



Edwards Hall Primary School

Supporting Pupils at School with Medical Conditions Policy

Reference:	Medication Policy
Responsibility of:	Welfare Officer/SBM
Date Issued:	May 2017
Governor Approved:	June 2017
Review Date:	May 2020

Introduction

The Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with medical conditions cannot be denied admission or excluded from school on medical grounds alone unless accepting a child in school would be detrimental to the health of that child or others.

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care (EHC) plan. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice.

The aim of this document 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, achieve their potential and can access and enjoy the same opportunities as other children.

This policy will be reviewed regularly and will be readily accessible to parents/carers and staff through the school website.

Policy Implementation

The overall responsibility for the successful administering and implementation of this policy is the schools Inclusion Manager. She is responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absence or staff turnover to ensure that someone is always available. The Inclusion Manager will be responsible for briefing supply teachers, risk assessments for school visits, and other school activities outside of the normal timetable and for the monitoring of Individual Healthcare Plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. New members of staff will be inducted into the arrangements.

Pupils with Medical Conditions

Pupils with long term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

Children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. Reintegration back into school will be properly supported so that pupils with medical conditions will fully engage with learning and not fall behind.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working arrangements and working in partnership will ensure that the needs of pupils with medical conditions are met effectively.

- i. The governing body ensure that the school develops and implements a policy for supporting pupils with medical conditions. They ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions. They ensure that the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.

- ii. The Headteacher will ensure that the school's policy is developed and effectively implemented with partners. He will ensure that all staff are aware of the policy and understand their role in its implementation. He will make sure that sufficient numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in emergency and contingency situations. The Headteacher has the overall responsibility for the development of Individual Healthcare Plans. He will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will contact the school nursing service in the case of any child who has a medical condition that may require support at school.
- iii. 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. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- iv. School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support at school. School nurses may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison.
- v. Other healthcare professionals, including GPs and paediatricians 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.
- vi. Pupils will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of their individual healthcare plan since they know best how their condition affects them. Other pupils in the school will be sensitive to the needs of those with medical conditions.
- vii. Parents/carers must provide the school with up-to-date information about their child's medical needs and will be involved in the development and review of their child's individual healthcare plan. They will carry out any action they have agreed to as part of its implementation and ensure they or another nominated adult are contactable at all times.
- viii. 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 (whether consecutive or cumulative across the school year).
- ix. Health services can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at school.
- x. Clinical commissioning groups (CCGs) should ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions.

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- xi. Ofsted – Inspectors consider the needs of pupils with chronic or long term medical conditions and also those of disabled children and pupils with SEN. The school will demonstrate that the policy dealing with medical needs is implemented effectively.

Procedures to be followed when Notification is received that a pupil has a medical condition

The school will follow the correct procedures when it is notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. See Annex A.

For pupils starting at the school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on available evidence which would normally involve some form of medical evidence and consultation with parents.

The school will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school will consider what reasonable adjustments it might make to enable pupils with medical needs to participate in school trips and visits or in sporting activities.

Individual Healthcare Plans

Not all children will require an Individual Healthcare Plan. The school, healthcare professional and parent will agree when a healthcare plan would be appropriate, based on evidence. If consensus cannot be reached, the Headteacher will take the final decision. A flow chart for identifying and agreeing the support a child needs and developing an Individual Healthcare Plan can be found at Annex A. Individual Healthcare Plans will often be essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

Individual Healthcare Plans will be accessible to all who need to refer to them, while preserving confidentiality. The plans capture the key information and actions that are required to support the child effectively. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their Individual Healthcare plan (a template can be found at Annex B). Where a child has a special educational need identified in a statement or EHC plan, the Individual Healthcare Plan should be linked to or become part of that statement or EHC plan.

Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents and a relevant healthcare professional who can best advise on the needs of the child. Pupils will also be involved, whenever appropriate. Partners will agree who will take the lead in writing the plan however it is the responsibility of the school to ensure it is finalised and implemented.

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The school will review plans at least annually or earlier if evidence is presented that the child's needs have changed.

Annex B provides a template for an Individual Healthcare Plan and the information that will be recorded on such plans.

Staff Training and Support

Any member of school staff providing support to a pupil with medical needs will receive suitable training. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

Healthcare professionals, including the school nurse can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The Inclusion Manager will make arrangements for whole school awareness training so that all staff, including new staff, are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Parents can also contribute by providing specific advice.

The Child's Role in Managing their Own Medical Needs

Some children are competent to manage their own health needs and medicines. The school, after discussion with parents, will encourage such children to take responsibility for managing their own medicines and procedures. This will also be reflected within Individual Healthcare Plans.

Children should be able to access their medicines for self-medication quickly and easily. Those children who take their medicines themselves or manage their own procedures may require an appropriate level of supervision.

If a child refuses to take medicine or carry out a necessary procedure then they should not be forced by staff. The procedure agreed in the Individual Healthcare Plan should be followed and parents informed so that alternative options can be considered.

