



Southern Road Primary School
Policy for Supporting Pupils with Medical Conditions
September 2018

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This policy was written in accordance with the DfE statutory guidance document: *Supporting Pupils at School with Medical Conditions* (September 2014).

This policy has been drawn up in consultation with parents, pupils, governors and staff at Southern Road Primary School and will be reviewed annually. It should be read in conjunction with our policies for:-

- Early Help, Safeguarding & Child Protection
- Equality and Accessibility Plan
- Health & Safety

Policy Statement

This school is an inclusive community that welcomes and supports pupils with medical conditions. We believe that children at school with medical conditions should be properly supported so that they can have full access to education, including educational visits and physical education.

Aims

This policy aims to ensure that:-

- Pupils with medical conditions, in terms of both physical and mental health, are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- All pupils, staff and parents understand how our school will support pupils with medical conditions.

Roles and Responsibilities

The Governing Body

- Must ensure that arrangements are in place in to support pupils with medical conditions in school (*meeting the requirements under Section 100 of the Children and Families Act 2014*).
- Must ensure that school policy & process for medical condition management does not negatively impact on the child's ability to learn.
- Must ensure that school policy and process promote confidence and self-care.
- Must ensure that school insurance covers all situations.
- The named governor for this policy is Bronwen Stuckey.

(see also DfE Statutory Guidance for governing bodies: Supporting Pupils at School with Medical Conditions (December 2015))

The Headteacher

- Will ensure that a school policy is in place.
- Will ensure that all staff and partners are aware of the policy and understand their role in its implementation.
- Will ensure that all staff, who need to know, are aware of a child's medical condition.
- Will ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all IHPs, including in contingency and emergency situations.
- Will authorise staff to administer medication.
- Will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

The Special Educational Needs Coordinator (SENCo)

- Will be responsible for the implementation of this policy.
- Will be responsible for the completion of all Individual Health Care Plans (IHPs), in consultation with healthcare professionals, and sharing it with the relevant partners.
- Will take the lead on the gathering of medical information and being the main point of contact for parents and healthcare professionals.
- Will liaise with healthcare professionals to arrange training for staff and providing support for pupils

Parents/Carers

- Should provide the school with sufficient and up-to-date information about their child's medical needs.
- Should be involved in the development and review of their child's IHP.
- Must provide written permission for staff to administer medication.
- Must provide in-date, clearly prescribed medicines for the school to use, as detailed in the healthcare plan, and ensure they or another nominated adult are contactable at all times.
- Must inform the school immediately of any changes related to their child's medical needs.
- Should allow information sharing between the school and healthcare providers.
- Should ask to speak to the SENCo if they want to discuss their child's medical condition.

Pupils

- Should be involved in discussions about their medical needs.
- Should know how and where to access to their medication in an emergency.
- Should inform a member of staff if they are feeling unwell and/or in need of their medication.
- Should treat all medication with respect.
- Treat other pupils with and without a medical condition equally.

School Staff

- Should know which pupils in their care have a medical condition and be familiar with the content of a pupil's IHP.
- Should receive sufficient and bespoke training and achieve the necessary level of competency before they take on responsibility to support a child with a medical condition.
- Will inform the SENCo and Senior Leadership Team of any changes to the medical condition of a child.
- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so.

School Nurse

- Will notify 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 our school.
- Will support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

The school has an allocated school nurse. All queries for the nurse can be made via the main school office.

Other healthcare professionals, including GPs and pediatricians.

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Should provide specialist support for children with particular conditions e.g. epilepsy, diabetes.

Providers of health services (eg. NHS)

- Should cooperate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals.
- Provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Providing care and support for children with medical needs

- Parents/carers have prime responsibility for their children's health. The school will aim to establish good relationships and listen to the views of the parents/carers in order that the pupil is well supported.
- This school will ensure that there are sufficient members of staff trained to administer medication and meet the care needs of an individual child. This includes covering absences and other contingencies.
- It is important that the focus is on the needs of each individual child and how their medical condition impacts on their school life, for example, their ability to learn and/or their ability to integrate with their peers, affecting their general well-being and emotional health.
- It may be the case that children's health needs change over time, sometimes resulting in extended absences. It is therefore important that parents feel confident that school will provide effective support for their child's medical condition and that children feel safe.
- This school is committed to keeping in touch with a child when they are unable to attend school because of their medical condition.
- Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend; this may require a graduated return to school and additional resources e.g. staffing, may be required.
- Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing. The SENCo and Attendance officer will work together to ensure that the family feels supported.

Procedure for bringing medication into school

- When a parent/carer brings medication into school for their child, for either short term or long term use, it needs to be taken to the school office.
- Parents/carers must not give medication to the child to take into class or given to the class teacher.
- At the school office, the SENCo or first aider on duty will complete an IHP with the parent/carer (*see Appendix 1*). The medication can then be accepted into school.
- The school will only accept prescribed medicines that are in date, labelled with the child's name and date of birth. It must be in the original packaging 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 pen or a pump, rather than in its original container.

