

Mereside C of E Primary School



Medical Conditions Policy

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Caring for Pupils with Medical Needs Policy

1 Introduction

1.1 Definition

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

(a) Short-term: affecting their participation in school activities for which 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**).

1.2 Rationale

LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer 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. The employer is 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(updated 11th December 2015),from September 2014, places 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.** However, 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. The school takes advice and guidance from the Shropshire Council Medicines in Schools section of the Health and Safety Policy which encourages self- administration of medication when possible. Contact details for our School Nurse can be obtained from our school office. A copy of this policy will also be available to parents in paper form from the office.

2 Key Roles and Responsibilities

2.1 The Local Authority(LA) is responsible for :

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions
- Providing support , advice/guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHCP) are delivered effectively
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not

receive a suitable education.

2.2 The Governing Body is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively
- Ensuring that Supporting Pupils with Medical Conditions policy does not discriminate on any grounds including but not limited to protected characteristics: ethnicity, religion or belief, gender, gender reassignment, pregnancy & maternity, disability or sexual orientation
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs
- Ensuring pupils with all medical conditions are able to play a full and active role in all aspects of school life, participate in school visits, sporting activities, remain healthy and achieve their academic potential
- Ensuring that relevant training is delivered to sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff have access to information, resources and materials
- Ensuring written records are kept of, any and all, medicines administered to pupils
- Ensuring the policy sets out procedures in place for emergency situations
- Ensuring the level of insurance in place reflects the risk
- Handling complaint's regarding this policy as outlined in the school's Complaints Policy

2.3 The Headteacher (supported by the Assistant Headteacher) is responsible for:

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy
- The day to day implementation and management of this policy and its procedures
- Liaising with healthcare professionals regarding the training required for staff
- Identifying staff who need to be aware of a child's medical condition
- Developing Individual Healthcare Plans (IHCP)
- Ensuring a sufficient number of trained staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations
- If necessary, facilitating the recruitment of staff for the purpose of implementing this policy and its procedures. Ensuring more than one staff member is identified to cover absences and emergencies
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy
- Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition
- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/ care
- Considering the purchase of a defibrillator

- Voluntarily holding “spare” salbutamol asthma inhalers for emergency use

2.4 Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing where controlled drugs are stored and where the key is held (N.B. Controlled drugs should only be accessed by the staff named in the child’s IHCP)
- Taking account of the needs of pupils with medical conditions in lessons
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility
- Allowing inhalers, Epi-pens and blood glucose testers to be held in an accessible location, following DfE guidance. Ensuring these are accessible on visits and in an emergency such as evacuation from the building.

2.5 School nurses/ health professionals are responsible for:

- Collaborating on an IHCP in anticipation of a child with a medical condition starting school
- Notifying the school when a child has been identified as needing support in school due to a medical condition at any time in their school career
- Supporting school in implementing an IHCP and then participate in regular reviews of the IHCP. Give advice and liaison on training needs
- Liaising locally with lead clinicians on appropriate support. Assisting the appropriate senior leader in identifying training needs and providers of training

2.6 Parents and Carers are responsible for :

- Keeping the school informed about any new medical conditions or changes to their child/ children’s health
- Participate in the development and regular reviews of their child’s IHCP
- Completing a parental consent to administer medicine or treatment before bringing medication into school (N.B. all medication must be prescribed)
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine
- Carrying out actions assigned to them in the IHCP with a particular emphasis on they, or a nominated adult, being contactable at all times

2.7 Pupils are responsible for (at an age appropriate level):

- Providing information on how their medical condition affects them
- Contributing to their IHCP
- Complying with their IHCP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents

3 Training of Staff

- 3.1 Newly appointed teachers, supply or agency staff and support staff will receive training on the “Supporting Pupils with Medical Needs” Policy as part of their

induction

- 3.2 The clinical lead for each training area/ session will be named on the IHP
- 3.3 No staff member may administer prescription medication or undertake healthcare procedures without undergoing training specific to the condition and being signed off as competent
- 3.4 School will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy.
- 3.5 The Headteacher will notify and check with Health and Safety and Risk Management at the LA

