



## Policy Header

<b>Policy Title</b>	<b>Medical</b>
<b>Version No</b>	<b>One</b>
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<b>This policy complies with WBC guidance</b>	<b>Yes</b>
<b>Linked Policies</b>	<b>Safeguarding, H&amp;S</b>
<b>Written By</b>	<b>School</b>
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## Supporting Pupils with Medical Conditions

### RATIONAL

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.
- Our school will build relationships with healthcare professionals and other agencies and in order to support effectively pupils with medical condition
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should 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.

### ROLES AND RESPONSIBILITIES

The Named Person responsible for children with medical conditions is Jonathan Roberts (Sendco) assisted by Catherine Smith. (TA and First Aider)

These people are responsible for:

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans
- Working together with parents, pupils, healthcare professionals and other agencies

The Governing Body is responsible for:

- Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions.

The Headteacher is responsible for:

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured

Teachers and Support Staff are responsible for:

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in IHPS
- Working with the named person, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

Pupils are responsible for:

- Providing information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Parents are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.
- Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support.**

The school nurse is responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school.
- Providing support for staff on implementing a child's individual healthcare plan and providing advice and liaison including with regard to training,

#### PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION

- The named person will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child
- Where appropriate, an Individual Healthcare Plan will be drawn up
- Photograph and signage to be displayed around school what to do in an emergency.
- The child's details will be added to the medical awareness notice in the front of all registers.
- The child's details will be added along with health care plan to the medical awareness file that the office show visitors (ie: supply staff, clubs and coaches) so that all staff/visitors have the relevant information to ensure the child is supported correctly.
- Fire PEEP to be drawn up to include child's individual needs.
- Appendix A outlines the process for developing individual healthcare plans

#### INDIVIDUAL HEALTHCARE PLANS (IHCPs)

- An ICHP will be written for pupils with a medical condition that is long term and complex.
- It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency clarity
- Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their IHP
- IHCPs will be reviewed annually, or earlier if evidence is provided that a child's needs have changed

#### ADMINISTERING MEDICINES

- This information will be collected when a pupil starts school, either at admission meetings or via paperwork issued in the new starter packs. See Appendix B
- School will review these medicines on an annual basis and send out of date medicine home and write to

request replacement medicine.

- If a child requires medicine (temporary basis) administering during the school day. School can do this for prescribed medicine only not just over the counter bought items.
- The parent must complete a school administering medicine form (see appendix C) completed. Medicines will only be accepted for administration if they are:
  1. Prescribed by doctor
  2. In-date
  3. Container / bottle labelled with child's name
  4. Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
  5. The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container.
  6. Disposal of needles and other sharps- Step 1: Place all needles and other sharps in a sharps disposal container immediately after they have been used. Step 2: Dispose of used sharps disposal containers are arranged via our local medical centre in Culcheth.
  7. Medicines should be stored safely. Children should know where their medicines are at all times.

#### **Storage of medicines:**

1. Refrigerated medicines (including insulin) to be kept in the locked medicine fridge in the staff room (key in the key safe)
  2. Unrefrigerated medicines and needles/sharps to be kept in the locked medicine cupboard in the staff room. (key in the key safe)
  3. Used Sharps to be kept in the sharps box which is kept in the staff room or the sharps box which is used for school trips in the school trip first aid box and then disposed of when required via our local medical centre in Culcheth.
  4. Children's inhalers and suntan lotion to be kept in the teachers' cupboard in classroom boxes. These items must have children's names written on the containers.
- Written records will be kept of all medicines administered to children. This will be done either on Appendix B or C (As above) or if it is insulin (as per the care book) this is recording in their diabetes home/school diary.
  - While we have the medicine, which is stored either in the lockable fridge or lockable cabinet in the staff room. The form will be in the classroom housed with the classroom medicine box.
  - Once we have returned the medicine to the parent/carer and we are no longer administering this medicine the form is to be archived in date order.
  - Governing bodies should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.
  - Children that have Insulin administered for "Carb Counting" should have an individual record kept with their "Daily Insulin Dose Diary" which is their personal diary. Staff must annotate and initial the diary whenever a dose has been administered.

#### **ACTION IN EMERGENCIES**

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.
  1. The school's telephone number: 01925 763234
  2. Your name:
  3. Your location: Glazebury C.E Warrington Road, Warrington WA3 5LZ
  4. Provide the exact location of the patient within the school
  5. Provide the name of the child and a brief description of their symptoms
  6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient. (I.e: Hurst Lane and not gates on Warrington Road)
- Ask office staff to open relevant gates for entry and guide ambulance crew to patient.
- Contact the parents to inform them of the situation
- A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not

arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

Please note an emergency Defibrillator is housed in the main corridor outside the hall.

