

Supporting Children with Medical Needs Policy

**Adopted by the
Governing Body: June 2017**

**To be Reviewed by the
Governing Body: June 2020**

Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. The DfE publication 'Supporting Pupils at School with Medical Conditions' reviewed December 2015 which includes statutory guidance.

Aims

- To ensure pupils at school with medical conditions are properly supported so they can play a full and active role in school life, including school trips and physical education.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

Procedure

The Parent Support Advisor (PSA) Christine Ball, is responsible for the implementation of this policy.

The PSA is:

The named person is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits are carried out (class teachers in liaison with Education Visits Administrator (EVA) Jackie Edwards and Phase Leaders
- individual healthcare plans (IHP) are put in place and are monitored (at least annually) by the PSA
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

Where children are joining HPS at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks. School will require medical evidence of the medical condition although it is not essential to wait for a formal diagnosis.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans help to ensure that schools effectively support pupils with medical conditions and provide clarity about what needs to be done, when and by whom. **(Appendix A)**

The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- 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
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEND but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Body

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk
- Ensure written records are kept of all medicines administered to pupils

The Head Teacher

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- Keep an up to date medical conditions list which should be updated and reviewed regularly
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of IHPs

School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- staff should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions. Records of training must be kept. **(Appendix B)**
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

School Nursing Team (NHS) Cambridgeshire Community Services

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

Other Healthcare Professionals

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

Pupils

- should, wherever appropriate, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation

Medicines

- Where possible unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours
- Prior to staff members administering any medication the parents/ carers must complete and sign a parental consent to administration of medicine form. **(Appendix C)**
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription
- Medicines MUST be in date, labelled and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered
- All medicines should be stored safely. Medicines /devices such as asthma inhalers and adrenaline pens should be readily available for children and not locked away.
- Medication should never be administered without first checking maximum dosages and when the previous dose was taken.
- Where children are prescribed controlled drugs these must be kept securely in a non-portable container and only named staff should have access. A record should be kept of any doses used and the amount of the controlled drug held in school
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.
- Written records must be kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects should be noted. **(Appendix D)**
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should be used for the disposal of needles and other sharps.
- Medicines will be stored in the First Aid room

Emergency Procedures

As part of general risk management arrangements for dealing with emergencies are as follows:

- Where a child has an individual healthcare plan this should clearly define what constitutes an emergency and explain what to do. All relevant staff should be aware of emergency symptoms and procedures. Other pupils in school should know to inform a teacher/ adult if they think help is needed.
- If a child needs to be taken to hospital, staff should stay with the child until parent/ carer arrives or accompany the child to hospital by ambulance.

Protocol on calling emergency services which is displayed on the First Aid Room wall. **(Appendix E 1 & E2)**

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

APPENDIX A - Individual Healthcare Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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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 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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

APPENDIX B - Staff Training Record – Administration of Medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

APPENDIX C - Parental Agreement for School to Administer Medicines

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Time of Day	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be named and in the original container

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

APPENDIX D -

Record of Medicine Administered

Name of Child:

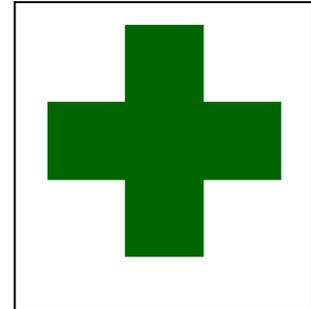
Date	Time	Name of Medication	Dose Given	Quantity left (no of tablets)	Any Reactions	Signature of staff member	Printed Name of Staff Member

Date course of medication completed:	Date medication returned to parent:
Signed :	Name:

APPENDIX E (1)

First Aid Procedure

In the event of an emergency



Incident/Accident

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Call First Aider & Senior member of staff

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Leave adult with casualty until First Aider present

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First Aider Assess situation

→

Casualty in serious condition

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↓

Senior staff to contact parent/carer

send adult to call 999

↓

↓

As soon as possible thereafter

Advise parent/carer to come to

Complete Accident/Incident form

the school or go directly to the
Hospital (advise which Hospital)

↓

Senior staff or First Aider to

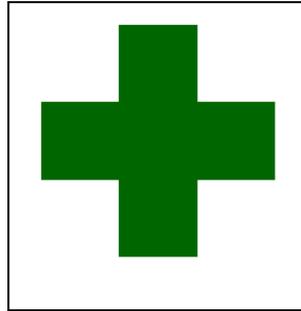
Accompany casualty to hospital

↓

Complete accident/incident form

STAFF MUST NOT TAKE CASUALTY TO HOSPITAL IN THEIR OWN CAR

APPENDIX E (2)



GENERAL INCIDENTS

Incident/Accident



Assess Injury



Child taken to First Aid Room



First Aiders always available



Treat as appropriate procedure



Record as appropriate



Inform teacher & parent as appropriate

Parent/Carers should always be informed about a bumped head