4 Medical conditions register/ list

- 4.1 School admissions form should request information on pre-existing medical conditions. Parents/ carers must have an easy pathway to inform school if a condition develops or is diagnosed. (Consideration could be given to seeking consent from GPs to have input into IHCP and also to share information regarding attendance.)
- 4.2 A medical condition list or register should be kept, updated and reviewed regularly by the nominated member of staff (Mrs Ffion Carr). Each class should have an overview of the list for pupils in their care, within easy access (Front of orange attendance file)
- 4.3 Supply staff and support staff similarly should have access on a need to know basis. Parents should be assured that data sharing principles are adhered to.
- 4.4 For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents/ carers, school and healthcare professionals to prepare an IHCP and train staff if appropriate

5 Individual Healthcare Plans

- 5.1 Where necessary (Headteachers will make the final decision) an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
- 5.2 IHCPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. More discreet location for storage such as Intranet or locked file is more appropriate. ***N.B. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.***
- 5.3 IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- 5.4 Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- 5.5 Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHCP identifies the support the child needs to reintegrate.

6 Educational Health Needs Referrals

- 6.1 All pupils of compulsory school age who because of illness, lasting 15 days or more,

would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.

- 6.2 In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

7 Medicines

- 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; this includes those prescribed three times a day – before school, after school and bedtime.
- 7.2 If this is not possible i.e. medicine prescribed four times a day, 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.
- 7.3 No child will be given any prescription medicines without written parental consent except in exceptional circumstances.
- 7.4 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.
- 7.5 A maximum of **four** weeks' supply of the medication may be provided to the school at one time.
- 7.6 Controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable locked container and only named staff will have access. Controlled drugs should be easily accessible in an emergency.
- 7.7 Medications (other than inhalers, epi-pens and diabetes medication) will be stored in the School Office.
- 7.8 Any medications left over at the end of the course will be collected by the child's parents. (School will contact to remind once)
- 7.9 Written records will be kept of any medication administered to children.
- 7.10 Pupils will never be prevented from accessing their medication.
- 7.11 Emergency salbutamol inhaler kits may be kept voluntarily by school
- 7.12 General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room
- 7.13 Staff will not force a child if a child refuses to comply with their health procedures and the resulting actions will be clearly written into their IHP which will include informing parents
- 7.14 Mereside CE Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

8 Emergencies

- 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.
- 8.2 Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- 8.3 If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9 Day visits, residential visits and sporting activities

- 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.
- 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 IHCP requirements for the school day.

10 Avoiding Unacceptable Practice

(Each case will be judged individually but in general the following is not considered acceptable)

The following behaviour is unacceptable at Mereside CE Primary School:

- 10.1 Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- 10.2 Assuming that pupils with the same condition require the same treatment.
- 10.3 Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- 10.4 Sending pupils home frequently or preventing them from taking part in activities at school
- 10.5 Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- 10.6 Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- 10.7 Creating barriers to children participating in school life, including school trips.
- 10.8 Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

11 Insurance

- 11.1 Staff who undertake responsibility within this policy will be assured by the Headteacher that they are covered by the LA's insurance policy

12 Complaints

- 12.1 All complaints should be raised with the school in the first instance
- 12.2 Details of how to make a complaint are contained in our school's Complaints Policy

