov.uk](mailto:kilham.primary@eastriding.gov.uk)  
[www.kilhamschool.co.uk](http://www.kilhamschool.co.uk)  
Headteacher: Mr S. England

## Policy Front Sheet

**Policy: Supporting Medical Needs Policy – including the administration of medicine, asthma and use of emergency inhalers.**

It should be read in conjunction with the following:

DFE 'Supporting pupils at school with medical conditions' – Statutory guidance April 2014  
DofH 'Guidance on the use of emergency salbutamol inhalers in schools' – Sept 2014  
ERYC "Managing Medicines in Schools – Guidance and Procedures" – January 2014

**Adopted: June 2016**

**Review Date: June 2018**

Linked Policies: First Aid, Illness and Accident Reporting

## Supporting Children with Medical Conditions

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### Appendices:

Form A: individual healthcare plan

Form B: parental agreement for setting to administer medicine

Form C: record of medicine administered to an individual child

Form D: record of medicine administered to all children

Form E: staff training record – administration of medicines

Form F: Information Poster - contacting emergency services

Form G: model letter inviting parents to contribute to individual healthcare plan development

Form H: Consent form: Use of emergency salbutamol inhaler

Form I: Letter to inform parents of emergency salbutamol inhaler use

Form J: Annual Data Collection form to parents

Form K: Individual asthma plan

## Legal Status

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. This policy has been developed in response to the DFE “Supporting pupils at school with medical conditions” statutory guidance and should be read in conjunction with that document. The DFE document is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The EYFS framework 2014 also states:

### **Medicines**

*3.44. The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.*

*3.45. Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child’s needs for medicines, and for keeping this information up-to-date. Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).*

*3.46. Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child’s parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child’s parents and/or carers on the same day, or as soon as reasonably practicable.*

There has also been revised guidance on the use of emergency salbutamol inhalers in schools (September 2014). This guidance states that from 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies and states that procedures for inhalers and asthmatic children should be incorporated into this wider medical needs policy.

## Definition

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

- (a) Short-term affecting their participation in school activities when they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**).

## Rationale

LA's, schools and governing bodies have a responsibility for the health and safety of pupils in their care. The Health and Safety at work Act 1974 make employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, their responsibility is to *make sure that safety measures cover the needs of all pupils at the school*. This may mean *making special arrangements for particular pupils who may be more at risk than their classmates*. Individual procedures may be required. They are responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, from September 2014, place a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** Teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information using templates provided by school. The school takes advice and guidance from the DFE 'Supporting Pupils at school with medical conditions' (April 2014), the East Riding Managing Medicines in Schools: Guidance and Procedures, guidance from health partners as needed and parents and child. Contact details for our School Nurse can be obtained from school.

## Aims

The school aims to:

- Provide an inclusive environment that supports all children with medical needs to achieve their potential at Kilham School.
- Support each child to maintain and achieve wellness.
- Assist parents in providing medical care for their children;
- Educate staff and children in respect of special medical needs;
- Adopt and implement effective systems for gathering information about children's medical needs and conditions;
- Adopt and implement effective systems for monitoring and administering medication in school;
- Arrange training for staff to support individual pupils;
- Liaise as necessary with medical services in support of the individual pupil;
- Work creatively to provide access to full education if possible;
- Monitor and keep appropriate records;
- Adhere to all statutory guidance regarding medical conditions and non-statutory guidance regarding the use of emergency inhalers.

## **Entitlement**

### **Children**

The school believes that pupils with medical need have a right to the full educational opportunities and should be assisted to access them whilst at Kilham School. The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support. However, If the admission or attendance of a child with medical needs would be detrimental to the health of that child, or any other, the school has the right to refuse entry (i.e infectious diseases).

### **Staff**

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

## **Expectations**

### **Underlying principle**

- The major role of caring for a child rests with the parents/guardians and it is their responsibility to monitor the child's health and to ensure attendance at school (Section 7 of the 1996 Children's Act).
- The focus is on the needs of each individual child and arrangements should be made to support them whilst at Kilham school (DFE, 2014, p.7)
- The Governing body and Head Teacher should ensure that their arrangements give parents and pupils confidence in the schools ability to provide effective support for medical conditions in school. (DFE, 2014, p.7)
- The Governing body and Head Teacher recognize the need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school (EYFS, 2014 and DFE supporting children with medical needs in schools, 2014)

### **Expectations of the Parent/Guardian**

It is the responsibility of the parent/guardian to provide the school with full information about their child's medical condition.

It is expected that:

- Parents/guardians will normally administer medication to their children at home.
- Parents/guardians will provide school with full details of the care required.
- Parents will provide all medication and must ensure this medication has not exceeded the expiry date.
- Parent/Guardians will complete and sign the agreement to administer medicines form (Form B) should medication be required
- Parent Guardian will agree and sign any individual health care plan (Form A)

- Parent/Guardian will inform school if any treatment or care changes prior to the child coming back into school
- Parent/Guardian will work with the school and Health Advisors to review individual care plans (Form A) yearly, or more frequently if either the medical treatment changes or the medical condition alters

### **Expectations of Governing body and Head Teacher**

- The Governing body and Head Teacher will ensure the policies, procedures and systems are properly and effectively implemented.
- The Governing body and Head Teacher will work in partnership with the council and health colleagues to ensure care plans are developed and implemented effectively, as needed, using specialist services as available. School health will be informed of any child with health needs that have not been brought to the schools attention by the school nurse. Parental consent will be sought to share this information, although this will not be required in the event of safeguarding concerns.
- The Governing body and Head Teacher will make every effort to ensure arrangements for admission to Kilham School are put in place within two weeks of acceptance to school following the provision of medical evidence and consultation with the parents/guardian.
- The Governing body and Head Teacher will ensure that there are systems in place to ensure full documentation of any medical intervention (First Aid/Minor Accident Log and Forms C & D) taken by staff whilst the child is in their care.
- The school will liaise with the School Health Service for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interest of the pupil. Partners will agree whose responsibility it is to write the health care plan but the school will ensure it is finalised and implemented.
- Staff, including supply staff, will be informed of a child's medical needs, where this is relevant and changes to their needs as and when they arise.
- The Governing body and Head Teacher will ensure sufficient training is available and accessed by staff to ensure they are confident and competent to support a child with medical needs in Kilham School. They will ensure that there are sufficient staff trained to allow for contingency and emergency situations.
- To ensure correct insurance is in place

### **Expectations of Staff**

- Employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- Any request from a parent/Guardian to give medication to their child will be referred to the school office to ensure administration of medicines (Form B) is signed and documented. Staff will ensure medication is stored in a secure cupboard.
- Staff will NOT administer any medicine without the prior written permission from the parents/guardians.
- Staff will familiarise themselves with the medical and health needs for the children in their care and will refer to and follow any individual care plan that is in place as agreed. (note: staff cannot be required to administer medication but must take into account the needs of the children they teach with medical conditions (DFE, 2014, p.12))

- Staff medication will be the responsibility of the individual concerned and not the school. Staff will ensure this is stored in a safe place, out of reach of children.

### **Expectations of Health Providers, School health and Allied Professionals**

- It is expected that school health will inform a school of any child entering Kilham school with a medical need if known to them. They will help in providing specialist knowledge and training, where appropriate, when developing individual health care plans. They can help in liaison with specialist medical services to help inform the school's care of the child.
- Where a child has an individual health care plan or identified Special Educational Needs, and extra support is needed for the child to remain at Kilham School, it is expected that partners will work with the school to acquire extra funding.

### **Expectations of the pupils**

- Wherever possible, pupils will be fully involved in the discussions about their medical need and will contribute as much as possible to the development and review of a care plan.
- Pupils will inform the staff about their medical condition and what it means to them and their daily life, to ensure the voice of the child is fully included in any plan.

## **School Principles for the Storage and Administration of Medicines**

### **The following principles have been adopted for the whole school in regard to the storage and administration of medicine (not including asthma inhalers):**

**1. Systems for obtaining information about a child's health needs:** This is done through annual data collection (processed by Admin Officer – see Form J). At other times of the year, parents are obliged to communicate with school to inform us of any changes or additional needs. Parents are reminded of this through regular newsletters. If data collection forms are not returned, school will proactively contact parents on an individual basis. Once data collection sheets are collected, any child with an identified health need has their need highlighted on a school spreadsheet/class list. Parents of these children may be asked to provide further information to help us cater for their needs. These highlighted class lists are kept in the first aid cupboard. This is used to help all adults in school identify those children who may have health needs.

**2. Training will be provided for staff where the administration of medicine requires medical or technical knowledge:** Records of training will be kept.

**3. Medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor):** Parents are informed of this policy on entry to school. However, in exceptional circumstances this may be discussed with the Head Teacher who may need clarification from the family GP. Medicine will be securely stored in a secure cupboard. Any medicine requiring refrigeration will be labelled and stored in the kitchen fridge (an area not accessible to pupils).

Medicines must have the pharmacy label on them showing who the medication is prescribed for and what dose should be administered. Parents must ensure that any medication kept in school or supplied to school on a daily basis has not exceeded the expiry date and are responsible to replace it before the expiry date is reached.

**4. Medicines must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer – see Form B**

**5. Providers must keep a written record each time a medicine is administered to a child – Forms C and D**

**This does not prevent medication being given in the following situation:**

**Parents may have given the following permission on annual data collection forms (Form J)** *“I give permission for my child to be given first aid or urgent medical treatment during any school trip or activity. I understand that medical information for my child has been requested on the annual data collection sheet.”*

If this permission has been given and medical treatment has been administered, parents will be informed on the same day or as soon as reasonably practicable in the case of residential trips.

# School Principles for asthma and the Storage and Administration of Inhalers

## Identification of need

As with other medical conditions, systems are in place for obtaining information about a child's asthma, medical needs or condition – this includes notifying school of a child being asthmatic or needing an inhaler. Parents of children identified from the data sheets as having an asthmatic condition will be asked to fill out a school asthma plan detailing the symptoms and treatment for their child. (Form K – Individual Asthma Plan). This forms the health care plan for children with asthma – a separate individual health care plan (Form A) will only be used for children with 'brittle asthma'. Children needing inhalers are then highlighted on a class list/school spreadsheet – as 'asthma register' kept in the staffroom and also stored in the back of all first aid and medication logs. Teachers are expected to be aware of the children in their class who are highlighted as having a medical need. Completed Individual Asthma Plans are copied – one copy placed with their spare reliever inhaler and one held by the class teacher.

## Storage

Children in Years 1 to 6 keep their inhalers in the classroom in their draw where they are easily accessible (following new guidance from ERYC Asthma Information). The reliever inhalers for foundation stage children are kept in the classroom with the teacher. Parents and carers are asked to ensure that the school is provided with a spare reliever inhaler which will be held centrally in the staffroom. All inhalers should be clearly labelled with the pupil's name by the parent. If at all possible, the spare reliever inhaler should be supplied in its box with a pharmacy label showing who the inhaler is prescribed for and what dose should be administered. Parents must ensure that any inhaler kept in school or supplied to school on a daily basis has not exceeded the expiry date and are responsible to replace it before the expiry date is reached.

## Access and administration

Children are encouraged to self-administer inhalers where possible. They are assisted with technique, including the use of spacers, where needed. At this time, staff will consider the well-being of the child to continue the activity they are undertaking checking for worsening symptoms. Staff are directed to the individual asthma plan for further direction.

## Training

Advice on the treatment of asthma is covered with all teaching and teaching support staff as part of regular 'School's First Aid' training and qualification. Further advice will be sought from the school nurse and ERYC who will also brief staff with any updates/changes if appropriate.

If training is required as part of a pupils individual care plan specific to the pupils needs this will be provided in consultation with health care professionals.

## Emergency Spare Kit

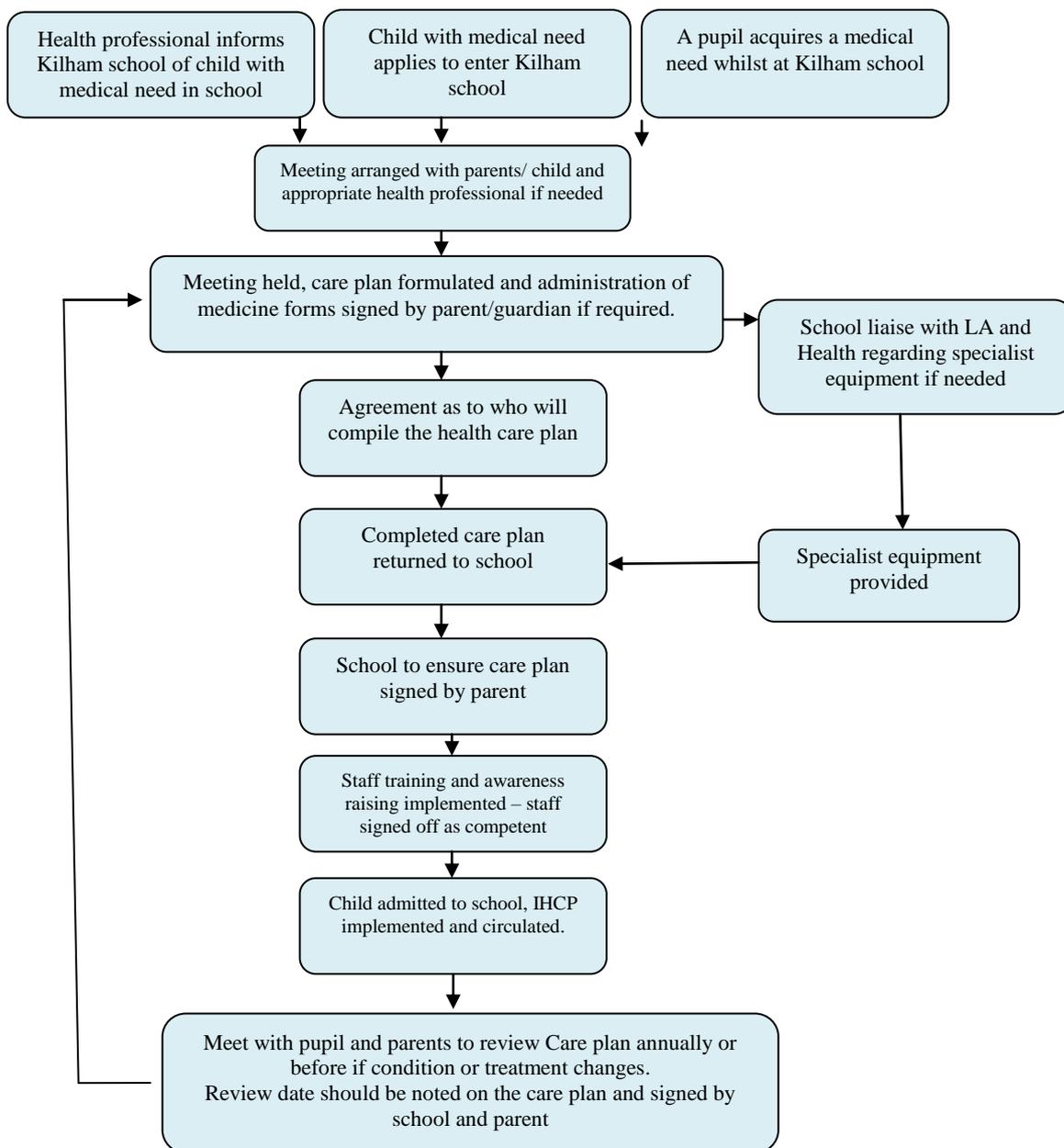
Following the guidance from the Department of Health (Guidance on the use of emergency salbutamol inhalers in school – 09/14) an **emergency asthma inhaler kit will be sourced** and stored separately but near to pupil's spare individual inhalers in the staffroom at Kilham School. Mr England and Miss Morrison are responsible for maintaining the emergency kit. (Page 11, DoH 09/14). Parental permission will be sought for those children on the 'asthma register' to have use of the emergency inhaler (Form H). Form I will be used to notify parents if the emergency inhaler is used.

Procedures for gaining parental consent for the use of the emergency inhaler and administration of medicines are updated annually in September.

**Individual Health Care Plans (Form A)**

When appropriate, an Individual Health Care Plan will be drawn up in consultation with school, parents/guardians and health professionals. This will outline the children’s needs and level of support required in school. The Health Care Plan will be reviewed annually. The Health Care Plan will ensure that all staff are aware of schools planned emergency procedures. The health care plans will be kept in the staffroom.

**Proceedure for implementing a health care plan at Kilham school.**



## **Intimate or Invasive Treatment**

This will only take place at the discretion of the Head Teacher or Governing Body and with written permission from parents/guardians and only under exceptional circumstances. Two adults must be present for the administration of such treatment. Training will be given and all such treatment recorded.

## **School Trips**

To ensure that as far as possible all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. Consultation with parents/guardians will take place to discuss their child's individual health needs whilst on the trip. An appropriately trained member of staff will accompany them on the trip. For out of school visits, sufficient essential medicines (including inhalers) and an appropriate group specific risk assessment and/or Health Care Plan will be taken and controlled by the member of staff leading the trip.

If it is felt additional supervision is required school may request assistance of parent/carer.

## **Responsibilities**

<b>ROLE</b>	<b>RESPONSIBLE PERSON</b>	<b>Cover arrangements</b>
Training	Mr England, Mr Buckle (link governor)	Mrs Atkinson
Awareness Raising permanent staff	Mrs Atkinson, Mr Zerny (link governor)	Mr England
Awareness raising support and supply staff	Classteachers	Mr England
Risk assessments for visits residentials, extracurricular activities	Classteachers, Health & Safety link governor	Mr England
Development and Monitoring of individual care plans	Mrs Atkinson	Mr England, Miss Morrison
Maintenance of administrating medication reporting system	Mrs Owen	Mr England
Special educational needs lead	Mrs Atkinson	Mr England
Emergency asthma pack	Mr England	Miss Morrison

This policy will be reviewed annually by staff and governors.

S England  
L Oliver  
June 2015