Managing Medicines on the School Premises

While it is not our policy to care for sick children who should be at home until they are well enough to return to school (at least 48 hours after the last bout of sickness or diarrhoea), we are able to administer certain medication as part of maintaining their health and wellbeing or when they are recovering from illness.

All medication sent in for a child must be signed in by a parent/guardian at the school office (see Annex C or D). No child should be carrying medication that the school is unaware of. Medication that is no longer required, or out-of-date medication will be returned to the parent to arrange for safe disposal. Parents are responsible for collecting all medication. Medicines are never given back to a child.

The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. (The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pump, rather than in its original container). A child under 16 will never be given medicines containing aspirin unless prescribed by a doctor

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A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, however passing it on to another child for use is an offence (Monitoring arrangements may be necessary in such cases). The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in the medical room and only named staff will have access. Controlled drugs should be easily accessible in an emergency. Staff administering a controlled drug must do so in accordance with the prescriber's instructions. Any side effects should also be noted. These procedures are outlined in Annex C or D.

Short Term Medication

- Only prescribed medicine / antibiotics will be administered. Antibiotics or prescribed medicine will only be administered if they are required 4 times a day and will be given to the child just before their lunch. If the prescription is 3 times a day, it is expected that the parent / carer will oversee these before school, after school and before bedtime. Medication must be signed in daily and will only be administered with a parental/guardians signature and only when it would be detrimental to a child's health or school attendance not to do so. (See Annex D).
- The school will keep a record of all short term medicines administered to individual children, stating what was administered, how much was administered, when and by whom. See Annex D
- Medicines will be stored safely in the medical room in accordance with pharmaceutical advice.

Long Term Medication

- asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. Each classroom has a medical bag that these devices are stored in, which is portable and taken out at breaktimes, lunchtimes, PE, and on school trips (where the member of staff in charge of first aid will carry all medical devices and medicines required). Children and class teachers will be aware of where their medicines are at all times and will be able to access them immediately. (Secondary emergency use adrenaline pens are stored within the medical room).
- all other medicines are stored securely in the medical room. The storage key is held by the first aider and school office staff. Where relevant the children should know this.
- If the administration of medication requires medical training, this is provided for the relevant members of staff by a healthcare professional.
- The school will keep a record of all medicines administered to individual children in a log book, stating what was administered, how much was administered, when and by whom. The log book is kept within the classroom or medical room as appropriate.

Emergency Procedures

As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed. A pupil taken to hospital by ambulance will be accompanied by a member of staff who will stay with the child until the parent arrives.

Unacceptable Practice

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Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan, however 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 medical evidence or opinion (although this may be challenged) or ignore the views of the child or their parents
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the Individual Healthcare Plan
- if the child becomes ill send the child to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments
- 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 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 trip, eg by requiring parents to accompany the child