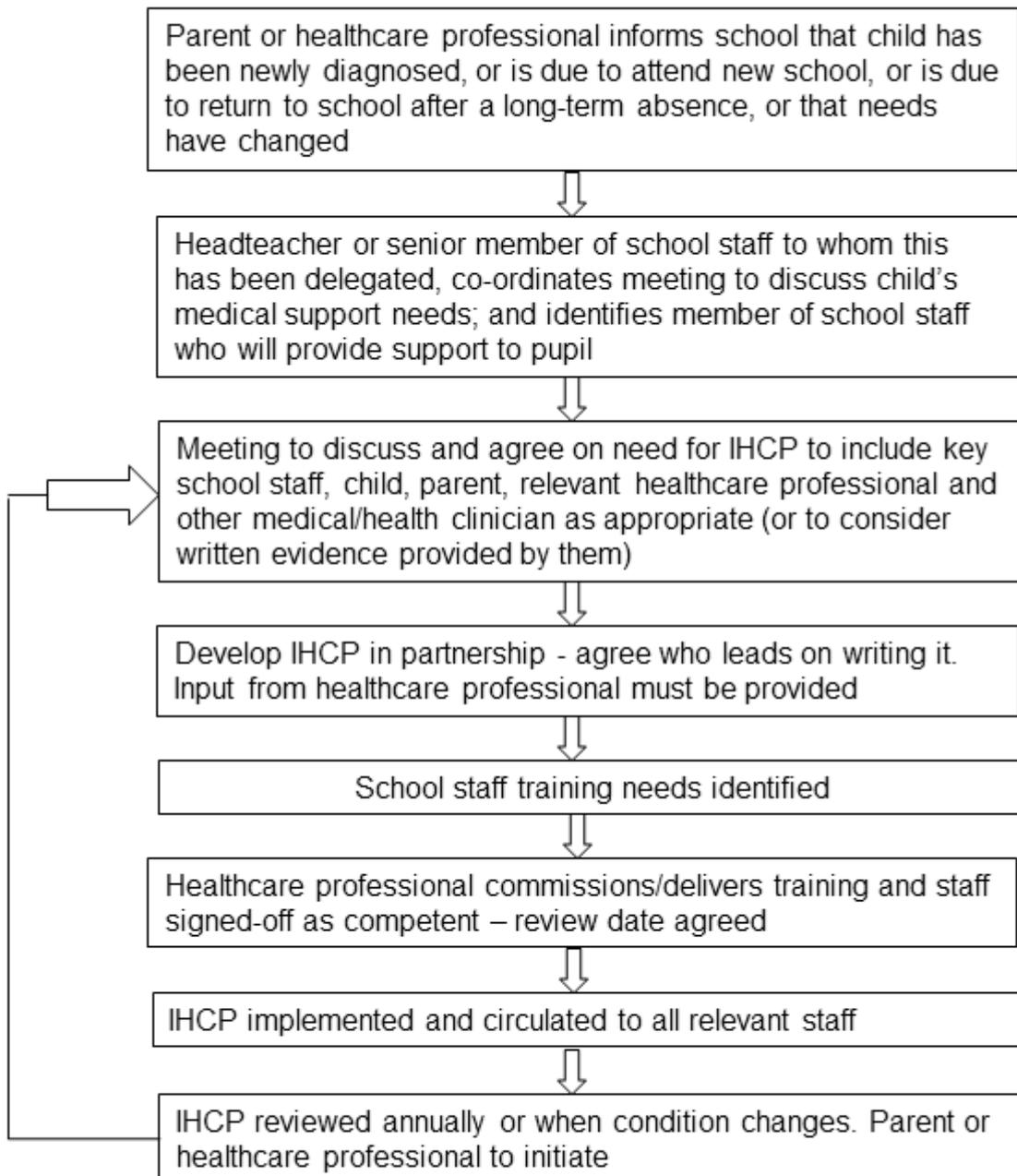
13 Definitions

- 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.
- 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. (**N.B. Being 'unwell' and common childhood diseases are not covered.**)

- 13.3 'Medication' is defined as any prescribed medicine
- 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.
- 13.5 A "staff member" is any member of staff employed by Mereside CE Primary School

Annex A: Model process for developing individual healthcare plans



Template A: individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
----------------------------------------------------	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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

Template B: parental agreement for setting to administer medicine

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

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

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number **(01743 356283)** or the relevant school mobile
2. your name
3. your location as follows **Mereside CE Primary School, Mereside, Shrewsbury SY2 6LE**
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code **SY2 6LE (Sierra Yankee 2 6 Lima Echo)**
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

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

Dear Parent

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 the 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 health care 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 contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely