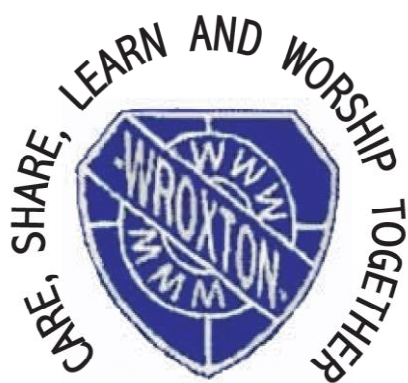


Wroxton CE (A) Primary School

Policy for Supporting Pupils at School with Medical Conditions



This policy has been written to comply with guidance issued by the Department of Education, dated September 2014.

Section 100 of 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 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 the place of the parent 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.

This policy will be reviewed regularly and will be readily accessible to parents/carers¹ and staff through the school website. It may be necessary to also refer to other school policies: Health and Safety; Special Needs; Concerns and Complaints.

Policy Implementation

All schools are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

The overall responsibility for the successful administering and implementation of this policy is given to the Head Teacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site. The Head will also make sure that the school staff are appropriately insured to support pupils with medical needs.

The Head will be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside of the normal timetable and the SENCo for the monitoring of individual healthcare plans. She will ensure that all relevant staff are made aware of a child's condition and that there is a culture of whole school awareness. All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this policy.

The Governing Body should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. Ofsted will consider the needs of pupils with chronic or

long-term medical conditions and consider the quality of teaching and progress being made.

Definitions of Medical Conditions:

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

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

The Role of Staff at Wroxton CE (A) Primary School:

Some children with medical conditions may be considered 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 and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN Policy.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, parents and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence, ensuring that the Individual Healthcare Plan (IHCP) identifies the appropriate support required for effective reintegration.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any IHCP). At the school, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, who we have regular access to, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Effective support will depend on working co-operatively with other agencies. These may include (but is not exhaustive): school staff; healthcare professionals; social care professionals; local authorities; parents and pupils. The collaborative working arrangements between those involved must be identified and detailed in the Individual

Healthcare Plan.

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are 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. For children starting at Wroxton CE (A) Primary 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 the school mid- term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We will also acknowledge that some will be more obvious than others. We will therefore 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 ensure that arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. The school will ensure that staff are properly trained to provide the support that pupils need. This should have been identified during the development or review of IHCP's.

The school will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school 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 school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for their medical condition have not been made. It is best practice to carry out a risk assessment. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents, where evidence

conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the Headteacher. Following the discussions an IHCP will be put in place.

Where a child has an IHCP, 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. This includes procedure should an emergency occur while out on a school trip. 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 (regardless of whether they have an IHCP) 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.

Individual Health Care Plans

IHCPs will be written and reviewed by the SENCO but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

IHCPs will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as 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 too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, health care professional and parents should agree, based on evidence, when a IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an IHCP is provided in Appendix A.

IHCPs will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their IHCP. Appendix B shows a template for the IHCP and the information needed to be included. IHCPs (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. The IHCP must be completed by the lead professional (usually the SENCO) with support from parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the Head.

The school will ensure that IHCPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the School assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the IHCP should be linked to or become part of that statement or EHC plan.

Appendix B provides a template for the IHCP, detailing the information that must be included:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded/noisy conditions, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and Headteacher. For medication to be administered by a member of staff, or self-administered by the pupil during school hours
- 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, e.g. risk assessments;
- where confidentiality issues are raised by the parents or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their IHCP. The Emergency Health Care Plan will not be the school's responsibility to write or review.

The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the parents, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within IHCPs.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored to ensure that the safeguarding of other children is not compromised³. The school does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the IHCP. Parents should be informed, outside of the review, so that alternative options can be considered.

Managing Medicines on the school site

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at the School when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parents written consent.
- a child under 16 should never be given a medicine containing aspirin unless prescribed by a doctor. Maximum dosages and time of last dose should always be checked before administering medicine.
- The school will not administer non-prescription medicines to a child, if a parent wishes a child to have the non-prescription medicine administered during the school day, they will need to come to the school to administer it to their child.
- The School will only accept prescribed medicines that are in date, labeled, 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 inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely locked in the school office (with the exception of inhalers which are held in the appropriate classrooms). Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility, which will be the Head Teacher and Office Staff.

³ Class 3 & 4 inhalers are stored in the teachers' drawer; Class 1 & 2 are stored out of reach and the children are made aware that they must ask for them. Every time a child uses their inhaler it is recorded in a class notebook kept for this purpose.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away; these will be stored in the teachers' draw for Kestrels & in teachers' cupboard in Eagles, Kites and Falcons. If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted. Appendix C and Appendix D outline these procedures. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Unacceptable Practice

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

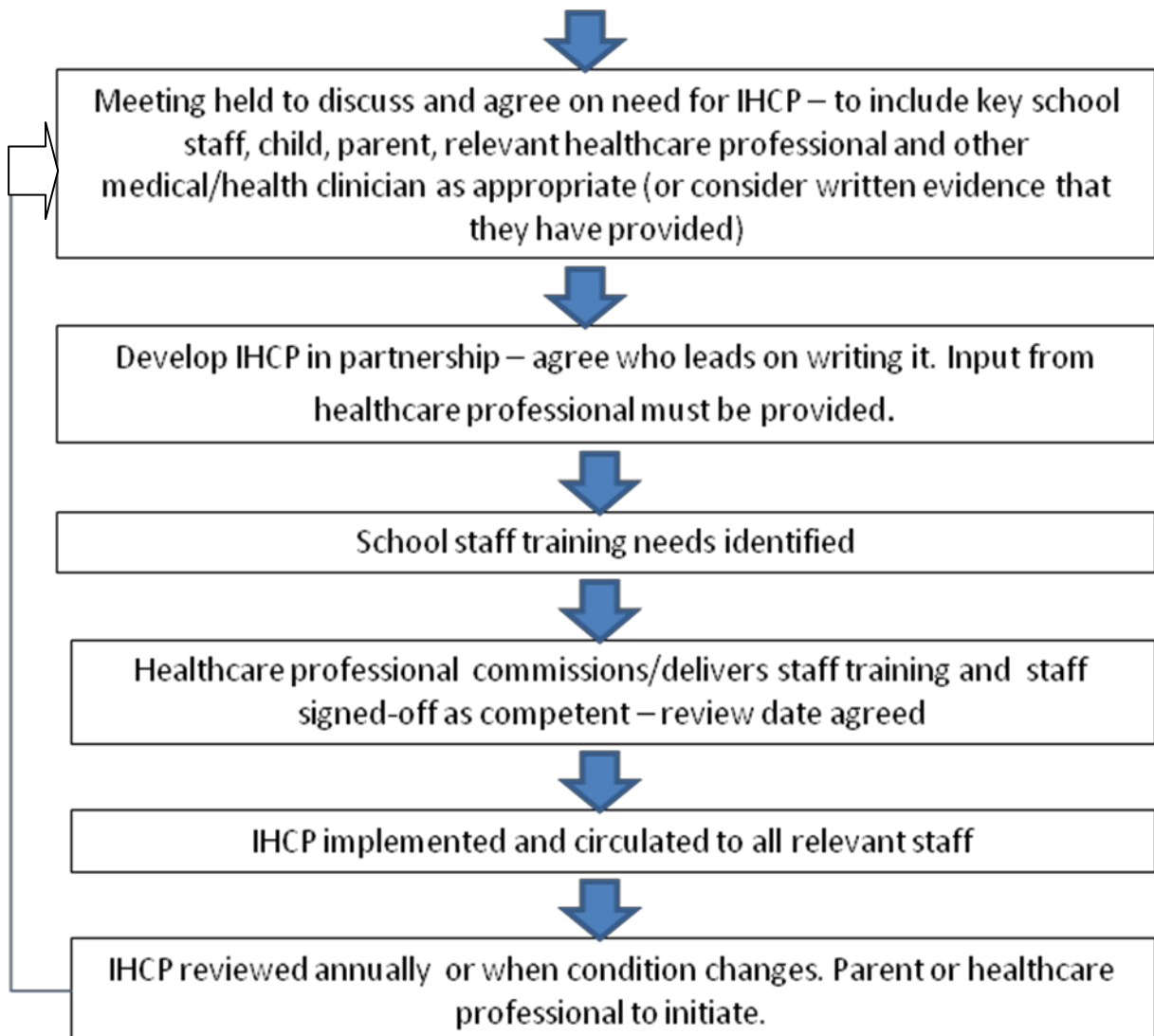
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP
- if the child becomes ill, send them 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 e.g. hospital
- 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 the 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Headteacher. If for whatever reason, this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the school's Concerns and Complaints Policy.

Appendix A

Model Process for Developing an Individual Health Care Plan



Appendix B

Individual Health Care Plan

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	

Name of Parent/Carer 1	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	
Name of Parent/Carer 2	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	

Clinic/Hospital Name	
Contact Number	
GP Name	
Contact Number	

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 pupil's educational, social and emotional needs	
Arrangements for school visits/trips etc	
Other information	
Describe what constitutes a medical emergency and the action to be taken if this occurs	
Who is responsible in an emergency, state if different for offsite activities	
Staff training needed/undertaken – who, what, where, when	
Plan developed with	Signed
Form copied to:	

Appendix C

Record of Medicine Administered to an Individual Child

Child's Name	
Class	
Date medicine provided by Parent/Carer	
Quantity received	
Name and strength of medicine	
Expiry date	
Dose and frequency of medicine	

Staff signature	
Parent/Carer signature	

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

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

Appendix D

Record of Medicine Administered to all Children

Class _____

Date & Time	Child's name	Name of medicine	Dose given	Any reactions	Staff signature	Print name