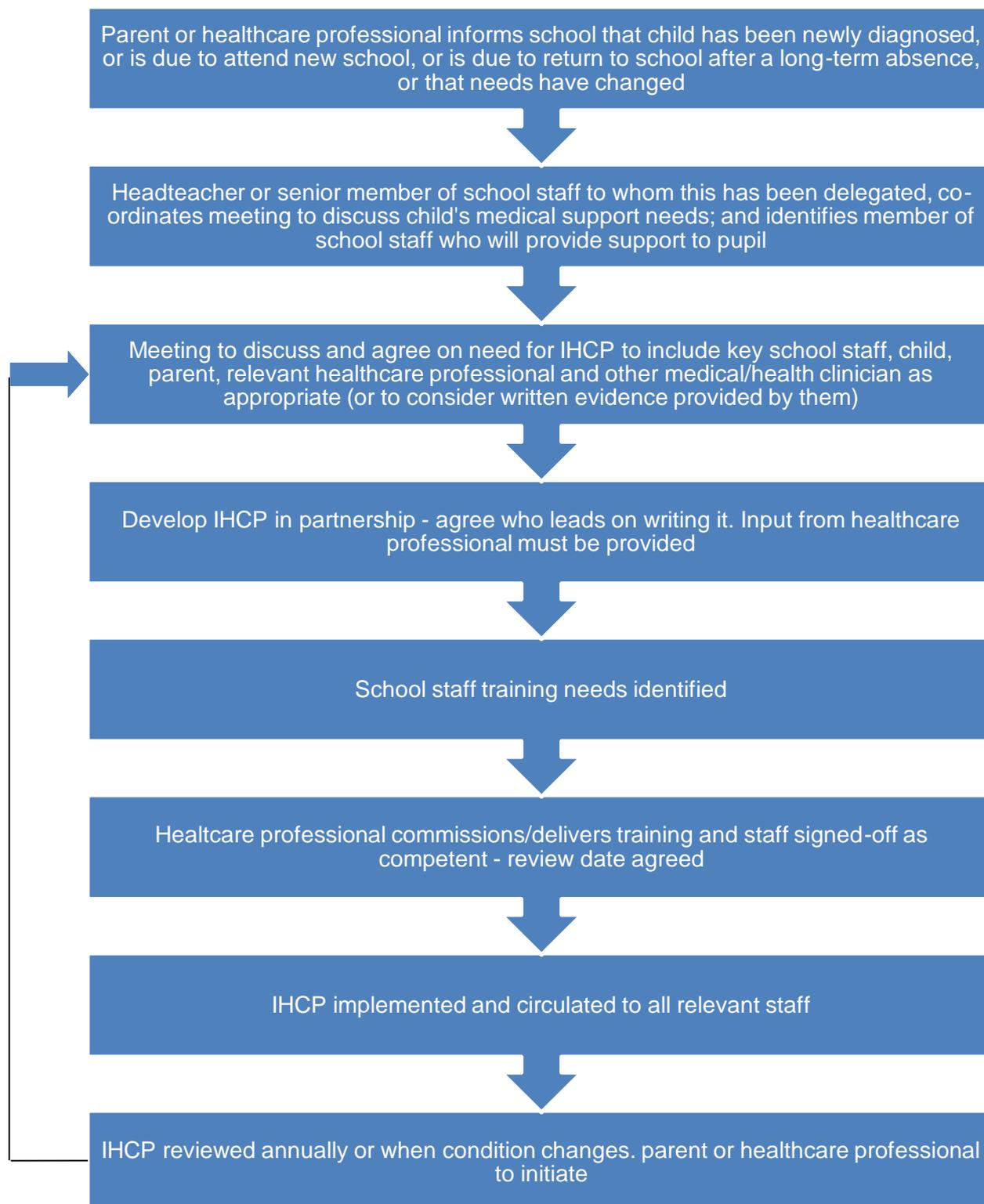
Insurance

The school insurance is arranged by Southend Borough Council and is provided by JLT Specialty Ltd, The St Botolph Building, 138 Houndsditch, London, EC3A 7AW.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If the issue is not resolved, a formal complaint via the school's complaint procedure should be made. After other attempts at resolution have been exhausted, a formal complaint can be made to the Department for Education only if it comes under the scope of section 496/497 of the Education Act 1996.

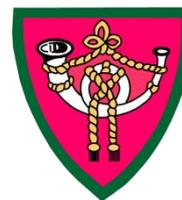
Annex A: Model process for developing Individual Healthcare Plans



Annex B

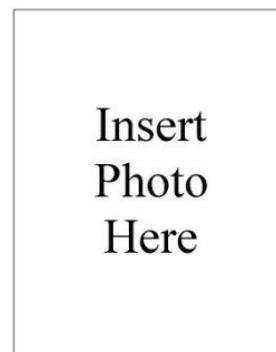
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INDIVIDUAL HEALTH CARE PLAN



Pupil's Information

Pupil's Name	
Address	
Date of Birth	
Class & Teacher	
Date of Plan	
Review Date	



Medical Information

1. Medical condition
2. Describe medical needs and give details of child's symptoms, triggers, signs,
3. Resulting needs of above - treatment, facilities, equipment /devices, dietary requirements, environmental issues.

4. If needed - name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision (Parent/carer consent form must be completed)

5. Educational, social and emotional needs e.g. how absences will be managed, rest periods needed, counselling sessions etc.

6. Who will provide the support and who will cover in their absence?

7. What training is required (if any)?

8. Arrangements for school visits/trips etc

9. Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs

Request for an Ambulance

Dial 999, ask for the ambulance service and be ready with the following information:

1. Name of child and a brief description of the symptoms
2. Address (Edwards Hall Primary School, Macmurdo Road Leigh-on-Sea, Essex, SS9 5AQ)
3. Exact location in the school and the best entrance
4. Telephone number (01702 524470)

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10. Any further Information

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11. Plan developed with

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Contact Information

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to pupil		
Telephone 1		
Telephone 2		

	GP	Clinic / Hospital Contact
Name		
Telephone		

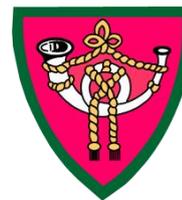
Signatures

	Print name	Signed	Date
Parent / Carer			
Health professional			
School Inclusion manager			
Headteacher			

Annex C

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Parental agreement for long term administration of 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 school/setting	Edwards Hall Primary School
Name of child	
Date of birth	
Class	
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	

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	Mrs Burke (Welfare assistant)

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 are any changes in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian Print name _____

Parent/Guardian Signature _____ Date _____

Annex D

SHORT TERM MEDICINES

The only medication that will be administered is one that is prescribed by the doctor and that states is to be given 4 times a day.

Parents must complete this form before any child will have medicine administered (by mouth only).

Medication is only administered just prior to the lunchtime bell.

Please see Mrs Burke or Mrs Pate if you have any problems.

To be completed by Parent/Guardian						To be completed by school staff				
Date	Name of Child	Class	Name of Medicine	Parent/Guardian print name	Parent/Guardian Signature	Dosage given	Time given	Any side effects	Signature of school staff	Print name