

Supporting Pupils with Medical Needs



Supporting Pupils with Medical Needs Policy

(see also First Aid & Medicines; Asthma; Equality; SEND; Safeguarding)

1 Strategy

- 1.1 Blakedown CE Primary School's vision, embedded in Psalm 139:14 - '**I will praise you because I am fearfully and wonderfully made,**' recognises, values and nurtures the individuality of all of our children. We are committed to giving all of our children every opportunity to use their individual skills and talents in *service* of others and to *achieve* the highest of standards with a sense of joy and happiness about who they are. The achievements, attitudes and well-being of all our children matter, hence this policy states how to enable all our children to flourish and not be hindered by any medical need.

This policy is written in regard to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils with medical conditions.

This policy is based on the DfE statutory guidance *Supporting Pupils at School with Medical Conditions (2015)*

2 Policy

- 2.1 Blakedown CE 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.
- 2.2 This policy will ensure pupils at school with medical conditions, in term of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 2.3 The policy ensures that the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

3 Procedure

- 3.1 The Headteacher and SENDCo are responsible for ensuring that whenever the school is notified that a pupil has a medical condition:
- 3.1.1 sufficient staff are suitably trained;
 - 3.1.2 all relevant staff are made aware of a child's condition;
 - 3.1.3 that there are sufficient trained staff available to support pupils with medical needs, including during staff absence;
 - 3.1.4 supply teachers are briefed;
 - 3.1.5 risk assessments for visits and activities out of the normal timetable are carried out;

- 3.1.6 individual healthcare plans (IHP) are monitored (at least annually);
- 3.1.7 transitional arrangements between schools are carried out;
- 3.1.8 if a child's needs change, the above measures are adjusted accordingly.

- 3.2 Where children are joining Blakedown CE Primary at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.
- 3.3 Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

3.4 Medical conditions register /list

- 3.4.1 Schools admissions forms should request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
- 3.4.2 A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class /form tutor should have an overview of the list for the pupils in their care, within easy access and held within their class folder.
- 3.4.3 Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- 3.4.4 For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

3.5 Individual Healthcare Plans (IHPs)

The following information should be considered when writing an individual healthcare plan:

- 3.5.1 the medical condition, its triggers, signs, symptoms and treatments;
- 3.5.2 the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues;
- 3.5.3 specific support for the pupil's educational, social and emotional needs;
- 3.5.4 the level of support needed including in emergencies;
- 3.5.5 who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements;

- 3.5.6 who in school needs to be aware of the child's condition and the support required;
- 3.5.7 arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision);
- 3.5.8 separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate;
- 3.5.9 confidentiality;
- 3.5.10 what to do if a child refuses to take medicine or carry out a necessary procedure;
- 3.5.11 what to do in an emergency, who to contact and contingency arrangements;
- 3.5.12 where a child has SEND but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan.

3.6 Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

3.6.1 The Governing Body:

- 3.6.1.1 must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented;
- 3.6.1.2 must ensure sufficient staff receive suitable training and are competent to support children with medical conditions;
- 3.6.1.3 must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk.

3.6.2 The Head Teacher:

- 3.6.2.1 should ensure all staff are aware of this policy and understand their role in its implementation;
- 3.6.2.2 should ensure all staff who need to know are informed of a child's condition;
- 3.6.2.3 should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured;
- 3.6.2.4 is responsible for the development of IHPs;

3.6.2.5 should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse.

3.6.3 School Staff:

3.6.3.1 any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so;

3.6.3.2 should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions;

3.6.3.3 any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.6.4 School Nurses:

3.6.4.1 are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school;

3.6.4.2 may support staff on implementing a child's IHP and provide advice and liaison;

3.6.5 Other healthcare professionals:

3.6.5.1 should notify the school nurse when a child has been identified as having a medical condition that will require support at school;

3.6.5.2 may provide advice on developing healthcare plans;

3.6.5.3 specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes).

3.6.6 Pupils:

3.6.6.1 should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with their IHP.

3.6.7 Parents:

3.6.7.1 must provide the school with sufficient and up-to-date information about their child's medical needs;

3.6.7.2 are the key partners and should be involved in the development and review of their child's IHP;

3.6.7.3 should carry out any action they have agreed to as part of the IHP implementation.