Emergency Salbutamol Inhalers are housed - one in the crisis management box in the school office (which all staff are aware of and the other is in the first aid box in the staff room.

#### STAFF TRAINING AND SUPPORT

- Staff training needs are assessed annually and when deemed necessary as roles and responsibilities change. Individual training needs are identified specifically at the time of a new responsibility. Relevant healthcare professionals will normally lead on identification, type and level of training.
- Staff supporting children with medical needs will be trained through a combination of school nurse, parent and NHS hospital staff. Bespoke training needs will be identified as appropriate to individual pupil needs.
- Whole school awareness training is a part of the school's annual CPD safeguarding training which takes place at the start of the school year.
- Staff who start part way through the school year will receive this training as part of their induction in accordance with the schools induction policy.
- Supply staff training is supported by middle leader and admin staff induction.
- Training matrix is in place and is monitored for refresher training required.

#### ACTIVITIES BEYOND THE USUAL CURRICULUM

- Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum
- When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate.
- All clubs/coaches/teachers/staff are made aware of all pupils (& staffs) medical needs. This file is shown as part of induction/signing in safeguarding procedure.
- Trips and Residential and out of school activities, information is collated and a Risk assessment is put in place. This information is reviewed and entered onto Evolve (if applicable).

#### UNACCEPTABLE PRACTICE

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner.

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming 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)
- sending 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, sending them to the school office or staff room unaccompanied or with someone unsuitable
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Requiring parents, or otherwise making 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

