



Haselbury Plucknett Church of England First School

Supporting Pupils with Medical Conditions Policy

This policy should be taken as part of the overall strategy of the school and operated within the context of our vision, aims and values as a Church of England First School

Date completed: November 2017

Passed by staff: _____ December 2017

Passed by Governors: 22nd January 2018

signed _____

Date for review: January 2019

Review by Head/FGB

Supporting Pupils with Medical Conditions Policy

Our Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits.
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication.
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary.
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support.
- To keep, monitor and review appropriate records.

Expectations

It is expected that:

- Parents will inform school of any medical condition which affects their child.
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container.
- Parents will ensure that medicines to be given in school are in date and clearly labelled.
- Parents will co-operate in training their children to self-administer medicine if this is appropriate and that staff members will only be involved if this is not possible.
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual.
- Haselbury Plucknett First School will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler).
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil.
- Transitional arrangements between schools will be completed in such a way that Haselbury Plucknett First School will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare.
- Individual Healthcare plans will be written, monitored and reviewed regularly and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals.

	Who is Responsible?
<p>1. <u>Children with Medical Conditions Policy</u></p> <p>This policy set outs policy and procedures within Haselbury Plucknett School including the pre-school. This will be reviewed annually.</p>	<p>Mr P Smith (Headteacher) Hilary Daynes (SEN Governor)</p>
<p>a. We aim to ensure that all children, including those with medical conditions can continue to enjoy learning, friendships and play.</p>	<p>All Staff</p>
<p>b. Parents have the prime responsibility for their child's health and are required to provide the school (via the Head teacher) with information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need.</p>	<p>Parents</p>
<p>2. <u>Pupils with Short – Term Medical Needs</u></p>	
<p>a. If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition they should not be sent to school. If they become ill during the day, parents/carers will be contacted by the school office in order that the child can be taken home.</p>	<p>Parents</p>
<p>b. Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics. Where possible doses should be given before or after school, however essential medicines prescribed by a doctor may be brought into school if it would be detrimental to the child not to do so. Medicines should be brought to school in the original containers with the labels attached.</p>	<p>Parents</p>
<p>c. Parents should inform the school (using the forms available from the school office) about the medicines that their child needs to take and provide details of any further support required.</p>	<p>Parents</p>

<p>3. <u>Responsibility for administering prescribed medication</u></p>	
<p>a. The school will ensure that there are sufficient members of support staff who are employed, appropriately trained and willing to manage medicines. The type of training necessary will depend on the individual case. If they are in doubt about any procedure, staff will not administer the medicines but will check with the parents or a health professional before taking further action.</p>	<p>Mr P Smith (Headteacher)</p>
<p>4. <u>Record-keeping</u></p>	
<p>a. Staff will complete and sign a record each time they give medicine to a child. (These are filed in children's individual record cards when the course of prescribed medicine is completed.)</p>	<p>Named staff: Mrs Lisa Wakeman Full list of named staff in Appendix</p>
<p>5. <u>Refusal to take medicine</u></p>	
<p>a. If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parents of the refusal immediately.</p>	<p>Mr P Smith (Headteacher)</p>
<p>b. If a refusal to take medicines results in an emergency, then the usual emergency procedures will be followed.</p>	
<p>6. <u>Storage of medication</u></p>	
<p>a. All emergency medicines, such as asthma inhalers and adrenaline pens, will be safely stored and will be readily available. They will not be locked away and <u>where children are considered safely able to take care of their own medicines they will be supported to do so.</u></p>	<p>All staff</p>
<p>b. Some medicines need to be refrigerated. These will be kept in the staffroom and access will be restricted to the refrigerator holding medicines. There is also a cabinet in the room next to the cabinet for the storage of medicines which do not need to be refrigerated.</p>	<p>All staff</p>

7. <u>Absence from school for more than 15 days</u>	
a. For those children who attend hospital appointments or are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event advice may be sought from Medical/ PEVP panel who might offer additional support from the Link Education Centres.	Mrs M McLelland (SENCo)
b. Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will make arrangements to link the child to suitable learning opportunities and will facilitate their links with other children so that friendships are sustained	Mrs M McLelland (SENCo)
8. <u>Pupils with Long Term or Complex Medical Needs</u>	
a. Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will be made. The PIMS Team and SENITAS may be contacted to support any adaptations to the curriculum.	Mrs M McLelland (SENCo)
b. In some cases this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and /or the provision of specialist aids will need to be considered.	
9. <u>Individual Health Care Plans</u>	
a. A written, individual health care plan will be developed where needed, to clarify for staff, parents and the child, the support that will be provided and what training may be required. This will include:	Mrs M McLelland (SENCo)
i. details of the child's medical condition,	
ii. any medication,	
iii. daily care requirements	
iv. action to be taken in an emergency,	

<p>v. parents/carers details including emergency contact numbers.</p>	
<p>10. Those who may contribute to a health care plan include:</p> <ul style="list-style-type: none"> a. The school nurse, specialist nurses, children's community nurses, the child's GP or other health care professionals (depending on the level of support the child needs) b. The parents/ carers (and the child, if appropriate) c. The Head teacher and SENCo d. The class teacher or teaching assistant e. Support staff who are trained to administer medicines or trained in emergency procedures. f. PIMS team <p>It is good practice to have a health care plan endorsed by a health care professional and in many cases it is essential to do so.</p>	<p>Mrs M McLelland (SENCo) to coordinate this.</p>
<p>11. The school will agree with parents how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's particular needs. In most cases this will take place at the start of each school year; however, some plans will need to be reviewed more frequently depending on individual needs.</p>	<p>Mrs M McLelland (SENCo)</p>
<p>12. Healthcare plans and training are not transferable, even when children have the same condition.</p>	<p>Mrs M McLelland (SENCo)</p>
<p>13. Training:</p>	
<p>a. If school staff need to be trained to administer medical procedures the school will contact the relevant health care professional, eg School Nurse, specialist nurse or children's community nurse. Parents cannot be responsible for leading this training but parents and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done.</p>	<p>Mrs M McLelland (SENCo)</p>
<p>b. Parents and school staff cannot cascade training that they have received when the training is specific to an individual child.</p>	<p>Mr P Smith (Headteacher)</p>
<p>c. School staff who have been trained are responsible for following and delivering the health care plan and if</p>	<p>Individual staff</p>

the child's condition alters they will contact an appropriate professional and the parents, making them aware of the change and requesting further training if needed or an alteration to the plan	
d. School staff will request further training when needed, and professional updates at least once a year.	Individual staff
e. Staff who have been trained in the child's care are responsible for following the procedures in children's care plans as they have been trained to do.	Individual staff
f. The SENCo (in discussion with the Headteacher) will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed.	Mrs M McLelland (SENCo) Mr P Smith (Headteacher)
g. Individual members of staff are responsible for identifying and communicating any changes that they notice in the child's care needs. The SENCo will inform parents and health care professionals in writing and discuss whether further training is needed.	Individual staff
14. <u>Communicating Needs</u>	
a. A confidential file containing photographs of pupils with medical needs, together with outlines of their medical condition and action to be taken, is available to all teaching and support staff and is kept in the school office. It is also recorded electronically on SIMS. Class teachers ensure all such records are shared with support staff and individual child's records are stored within class files.	Mr P Smith (Headteacher)
b. Health Care Plans for individual children are also kept in the classroom where they are accessible to all staff involved in caring for the child.	Class Teacher
c. Further copies and full medical records are stored in the child's personal file.	Mrs M McLelland (SENCo)

15. Educational visits (see also school's Educational Visit Policy)	
a. Visits and school residential trips will be planned so that pupils with medical needs can participate and reasonable adjustments will be made as appropriate to ensure that they are not discriminated against. If a risk assessment indicates that it is not safe for the pupil to participate in part of the experience because of their condition, then reasonable adjustments will be made and an alternative experience will be provided to ensure that they are enabled to join in the curriculum surrounding the trip.	All staff
b. Staff supervising excursions and residential trips will always make sure that they are aware of any medical needs, and relevant emergency procedures. Parents of children participating in residential trips will need to complete required consent forms giving details of all medical/dietary needs. All medication or equipment which needs to be administered during the course of the visit should be handed directly to the class teacher in accordance with the school's guidelines before leaving the school at the start of the trip.	All staff
c. A copy of individual health care plans will be taken on visits in the event of the information being needed in an emergency.	Visit leader
d. Arrangements for taking any necessary medicines will be made and if necessary an additional member of the support staff, or an appropriate volunteer might be needed to accompany a particular child. Children's parents will not be required to accompany their own children on school trips	Visit leader
e. If there is any concern about whether the school is able to provide for a child's safety, or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service or the child's GP.	Mr P Smith (Headteacher)
16. Sporting Activities	
a. All children with medical conditions will be encouraged to participate as fully as possible in	All staff

<p>physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.</p>	
<p>b. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.</p>	<p>All staff</p> <p>SENCo to ensure recorded in care plan.</p>
<p>c. 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.</p>	<p>All staff</p>
<p>17. Pre-school</p> <p>The policy also applies to pre-school setting within school. The Supervisor will ensure this policy and the set-out procedures are followed. The pre-school will be monitored by Headteacher and Governing Body.</p>	<p>Anna Drew (Supervisor and SENCO within the pre-school).</p>
<p>18. <u>Insurance:</u></p>	
<p>This school is a maintained school. Our insurance arrangements are made through the local authority.</p>	<p>Cathy Bailey (School Finance Officer) arranges insurance cover for the school.</p>
<p>19. Complaints</p>	
<p>Should parents be unhappy with any aspect of their child's care at Haselbury Plucknett First School, they must discuss their concerns with the school.</p> <p>This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the issue should be brought to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Haselbury Plucknett First School Complaints Procedure.</p>	<p>Mr P Smith (Headteacher)</p>

Unacceptable Practice:

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- **Prevent children from accessing their medication**
- **Assume every child with the same condition requires the same treatment**
- **Ignore the views of the child or their parents / carers; ignore medical advice**
- **Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan**
- **Penalise children for their attendance record where this is related to a medical condition**
- **Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition**
- **Require parents to administer medicine where this interrupts their working day**
- **Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part**

Appendix 1

Healthcare Plan for Pupil with Medical Needs

Name:

Address:

Date of Birth:

Condition:

Date: **Review Date:** **GP Surgery:**

Name of School: **Class/Form:**

CONTACT INFORMATION

Family Contact 1

Name:

Phone No.
(work)

(home)

Relationship:

Clinic/Hospital Contact

Name:

Family Contact 2

Name:

Phone No.
(work)

(home)

Relationship:

GP

Name:

Phone No.

Phone No.

Describe condition and give details of pupil's individual symptoms:

Daily care requirements:

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

Follow up care:

Who is responsible in an emergency (state if different on off site activities):

Additional information re: child/young person's wishes regarding their care:

Additional information re: parent's wishes:

Form circulated to:

- Admin Team/Pupil File
- Class Teacher and Support Staff
- Pupil Information File for Supply Teachers
- School Nurse
- Parents

Date Review

Appendix 2

Request for School to Administer Medication

Example form for parents to complete if they wish the school to administer medication.

The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

A newly completed form should be submitted every time the dosage or timings of medication are changed.

DETAILS OF PUPIL

Surname:

Forename(s):

Address

M/F:

Date of Birth:

Class/Form:

Condition or Illness:

MEDICATION

Name/type of medication (as described on the container):

For how long will your child take this medication:

Date Dispensed:

Full Directions for use:

Dosage (milligrams) and method:

Timing:

Special Precautions:

Side Effects:

Self-Administration:

Procedures to take in an Emergency:

Storage Arrangements:

CONTACT DETAILS

Name: Daytime Tel. No.

Relationship to Pupil:

Address:

I understand that I must deliver the medicine personally to (agreed member of staff)

Date: Signature (s):

.....

Relationship to pupil:

(Example form for schools to complete and send to parent if they agree to administer medication to a named child).

I agree that (name of child) will receive (quantity and name of medicine) every day at (time medicine to be administered, eg lunchtime or afternoon break). (Name of child) will be given/supervised whilst he/she takes their medication by a member of staff authorised by the Headteacher. This arrangement will continue until (either end date of course of medicine or until instructed by parents).

Date:

Signed:

(The Headteacher and Named Member of Staff)

Appendix 3

Record of Medication Administered in School

Example form for schools to record details of medication given to pupil

Name: DOB:

Address:

Date				
Name of Medication				
Time				
Dose given				
Any reactions				
Signature of staff giving medication				
Signature of witness				

Appendix 4

Trained Staff

School First Aiders (basic) are:

Mrs Karen Doble

(P) Paediatric First Aiders

Lisa Wakeman

Karen Harris

Mandy Chainey

Anna Drew (pre-school)

Jo Rasheed (pre-school)

Named people for administering medicines:

Phil Smith - Headteacher

Lois Bowery – Head of Teaching and Learning

Keely Sutton

Karen Doble

Lisa Wakeman

Karen Harris

Mandy Chainey

Anna Drew

Jo Rasheed

Heather Copping