Administration of medicines in school

- Medicines should only be given in school when it would be detrimental to the child's health not to do so.
- All children will be supervised in the administration of medication by the trained first aider on duty.
- A written record will be kept each time the medicine is administered noting the child's name, medication, time and dosage.
- The school will not give prescription medicines without a parent/carer's written consent.
- Where clinically possible, medicines, such as antibiotics, should be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the school will administer prescribed medicines which require 4 daily doses or more.
- This is not a policy for short-term illness and related medication e.g. paracetamol for a cold etc. The school remains insistent that under these circumstances it will not administer medication. This would be the responsibility of the parents/carers.
- The school will not administer non-prescribed medication. The exception to this would be if a child regularly suffers from acute pain in which case appropriate pain killers could be administered but only with written advice from a GP or other healthcare professional.
- The school keeps additional Salbutamol inhalers which can be given only to children in emergency who already have a diagnosis of asthma and written

consent provided by the parent/carer. *(For more information, see 'Guidance on the use of emergency salbutamol inhalers in school', Department of Health March 2015).*

Refusing medication

- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so. Parents/carers will be informed so that alternative options can be considered.

Storage of medication

- The school will make sure that all medication is stored safely; most medicines are kept in the medical room.
- All medicines are labelled and children with medical conditions know how to access their own medication eg. asthma inhalers.
- Epipens are stored in a clearly labelled box in the school office, with the IHP enclosed. Children are required to have 2 epipens in school; both are kept in the school office.
- Medicines for children attending our Nursery are stored safely out of reach of the children within the individual classrooms.
- Parents/carers are asked to collect their child's medication at the end of each academic year and to provide new, in-date medication at the start of the next academic year.
- Parents/carers are informed when their child's medication is near to its expiry date so that they can replace it.

Disposal of Medicines

- 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 eg. syringes.

Record keeping

- All parents/carers are asked to provide updated medical information on their child(ren) at the beginning of every school year. *(See Appendix 1)*
- Parents/carers of children new to school are asked to share information about their child's medical conditions on the Admissions form.
- The school uses an IHP to record the support an individual child needs around their medical condition.
- The school has a centralised register of IHPs which is kept in the SEN office.
- Parents/carers are given a copy of the IHP once completed and signed.
- The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- Each class teacher has information on their pupils' medical needs, including any special requirements. This is made available to all staff working with the class, including PPA staff, cover supervisors and supply teachers.
- School kitchen staff keep a record of all children who have a known food allergy, diagnosed by a medical professional. Some children with severe food allergies or medically diagnosed digestion conditions will have an individual diet plan.

Emergency Procedures

- Where a child has an IHP, 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 children 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, a member of staff would stay with the child until the parent arrives.

Educational Visits and Sporting Activities

- The school makes sure that the needs of pupils with medical conditions are adequately considered to ensure their full involvement in educational and residential visits.
- School staff carry out a risk assessment prior to all out-of-school visits. The needs of pupils with medical conditions are considered during this process.
- The school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to PE sessions to

make sure that they are accessible to all pupils, eg. providing additional adult support.

- Teachers and sport coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular physical activities.

Individual Healthcare Plans

- All children who have medicines kept in school have an IHP.
- IHPs are drawn up in partnership between the school, parents, and a relevant healthcare professional, eg 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 SENCo will take the lead in ensuring that the plans are finalised, implemented and shared.
- IHPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

Appendix 3 shows an example of a detailed IHP template for the medical condition Anaphylaxis.

Unacceptable Practice

It is not generally acceptable practice to:-

- Prevent children from easily accessing their medication or administering their medication when 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 IHP.
- Send an unaccompanied child to the school office or medical room, if he/she is feeling unwell.
- 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/carers to attend school in order to administer medication or provide medical support to their child, including toileting issues.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, eg by requiring parents to accompany the child.

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 school's complaints procedure; this is available on the school website.
- Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.
- Ultimately, parents/carers will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Liability

Through the London Borough of Newham, the school has appropriate insurance in place relating to the administration of medication.

Appendix 1 - Medical information for parents/carers to complete. This information will be collected via parent mail on an annual basis.

First and other names

Last name/surname

Date of birth..... Class..... Please circle: Boy / Girl

Please tick the box if your child has any of the following:-

- wears glasses
- hearing problems
- a skin condition e.g. eczema
- asthma (if this box is ticked, an inhaler MUST be kept in school at ALL times)
- diabetes
- epilepsy / has seizures
- allergies – please provide details below:-

- any other medical condition that is not listed above. Please provide details below:-

- has no medical conditions

PLEASE complete this form even if your child does not have any medical conditions.
Please be aware that we may need to contact you for further information.

Thank you for your cooperation.

Mrs Jokhan & Mrs Ahmed (SENCOs)

Appendix 2 - Standard healthcare plan

Standard Healthcare Plan

Individual Healthcare plan for pupils requiring prescribed medication in school

To be completed by the parent/carer with the support of the SENCo or first aider. PLEASE COMPLETE ALL BOXES.