- preventing 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

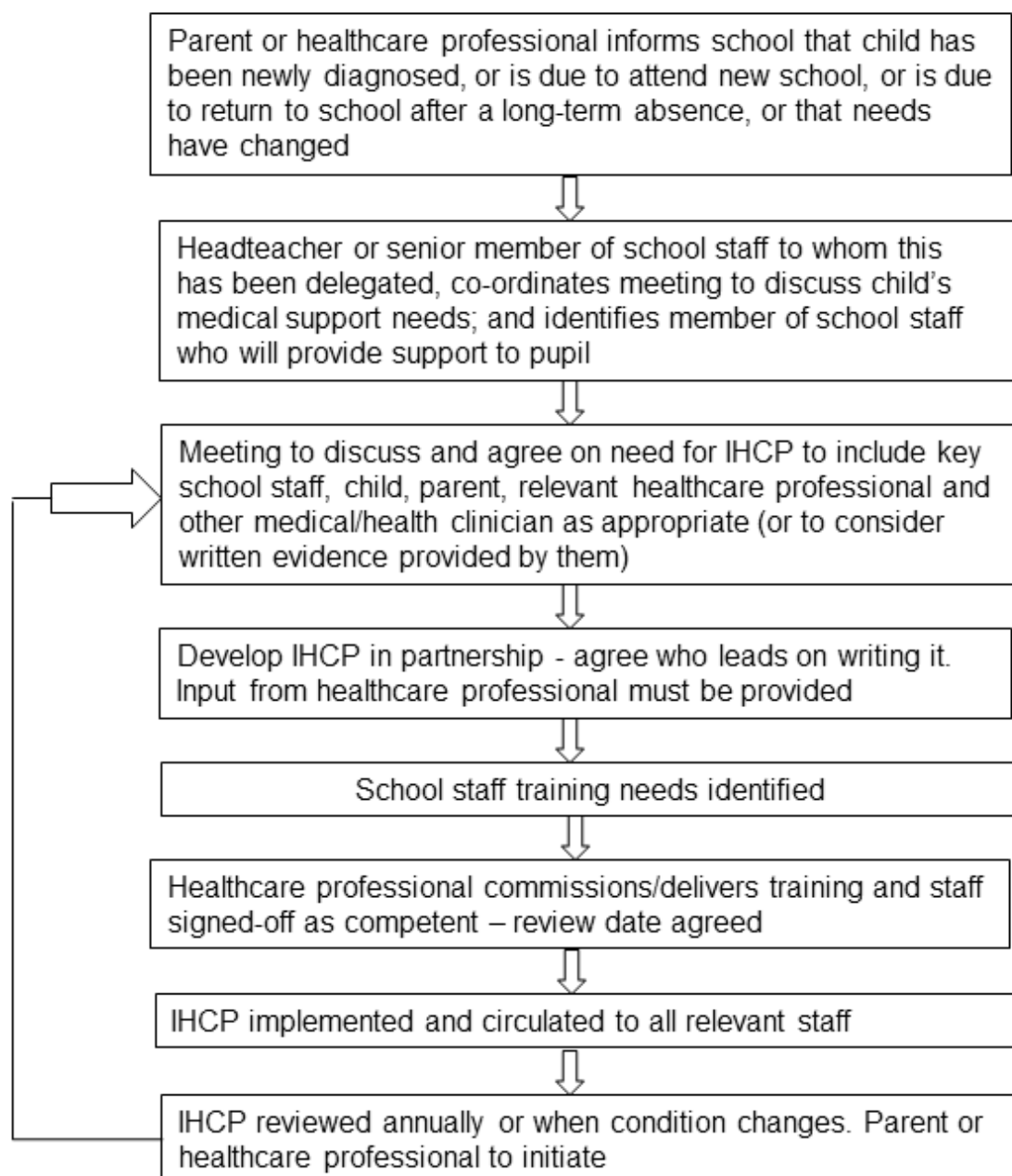
#### COMPLAINTS

- An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance
- If the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out in [as appropriate]

#### OUTCOMES

Pupils at this school with medical conditions will be properly supported so that they have full access to the education we offer, including school trips and physical education. They will thrive and do well in our supportive and caring ethos. They will make friends and be fully integrated and valued members of our school community.

#### APPENDIX 1: PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS



## 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

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

Signed: ..... (Staff Member)

Signed: ..... (Parent Carer)

Date: .....

To be reviewed annually or prior to that if medical condition changes.

# ASTHMA

**Does your child have Asthma?**

**Does your child need to use an inhaler?**

**Are you helping your child to manage his/her Asthma effectively?**



*On average 2 children in every classroom in the UK have Asthma and every 16 minutes a child is admitted to hospital because of the condition. It is therefore essential that we are able to support your child with their Asthma and help them reach their full potential.*

- All children with diagnosed Asthma must have the correct medication in school – as well as at home, even if they do not use it on a regular basis.
- All inhalers and spacers, marked with your child's name and class, should be brought into school on the first day of each new school year and a medication form completed at the time of handing these into the school office.
- It is the responsibility of parents to ensure that medication is in date and to dispose of any out of date medication.

**Further information about Asthma can be found at  
[www.asthma.org.uk](http://www.asthma.org.uk)**

Childs Name: \_\_\_\_\_

Does NOT have asthma ☐

Does have asthma and uses - \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ parent/carer Date: \_\_\_\_\_

[Appendix C: Record of Administration of medication that is given on a permanent basis ie: Asthma/Eczema](#)

**GLAZEBURY C.E. PRIMARY SCHOOL- Asthma medical form**

**Request for school, after school club and breakfast club to administer Inhaler(s).**

Dear Head Teacher,

I request that my child ..... be given the following inhaler(s) whilst in School/ Afterschool club and Breakfast club.

<b>Name of inhaler</b>	<b>Expiry date of inhaler</b>	<b>Date prescribed</b>	<b>Dose prescribed</b>	<b>Time to be given</b>

I agree that the following complies with the school's, ASC & BC policy:

- The above medication has been prescribed by the family doctor or hospital doctor.
- It is clearly labelled indicating contents, dosage and child's name in full.
- Medication will only be given if it requires administering four times a day.
- I agree to inform school, ASC and Breakfast club of any change in dose immediately.

Name of parent/guardian: .....

Signed:..... Date: .....

Please note: Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child.

The Governors and Head Teacher reserve the right to withdraw this service. Jan 2016.

**GLAZEBURY C.E. PRIMARY SCHOOL- Medicine form.**

Request for school, after school club and breakfast club to administer Medicine(s).

Dear Head Teacher,

I request that my child ..... be given the following medicine(s) whilst in School/ Afterschool club and Breakfast club.

<b>Name of medicine</b>	<b>Expiry date of medicine</b>	<b>Date prescribed</b>	<b>Dose prescribed</b>	<b>Time to be given</b>	<b>Duration of course</b>

Possible side effects \_\_\_\_\_

I agree that the following complies with the school's, ASC & BC policy:

- The above medication has been prescribed by the family doctor or hospital doctor.
- It is clearly labelled indicating contents, dosage and child's name in full.
- Medication will only be given if it requires administering four times a day.
- I agree to inform school, ASC and Breakfast club of any change in dose immediately.

Name of parent/guardian: .....

Signed:..... Date: .....

Please note: Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child.

The Governors and Head Teacher reserve the right to withdraw this service. Jan 2016.

Pupil's Name .....

Class .....

Year .....

Name of Medicine.....

[illegible]

## Template : model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition.

I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely