



**BRADING C of E (CONTROLLED)
PRIMARY SCHOOL**

**Supporting Children with Medical Conditions
Policy**

Reviewed by Governors

Date Agreed: March 2018

Review Date: March 2019

Signed: _____

BRADING CE PRIMARY SCHOOL

Rationale:

Brading Primary School wishes to provide a fully inclusive educational and pastoral system. To do this we need to ensure that correct procedures and protocols are in place to enable any pupil with a long-term medical condition to be able to attend school or have minimum disruption to their education.

Local Authorities and schools have a responsibility for the health and safety of pupils in their care. The Health & 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 who may be more at risk than their classmates. Individual procedures may be required. The Headteacher 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, 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. Contact details for School Nurses can be requested via the School Office.

Action in Emergencies – this policy does not replace the protocol and procedures already in place in school for emergency situations. Failure to act in an emergency situation could result in a teacher or other member of school staff being found in breach of the statutory duty of care. (See Health and Safety Policy).

We also recognise that needs change over time. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education Health Care Plan (EHCP).

Isle of Wight Council conducts to each school that no child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition cannot be made. In line with the schools safeguarding duties, the school does not have to accept a child in school at times when it would be detrimental to the health of that child and others to do so.

AIMS

- To ensure as little disruption to our pupils education as possible.
- To develop staff knowledge and training in all areas necessary for our pupils.
- To ensure we develop links with all outside agency support systems including hospital teachers and specific support groups.
- To ensure safe storage and administration of agreed medication.
- To provide a fully inclusive school.
- To provide cover arrangements in case of staff absence including briefing supply teachers.

GUIDELINES

DEFINITION

Any pupil, who is infectious or too poorly, should not attend school until they are well enough.

A recognised medical condition, which will last longer than 15 days and will require the pupil to have a care plan protocol in school, a National Health Service Plan may be used.

We will work with parents and medical professionals to ensure we have specific protocols in place as soon as the child starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

PRINCIPLES

- Parents should provide full information about their child's medical needs, including details on medicines their child needs.
- Medicines should only be taken to school when essential where it would be detrimental to a child's health were they not to be administered during the day.
- Schools should only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber.

INDIVIDUAL HEALTH CARE PLANS (IHCP)

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child regarding what needs to be done, when and by whom. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. They will be often essential, such as cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professionals including the school nurse and parents should agree the level of detail within a healthcare plan; this will depend on the complexity of the child's

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condition and the degree of support needed. Where a child has a special educational need, but does not have a EHC plan, their special educational needs will be mentioned in their individual healthcare plan.

Individual healthcare plans will be drawn up in partnership between the school, parents and a relevant healthcare professional, e.g. Specialist or community/school nurse. Wherever possible, the child will also be involved in the process. The aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Responsibility for ensuring the plan is finalised rests with the school.

An IHCP will include:

- Details of the child's medical condition
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- Who to contact in an emergency
- The role of staff
- Special requirements e.g. dietary needs, pre-activity precautions
- Side effects of medicines

A copy will be given to parents/carers, class teachers/childcare practitioners and a copy will be retained in the medical needs file in the office and the child's individual file. The general medical information sheet given to all staff will indicate that the child has an IHCP.

Procedures to follow when notification is received that a pupil has a medical condition-**Please see Annex A which is the process.**

STAFF TRAINING & SUPPORT

Staff will be supported in carrying out their role to support pupils with medical conditions through appropriate training as identified in the IHCP, and receive emotional support from line managers.

Training needs for staff will be identified during the development or review of individual healthcare plans. They will be reviewed in line with IHCP reviews, or sooner should a child have a change of diagnosis and need, or should the staff member feel additional training in a key area would support them. Staff with existing knowledge of the specific support needed by a child with a medical condition may not require extensive training. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The school will hold whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy (this may be delivered separately to teachers and teaching assistants/ lunchtime staff/ support staff). Medical awareness training will be included in induction arrangements.

The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes

preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

MANAGING MEDICINES

ROLES and RESPONSIBILITIES

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals, and where appropriate, social care professionals, local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

Governing Boards -must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. Governing Boards should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteachers - should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff that need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they

take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child.

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other

arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs.

MANAGING MEDICINES AND RECORD KEEPING

Prescribed Medicines

At Brading we will only administer medicines that are essential where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. We will only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

We will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies, which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. For example, for medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

Any authorised member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Schools and settings should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child for use, is an offence. Schools should have a policy in place for dealing with drug misuse.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in school or setting. This will usually be for a short period only, perhaps to finish a course or antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However such medicines should only be taken to school or an early years setting where it would be detrimental to a child's health if it were not administered during the school day. To us at Brading this is when short-term medicines need to be given at least 4 times a day for children who are in year 1 upwards and at least 3 times a day for Early years Foundation stage children.

Long- Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **MUST** be considered.

At Brading we will make sure from parents that we know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

Administering Medicines

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- The child's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container

If in doubt of any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

We will keep records of each time the medicines are given.

Self-Management

At Brading we feel it is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and school should encourage this. The parents will also give permission for this, A form will be completed by a staff member to check if administered. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines, in conjunction with parents, and to take responsibility.

Older children with long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Record Keeping

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Any side effects
- Expiry date

We will keep written records of all medicines administered to children, and make sure that parents sign the record book to acknowledge the entry.

EMERGENCY PROCEDURES

Governing Boards should ensure that the school's policy sets out what should happen in an emergency situation. As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies.

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Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

DAY TRIPS AND RESIDENTIAL VISITS

At Brading CE Primary School pupils with medical conditions should participate fully in school trips and visits, or in sporting activities. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The Brading CE Primary School will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. As part of our commitment to best practice, we carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

SPORTING ACTIVITIES

Most children with medical conditions can participate in physical activities and extra-curricular sports. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their Individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures and plan will be formed if required.

UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;

- Ignore the views of the child or their parents; or ignore medical evidence or opinion,;
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips.

COMPLAINTS

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school.

If for whatever reason this does not resolve the issue, they may make a formal complaint via the School's Complaints Procedure.

This policy should be read in conjunction with the school's Safeguarding and Child Protection Policy.

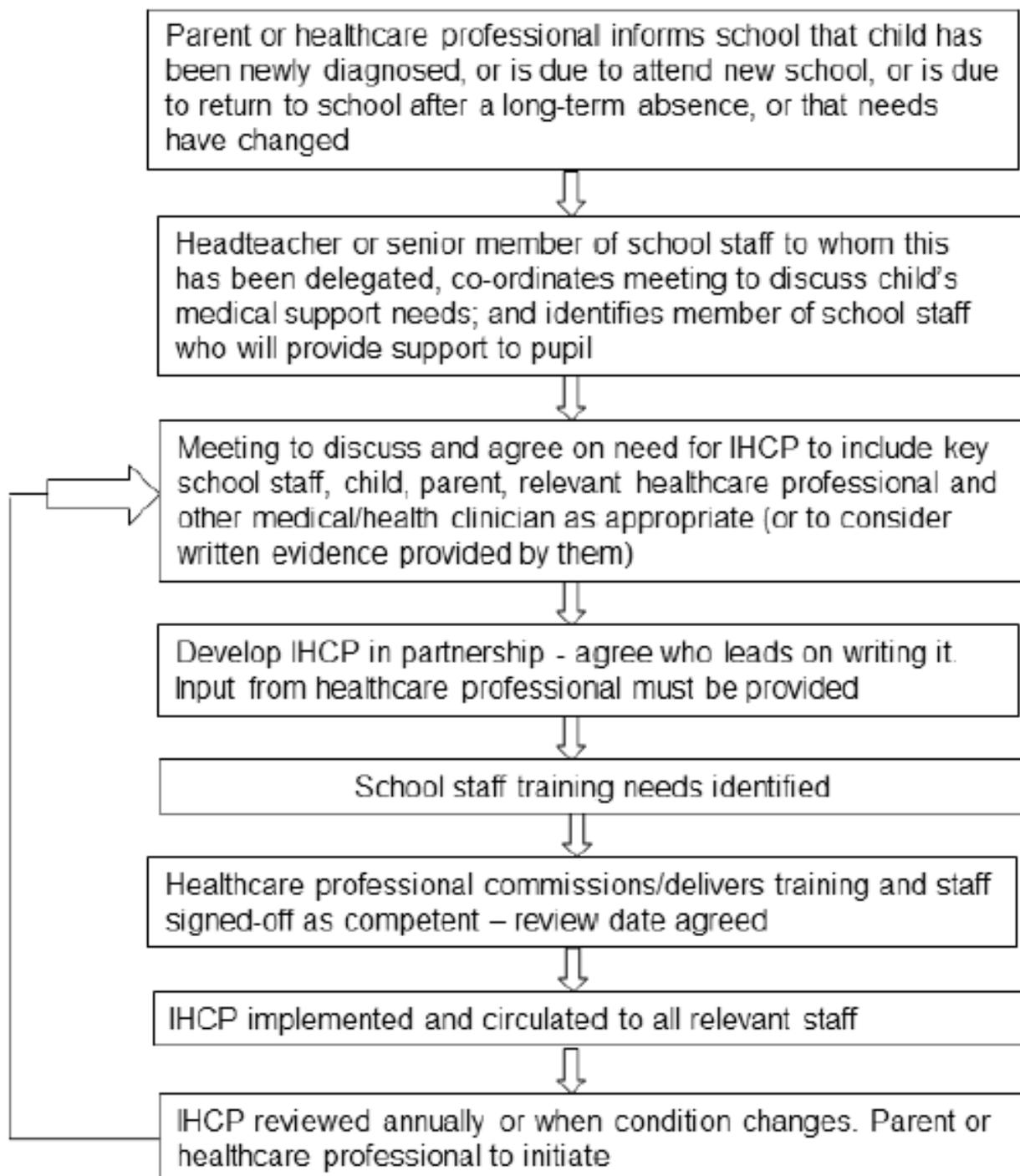
Annex A- Model Process for Developing Individual Healthcare Plans

Template A – Individual Healthcare Plan

Template B – Record of Medicine Administered to all Children

Template C – Staff Training Record – Administration of Medicines

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	
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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

Self-administration (yes/no)

Form copied to

Template B: record of medicine administered to child

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template C: 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 _____