3.7 Medicines

- 3.7.1 Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- 3.7.2 If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.
- 3.7.3 No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- 3.7.4 Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- 3.7.5 No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- 3.7.6 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.
- 3.7.7 A maximum of **four** weeks' supply of the medication may be provided to the school at one time.
- 3.7.8 A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
- 3.7.9 All medicines will be stored safely and securely, in a location that is not accessible to pupils but readily available to staff in an emergency. Inhalers and Epipens will be stored in the class first aid box, which is kept in each class cupboard out of reach of children. This box moves with the children so that it is accessible to overseeing staff during all activities. If the medication requires keeping cool, then it will be stored in the fridge in the staffroom where children do not have access.
Any other medication will be kept in the locked box and kept in the office cupboard.
- 3.7.10 Any medications left over at the end of the course will be returned to the child's parents.
- 3.7.11 Written records will be kept of any medication administered to children.
- 3.7.12 Pupils will never be prevented from accessing their medication.
- 3.7.13 Emergency salbutamol inhaler kits may be kept voluntarily by school.
- 3.7.14 General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room

3.7.15 Blakedown CE Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

3.7.16 Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

3.7.17 Any concerns about a child's welfare or wellbeing arising from a medical condition will be reported in line with the school's safeguarding procedures

3.8 Emergencies

3.8.1 Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.

3.8.2 Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

3.8.3 If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

3.9 Day trips, residential visits and sporting activities

3.9.1 Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

3.9.2 To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

3.10 Avoiding Unacceptable Practice

Each case will be judged individually, but in general the following is not considered acceptable.

The following practice is unacceptable at Blakedown CE Primary:

3.10.1 preventing children from easily accessing their medication and administering it when and where necessary;

3.10.2 assuming children with the same condition require the same treatment;

3.10.3 ignoring the views of the child, their parents; ignoring medical advice or opinion;

3.10.4 sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP);

- 3.10.5 penalising children for their attendance record if their absences are related to their medical condition that is recognised under this policy;
- 3.10.6 preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- 3.10.7 to require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs);
- 3.10.8 preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child);

3.11 Insurance

- 3.11.1 Teachers who undertake responsibilities within this policy will be assured by the Headteacher that they are covered by the school's insurance, currently RPA when acting in accordance with this policy and following appropriate training.

3.12 Complaints

- 3.12.1 All complaints should be raised with the school in the first instance.
- 3.12.2 The details of how to make a formal complaint can be found in the School Complaints Policy.

3.13 Definitions

- 3.13.1 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- 3.13.2 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being 'unwell' and common childhood diseases are not covered.*
- 3.13.3 'Medication' is defined as any prescribed or over the counter treatment.
- 3.13.4 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- 3.13.5 A 'staff member' is defined as any member of staff employed at Blakedown CE Primary School.

4. Monitor and Review

The headteacher and SENDCo will monitor the effectiveness of this policy on a regular basis. The headteacher and SENDCo will report to the governing body on the effectiveness of the policy and reviewed every two years or earlier if required.

5. Linked policies

Other Relevant Policies that cross reference with this one are:

SEND; First Aid & Medicines; Asthma; Health, Safety & Welfare, Child Protection/Safeguarding, Equality.



Draft Letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Carer

Developing an individual healthcare plan for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual healthcare plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve the following people []. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you to contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



Blakedown CE Primary Individual Healthcare Plan

Name of school	Blakedown CE Primary
Child's Name	
Year group/class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone number: (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone number: (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone number	

G.P.

Name	
Phone number	

Who is responsible for providing support in school:	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-

indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken - who, what, when

Form copied to



Blakedown CE Primary Staff Training Record
Administration of Medication

Name of school	Blakedown CE Primary
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of staff] has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____



Record of Medicine Administered to an Individual Child

Name of child	
Class	
Date medicine provided by parent	
Quantity received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	
Quantity returned	

Above details completed by:

Staff name _____

Do we hold a Parental Agreement for School to Administer Medicine form fully completed and signed by a parent/carer? **Y/N**

Staff Signature _____ Date _____

	Dose1	Dose2	Dose3
Date			
Time given			
Dose given			
Name/signature of member of staff			
Second signature			

Date			
------	--	--	--

Time given			
Dose given			
Name /signature of member of staff			
Second signature			

Date			
Time given			
Dose given			
Name/signature of member of staff			
Second signature			

Date			
Time given			
Dose given			
Name/signature of member of staff			
Second signature			

Date			
Time given			
Dose given			
Name/signature of member of staff			
Second signature			



Parental Agreement for School to Administer Medicine

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

Name of child

Date of birth

Class

Medical condition or illness requiring medication to be given in school

I understand that I must deliver the medicine personally to a member of the office staff and that all Medicines must be in the original container as dispensed by the pharmacy

Medicine

Name/type of medicine
(as described on the container)

Dosage and method

Dates medicine to be given

Time medicine to be given

Special precautions/other instructions

Are there any side effects that the needs to know about?

Procedures to take in an emergency

Mon	Tues	Wed	Thurs	Fri

ool

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

The above information is, to the best of my knowledge, accurate at the time of writing **and I give consent to school staff administering medicine in accordance with the school policy.** I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Record of Medication Received from/Returned to Parent/Carer

<u>Received by (staff)</u>	<u>Date/Time</u>	<u>Returned to (Parent/carers)</u>	<u>Date/Time</u>
I confirm that I have checked this medication and am satisfied that it belongs to my child			
I confirm that I have checked this medication and am satisfied that it belongs to my child			
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