



Medicine and Supporting Pupils at School with Medical Conditions Policy June 2017

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 Cherry Tree Primary School with medical conditions.

Pupils with special medical needs have the same right of admission to the school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, in line with safeguarding duties, the school will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. The school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so. Some of our pupils 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 Code of Practice and the school SEN information.

This Policy will be reviewed regularly in line with the Governor's Two Year Plan. It will be readily accessible to Parents/Carers and Staff via our website.

Aims of the policy

- To ensure that pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so that they have full access to education, including school trips and physical education.
- To ensure that pupils with medical conditions play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure that school arrangements show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self care.

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).

Policy Implementation

The Heateacher has the overall responsibility for the successful administering and implementation of this Policy and for implementing and monitoring individual health care plans. The Head will ensure that:

- Sufficient staff are suitably trained to implement this policy and deliver what is involved in the Individual Healthcare Plans.
- All relevant staff are aware of the child's condition.
- There are cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.
- Supply staff are briefed by the School Office
- Risk assessments for school visits, holiday and other school activities outside the normal timetable are carried out
- Make sure school staff are appropriately insured
- Contact the school nurse about any child that has not already been brought to their attention.
- Ensure all new members of staff will be inducted into the arrangements and guidelines set out in this Policy.



Staff

- All staff will be expected to show a commitment and awareness of children's medical conditions.
- Staff need to inform parents if their child has been unwell at school.
- Staff should be aware of how a child's medical condition will impact on their participation in any school trip, visit or sporting activity. Staff should ensure that there is flexibility for all children to participate according to their own abilities with any reasonable adjustments.
- Risk assessments for activities may need to be written in consultation with parents, pupils and taking on board advice from relevant healthcare professionals.

Roles and responsibilities

The Governing Body will:

- Ensure that arrangements are in place support pupils at school with medical conditions and to ensure that the children can access and enjoy the same opportunities as any other child.
- Ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported and the child feels safe.
- Ensure that staff are properly trained to provide the support that pupils need and that they are competent before they take on the responsibility to support pupils with medical conditions
- Ensure that written records are kept of all medicines administered to the children to protect staff and children, and to provide evidence that procedures have been followed.
- 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.

Pupils

Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to their Individual Healthcare Plan.

Parents

Parent are required to provide the school with up to date information about their child's medical needs They will be involved in the development and review of their child's Individual Healthcare Plan.

Staff training and support

- Any member of staff providing support to a pupil with medical needs will have received suitable training. Staff must not give prescription medicines or undertake health care procedures without appropriate training.
- The school recognises that an emergency first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and be able to fulfill the requirements as set out in the Individual Healthcare Plans.
- Healthcare professionals, including the School Nurse, 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. They will also advise on training for all staff including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs e.g. epi-pen training.



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 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 the school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

We will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. 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. We will ensure that staff are properly trained to provide the support that pupils need.

Cherry Tree Primary School will ensure that arrangements are clear and unambiguous about the need to actively support 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 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/Carers. 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 SENCO or Headteacher. Following the discussions an Individual Health Care Plan will be put in place.

Individual Health Care Plans

What is the purpose of an Individual Health Care Plan?

- It is 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 plans will detail the steps the school will take to help the child to manage their condition and overcome any potential barriers to learning.
- 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 Individual Health Care Plan.
- **Annex B** shows a template for the Individual Health Care Plan and the information needed to be included.

Who initiates an Individual Health Care Plan?

- Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child.
- The Individual Health Care Plans should be drawn up in partnership with support from Parents/Carers, SENCO or Headteacher, 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.



Who is responsible for Individual Health Care Plans?

- Individual Health Care Plans will be written and reviewed by the Headteacher or 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.
- Individual Healthcare Plans 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/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal/Head of School is best placed to take a final view.
- The responsibility for ensuring it is finalised and implemented rests with the school.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in **Annex A**.

Cherry Tree Primary School will ensure that Individual Health Care Plans 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 wellbeing and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

Annex B shows a template for the Individual Health Care Plan but it is a necessity that each one includes:

- 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, counseling 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/Carers and the 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/Carers or child, the designated individuals to be entrusted with information about the child's condition;



What if there is an emergency situation?

- What to do in an emergency, including whom to contact, and contingency arrangements, will be clearly defined in their Individual Healthcare Plan. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.
- If a child needs to go to hospital, staff should stay with the child until the parents arrives, or accompany a child taken to hospital by ambulance.

The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the Parents/Carers, 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 Individual Health Care Plans.

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 safely in classrooms to ensure that the safeguarding of other children is not compromised e.g. asthma inhalers are kept in a red bag in each classroom.

The School also recognises 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 Individual Health Care Plan. Parents/Carers 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 in school when it would be detrimental to a child's health or school attendance not to do so.
- No child should be given prescription or non-prescription medicines without their Parents/Carers written consent.
- We will not administer non-prescription medicines to a child. If a Parent/Carer 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 only exception to this is medicine for Hay-fever, e.g. Piriton.
- Prescribed medicines with doses of up to three times a day can be given at home. If a fourth dose is required, school staff may administer this, subject to the following conditions.
- 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 in the Medical Room or in the fridge in the Back Office. Children should know where their medicines are at all times and be able to access them immediately. Epi pens for children in the new building are kept in the technology room.
- 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 first aid medical cupboards or the red inhaler bags where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times. These medicines will be carried by the -teacher or TA to out-of-classroom activities such as PE lessons, in a red inhaler bag.



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- During school trips, the member of staff in charge of first aid will carry all medical devices and medicines required.
- The school will keep controlled drugs that have been prescribed for a pupil securely in a non portable container. A record of any doses used and the amount of the drug held in school will be kept. School staff may administer a controlled drug to a child for whom it has been prescribed if they have written permission and clear dosage information from the parent.
- 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. **Annex C** and **Annex 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/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Annual checks will be made in September by office staff to ensure all medication is in date and is still required.

What is Unacceptable Practice?

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care 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/Carers; 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 individual healthcare plans;
- 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 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/Carers, 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/Carer 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/Carers to accompany the child.

Insurance

The Governors ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The insurance policy provides liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required is ascertained directly from the insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with. Information on our insurance policy is available through the School's Office Manager.



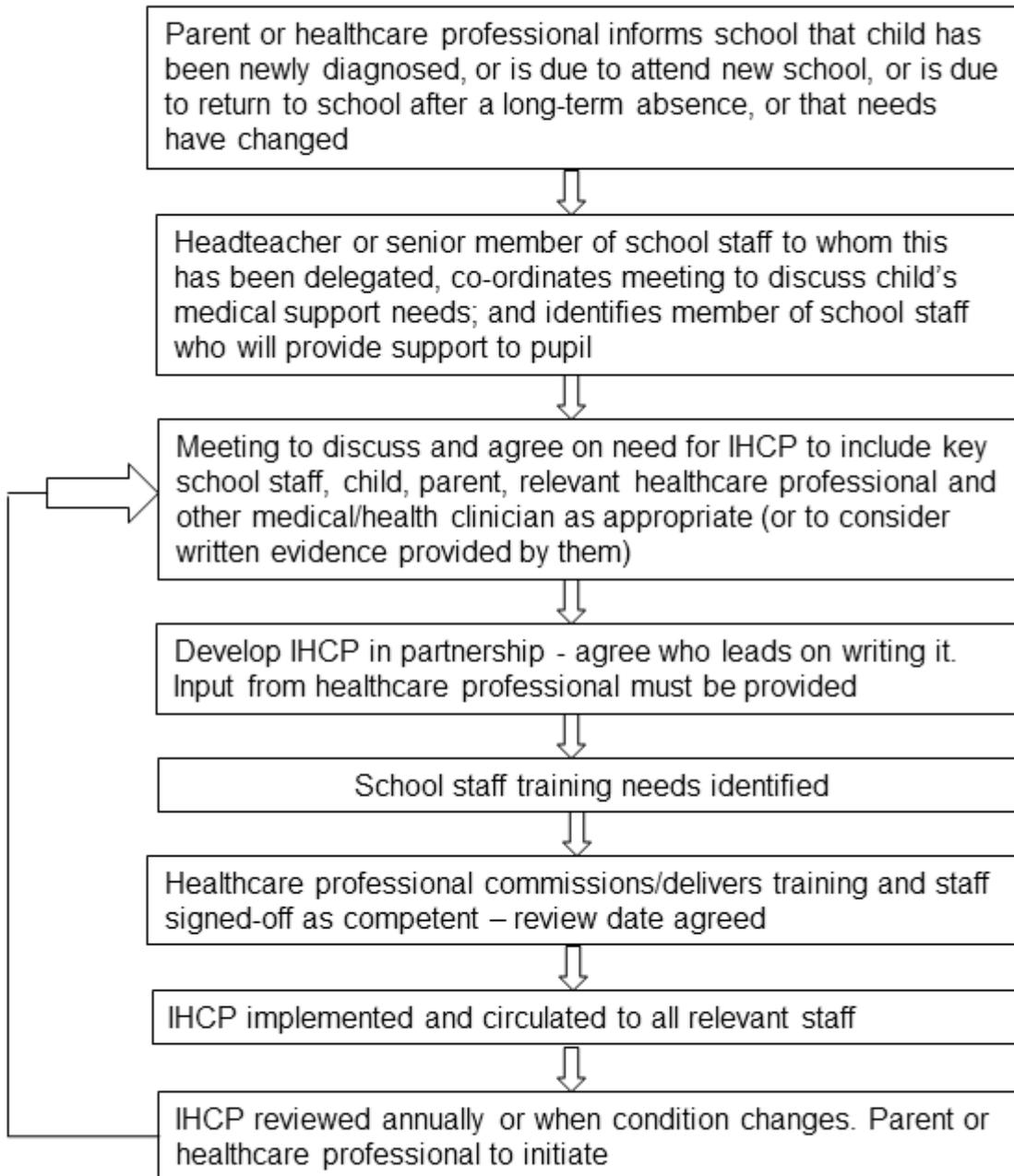
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Complaints

Should Parents/Carers 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 complaints procedure outlined in the ~~school's Complaints~~ school's Complaints Policy.



Annex A





Annex B

Cherry Tree Primary School Individual Health Care Plan

| | |
|--------------------------------|--|
| Child's Name | |
| Class | |
| Date of Birth | |
| Address | |
| Medical Diagnosis or Condition | |
| Level of support needed | |
| Date | |
| Review Date | |

| | |
|------------------------|---------------------------|
| Name of Parent/Carer 1 | |
| Contact Number | 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 | |

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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 |
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| 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 |
| Emergency symptoms and procedures Do other pupils know what to do? |
| Who is responsible in an emergency, state if different for off-site activities |
| |
| Staff training needed/undertaken - who, what, where, when |
| |

| Insurance implications | Checked / actioned by | Date |
|------------------------|-----------------------|------|
| | | |

| Plan developed with | Signed |
|---------------------|--------|
| | |

| |
|-----------------------|
| Form copied to |
| |



Annex C

Parental Agreement for School/Setting to Administer Medicine

Wherever possible, parents should administer medicines outside of school.
 If medicines have to be taken during school hours, wherever possible, parents/carers should come into school and administer or supervise self-administration of medication to their children.
 If this is not possible, you can request that medicines are taken in school, however, the child must self-administer them, supervised by school staff. Medicine needs to be provided in its original packaging with the child's name and dose clearly stated.
 Parents/carers are responsible for checking expiry dates.
 Parents/carers are required to dispose of any out of date/unused medicine.
 Please complete the following information fully and return to school with the medicines.

Name of Child:

Date of Birth:

Year/Class:

Medical condition/illness:

Medicine

Name/Type of Medicine:

Date given to school:

Expiry date:

Review date:

Dosage and method:

Timing:

Special Precautions:

Are there any side effects?

Self Administration: Yes/No (delete as appropriate)

Procedures to take in an
Emergency:

Parent/Carer Signature: Parent/Carer Name:

Received by:(school representative) Date:

Date Medicine Returned to Parent/Carer: By:(school representative)