Email address *

Child details

Name of the child *

Date of Birth *

Month ▼	Day ▼	2018 ▼
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Registration Class *

Medical details

Please provide as much details as possible.

Medical condition/illness *

Eczema

Asthma

Hearing

Allergies

Eyesight

Other:

Special Requirements

Please enter special requirement needed for this condition\ illness

Signs/symptoms/triggers, including what an emergency looks like *

Date of review *

Month ▼	Day ▼	2018 ▼
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Medication details

Name of medicine (as described on container) *

Original packaging provided? Y/N

Yes

No

Expiry date

Month ▼	Day ▼	2018 ▼
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Amount provided (eg. no. of tablets, full/half bottle)

Dosage and method

Time to be administered

Special precautions/other instructions

Are there any side effects that the school needs to know about? *

Self-administration – Y/N

Yes

No

Procedures to take in an emergency *

Arrangements for school trips

Date medicine returned to parent/carer

Month ▼	Day ▼	2018 ▼
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Parent/carer contact details

Please provide a valid email address to receive for a copy of this form.

Name of parent/carer

Address

Contact telephone numbers for parent/carer

Name of 2nd contact

Contact telephone numbers for 2nd contact

GP Name.

GP telephone number

Details of other relevant health professionals

Acknowledgement

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 school policy. I understand that this information may be shared with other school staff and outside agencies. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/carer signature(s) *

Witnessed by staff member *

Submit

Never submit passwords through Google Forms.

Appendix 3 - example of Individual Health Care Plan for a pupil with Anaphylaxis

SCHOOL HEALTHCARE PLAN FOR _____ (name)

Date of Birth:

School: **Southern Road Primary**

Class:

Date:

Review date:

Allergy: nuts, fish and eggs

Condition:

It is probable that CHILD will suffer an anaphylactic allergic reaction if he either eats or comes into contact with **nuts, fish and eggs**.

If this occurs he is likely to need attention, and in an extreme situation, his condition may be life threatening.

Daily care requirements:

Medical advice is that strict attention should be given to diet and in particular exclusion of **nuts, fish and eggs**. His emergency medication (**Epi-pen**) must be available at all times. This should be kept in a hard-sided box that is clearly labelled. The box should be kept in a safe but not locked place. Within these confines it is recommend that his education should carry on as normal.

What would be an emergency for CHILD?

CHILD has not suffered from an anaphylactic reaction but skin tests have shown he is allergic to the above. His symptoms are: **hives and swelling to his face**

Further symptoms to be aware of should CHILD accidentally ingest food containing **nuts, fish and eggs** are:-

Airway obstruction:

- . Hoarseness
- . Wheezing
- . Swollen lips / tongue
- . Itchy sensation in her throat

Breathing irregularly:

- . Breathlessness
- . Noisy breathing
- . Inability to communicate verbally

Circulation impaired:

- Pallor
- Clammy skin
- Rapid or weak pulse
- May be blue around the mouth

Should any of these occur with any degree of severity treatment should go ahead:

One member of staff should phone for an ambulance.

AMBULANCE: EMERGENCY SERVICE 999

Message to be given: CHILD + “anaphylactic reaction”

Southern Road Primary School

Address and description of location.

Administer CHILD’s asthma salbutamol reliever inhaler, to aid breathing.

1. Another member of staff should administer the adrenaline injection (Epi-pen).
2. The injection should be given in the upper outer thigh, through the child’s clothing.
3. Press until the Epi-pen clicks.
4. Count to ten before removing the Epi-pen in order to allow the dose of adrenaline to be delivered.
5. The used Epi-pen should then be carefully placed in the hard-sided box, as the used needle will be exposed.
6. CHILD should then be closely monitored.
7. If there is no improvement in 5-10 minutes or if the child’s condition deteriorates repeat the adrenaline injection and closely monitor.
8. If no pulse or breathing stops commence Cardio Pulmonary Resuscitation (C.P.R)

The administration of this medication is safe for CHILD and even if it is given through a misdiagnosis it will do no harm.

On arrival of the qualified medical staff the teacher in charge will apprise them of the medication given to CHILD, and all medication will be handed to the medical person.

The CHILD’s parents should be contacted as soon as possible.

<p>Contact details: Home Telephone Number: (primary carer 1) = (primary carer 2) =</p>
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It is good practice to hold a debriefing session with all members of staff involved after the incident as well as debriefing CHILD's parents regarding the events leading up to the reaction.

Parents/carers will replace any used or out of date medicine.

Who is responsible in an emergency?

The following people have completed training on administering the Epi-pen:

Name:

Signature:

All staff who have received Epi-pen training

Signature of Parent:

Signature of Head Teacher /SENCO:

Signature of School Nurse:

1. Dial 999
2. Give adrenaline (Epi-pen)
3. Stay with child
4. Ensure airway is clear
5. Ensure items replaced in box