



## **Supporting Pupils with Medical Conditions Policy**

In line with the duty, which came into force on 1<sup>st</sup> September 2014, to support pupils at school with medical conditions we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at the Federation of Liss Infant and Junior Schools so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed regularly and it is readily accessible to parents and school staff.

### **Policy implementation**

The named person, who has overall responsibility for policy implementation, is Jilly Myers.

They will

- ensure that sufficient staff are suitably trained;
- ensure that all relevant staff will be made aware of the child's condition;
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- brief supply teachers;
- carry out risk assessments for school visits, holidays, and other school activities outside the normal timetable;

and

- monitor individual healthcare plans.

### **Procedure to be followed when notification is received that a pupil has a medical condition**

When our schools are notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils

### **Individual healthcare plans**

Our schools will send home a health questionnaire. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). It is a legal requirement that this is updated annually. At our schools, we will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimises disruption.

Our IHP (see appendix 1) requires information about:

- 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 corridors, 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 exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the **level of support** needed (NB 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 the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours**;
- 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;
- **what to do in an emergency**, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## Roles and responsibilities

At our schools those people involved in arrangements to support pupils at school with medical conditions include:

- Jilly Myers
- Valerie Brown
- Nicola Leete
- Natalie Knibbs
- Maz Waterman

## Staff training and support

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training (see training record appendix 2). Training needs are assessed regularly and training will be accessed through HTLC.

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

## The child's role in managing their own medical needs

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

## Managing medicines on school premises

At our schools:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child will be given prescription or non-prescription medicines without their parent's written consent
- we will never give medicine containing aspirin unless prescribed by a doctor.
- medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken.
- Parents will be informed
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
- we will only accept prescribed medicines if they:
  - **are in-date**
  - **are labelled**

- **are provided in the original container as dispensed by a pharmacist**
- **include instructions for administration, dosage and storage.** *(NB 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)*
- all medicines will be stored safely.
- Children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps
- a child who has been prescribed a controlled drug may legally have it in their possession ***if they are competent to do so***, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Controlled drugs that have been prescribed for a pupil will be kept securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.
- school staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- **We 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 school will be noted in school**

## **Non-prescribed medicines**

At our schools we will keep a small stock of homely remedies, such as you may have at home, which will include:

- liquid paracetamol (Calpol)
- Piriton

These will only be administered when it would be detrimental to the child not to give a dose and only with your permission.

## **Record keeping**

We will ensure that written records are kept of all medicines administered to children. We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

## Emergency procedures

Our schools' policy sets out what should happen in an emergency situation.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

## Day trips, residential visits and sporting activities

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

As schools, we believe it to be unacceptable 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 for reasons associated with their medical condition 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, or otherwise make them feel obliged, to attend 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

## **Liability and indemnity**

Maintained schools and academies with a SLA with HCC will be insured as long as all appropriate training and risk assessment has taken place

## **Complaints**

If you have a complaint about how your child's medical condition is being supported in school, please contact the Headteacher and the Chair of Governors in the first instance.

## **Emergency Asthma Inhalers**

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

Appendix 1.

**Health Conditions in Schools Alliance**  
**www.medicalconditionsatschool.org.uk**

**Individual Healthcare Plan**

**1 CHILD/ YOUNG PERSON'S INFORMATION**

**1.1 CHILD/ YOUNG PERSON DETAILS**

<b>Child's name:</b>	
<b>Date of birth:</b>	
<b>Year group:</b>	
<b>Nursery/School/College:</b>	
<b>Address:</b>	
<b>Town:</b>	
<b>Postcode:</b>	
<b>Medical condition(s):</b> Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.	
<b>Allergies:</b>	
<b>Date:</b>	
<b>Document to be updated:</b>	

**1.2 FAMILY CONTACT INFORMATION**

<b>Name:</b>	
<b>Relationship:</b>	
<b>Home phone number:</b>	
<b>Mobile phone number:</b>	
<b>Work phone number:</b>	
<b>Email:</b>	

<b>Name:</b>	
<b>Relationship:</b>	
<b>Home phone number:</b>	
<b>Mobile phone number:</b>	
<b>Work phone number:</b>	
<b>Email:</b>	

<b>Name:</b>	
<b>Relationship:</b>	
<b>Home phone number:</b>	
<b>Mobile phone number:</b>	
<b>Work phone number:</b>	
<b>Email:</b>	

### 1.3 ESSENTIAL INFORMATION CONCERNING THIS CHILD / YOUNG PERSON'S HEALTH NEEDS

	Name	Contact details
Specialist nurse (if applicable):		
Key worker:		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/ school nurse:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Head teacher:		
Person with overall responsibility for implementing plan:		
Any provider of alternate provision:		

This child/ young person has the following \_\_\_\_\_  
 medical condition(s) requiring the following treatment. \_\_\_\_\_

Medical condition	Drug	Dose	When	How is it administered?



Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not being administered in school? What are the side effects?	

Any medication will be stored \_\_\_\_\_

\_\_\_\_\_

## 2. ROUTINE MONITORING (IF APPLICABLE)

Some medical conditions will require monitoring to help manage the child/ young person's condition.

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target? If so what is the target?	

### 3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a child/ young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (eg tests or rest) that are required?	

### 4. IMPACT ON CHILD'S LEARNING

How does the child's medical condition effect learning? i.e. memory, processing speed, coordination etc	
Does the child require any further assessment of their learning?	

### 5. IMPACT ON CHILD'S LEARNING and CARE AT MEAL TIMES

	Time	Note
Arrive at school		
Morning break		
Lunch		

<b>Afternoon break</b>		
<b>School finish</b>		
<b>After school club (if applicable)</b>		
<b>Other</b>		

Please refer to home-school communication diary

Please refer to school planner

## 6. CARE AT MEAL TIMES

<b>What care is needed?</b>	
<b>When should this care be provided?</b>	
<b>How's it given?</b>	
<b>If it's medication, how much is needed?</b>	
<b>Any other special care required?</b>	

## 7. PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

## 8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child/young person on the trip?	

## 9. SCHOOL ENVIRONMENT

Can the school environment affect the child's medical condition?	
How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

## 10. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Pupils with medical conditions may have to attend clinic appointments to review their condition. These appointments may require a full day's absence and should not count towards a child's attendance record.

Is the child/young person likely to need time off because of their condition?	
What is the process for catching up on missed work caused by absences?	
Does this child require extra time for keeping up with work?	
Does this child require any additional support in lessons? if so what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	

## 11. STAFF TRAINING

Governing bodies are responsible for making sure staff have received appropriate training to look after a child/young person. School staff should be released to attend any necessary training sessions it is agreed they need.

<b>What training is required?</b>	
<b>Who needs to be trained?</b>	
<b>Has the training been completed?</b> Please sign and date.	

Please use this section for any additional information for this child or young person.

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	Name	Signatures	Date
Young person			
Parents/ carer			
Healthcare professional			
School representative			
School nurse			

This general Individual Healthcare Plan was developed from a plan originally designed by a subgroup led by Sandra Singleton; with Margot Carson, Elaine McDonald, Dawn Anderson, Paula Maiden, Jayne Johnson, Jill Cullen, Helen Nurse, Linda Connellan and Daniel Hyde, on behalf of the North West Paediatric Diabetes Network.

Appendix 2.

## 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 \_\_\_\_\_

