# Supporting Children with Medical Conditions Policy



**Approved by:** Paresh Desai (Chair of Governors)

Last reviewed on: January 2021

Next review due by: January 2023

#### **Supporting Children with Medical Conditions**

#### **Introduction**

At Heritage Park Primary School we promote the good health of children attending the setting. Parents are notified at the earliest opportunity if their child becomes ill in school and the school use the guidance: 'Managing the spread of infectious diseases' from the government website <a href="https://www.gov.uk">www.gov.uk</a> to ensure we have taken necessary steps to prevent the spread of infection.

Heritage Park Primary School recognise the importance of providing suitable and appropriate procedures for children with medical needs. We recognise that children may have both short and long term illnesses which may result with treatment in the form of medication.

#### <u>Aims</u>

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The named person with responsibility for implementing this policy is:

#### Miss K Bell

#### Legislation and statutory responsibilities

This policy meets the requirements under <u>Section 100 of the Children and Families Act 2014</u>, which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: <u>Supporting pupils at school with medical conditions</u>.

#### Roles and responsibilities

#### The governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

#### The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make staff aware of relevant pupils' condition/s, where appropriate

- Ensure that there is a sufficient number of trained staff available to implement this
  policy and deliver against all individual healthcare plans (IHPs), including in
  contingency and emergency situations
- Take overall responsibility for the development and monitoring of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Authorise staff to administer medication.

#### Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although this is not compulsory. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **Parents**

#### Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment
- Give written permission for staff to administer medication
- Provide in date, clearly prescribed medicines for the school to use
- Provide contact details for themselves or a nominated adult at all times
- Allow information sharing between the school and healthcare workers

#### **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

#### **Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

#### Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

A flowchart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix 1.

#### **Individual healthcare plans**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- Bv whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body and Miss K Bell (Headteacher), will consider the following when deciding what information to record on IHPs:

• 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
- 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, including in emergencies.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil'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 pupil'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 (witnessed by a colleague).
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

#### Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent

Anyone giving a pupil any medication will first check dosage instructions and when the previous dosage was taken, alongside a colleague. Parents will always be informed, by telephone or face-to-face, that medication has been administered. The only exception to this being those children with long term medical conditions who require daily medication as outlined in their IHP. A record evidencing notification is completed (all records are kept in the school office).

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. The majority of medications will be locked in the kitchen in the small hall. Exceptions to this will include: medicines and devices such as asthma inhalers,

blood glucose testing meters and adrenaline pens, which will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

On residential trips there may be circumstances where medication is required, that has not been prescribed by a medical practitioner. Non-prescribed medicine can be used for the treatment of minor ailments and this must be agreed with the school no later than 48 hours before the trip. Any medications that staff are unfamiliar with will be discussed with the school nurse.

During a normal school day, non-prescription medicines will only be administered in exceptional circumstances. These will need to be agreed with the Headteacher or the Deputy Headteacher in the Headteacher's absence. Individual Health Care Plans will be drawn up, alongside the school nurse, for those children who require regular non-prescription medication.

The School permits the use of lipsalve in exceptional circumstances as long as the following stipulations are met:

- The lipsalve is clearly labelled with the child's name
- The lipsalve is handed directly to a member of the classroom staff
- The lipsalve is unscented and uncoloured
- The lipsalve is kept out of the reach of children within the classroom
- Parents will remind their child that they will need to ask to use the lipsalve
- Parents will sign a consent form to say they are happy for the lipsalve to be selfadministered by their child as required throughout the school day

This will help the school to avoid potential infection transfer through the sharing of lipsalve. It is not the responsibility of staff to remind children to use the lipsalve. Staff will provide the child with their lipsalve at the earliest convenient moment but will not leave other children inadequately supervised to do so. Staff will get a colleague to witness that they have handed the correct lipsalve to the named child and both will sign in the 'Lipsalve' book kept with the lipsalves in their classrooms.

#### **Unacceptable practice**

It is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 IHPs
- If the pupil becomes ill, send them to the staffroom unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

#### **Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, two members of staff will stay with the pupil until the parent arrives, or one member of staff will accompany the pupil to hospital by ambulance.

#### **Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Miss K Bell (Headteacher).

Training will be kept up to date.

#### Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Where appropriate, Healthcare professionals will provide appropriate training for a medical procedure, or medication. Other training may be more informal and consist of a discussion with a Senior Leader.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Staff training on asthma and epi-pens will be delivered each academic year.

#### Record keeping

Parents of children at Heritage Park Primary School will be asked if their child as any medical conditions on the school enrolment form and if their child requires medication to be administered during the school day.

Parents will be informed, by phone or face to face, if their child has been unwell at school. This will usually be done by the teaching assistant who has dealt with the child.

IHPs are kept in a readily accessible place in the school office, which all staff are made aware of.

The governing body will ensure that written records are kept of all medicine administered to pupils. This includes the dose given, the date and time of administering the medication and the name of the administering staff (appendix 2).

Heritage Park Primary School seeks permission from parents before sharing medical information with any other party.

Heritage Park Primary School ensures that each child's confidentiality is protected.

#### **Liability and indemnity**

The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The school's insurance policy should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures.

#### **Complaints**

Parents with a complaint about their child's medical needs management should discuss these directly with the class teacher in the first instance. If the class teacher cannot resolve the matter, parents should be directed to Miss K Bell (Headteacher). Following this, the headteacher will direct parents to the school's complaints procedure.

#### **Monitoring arrangements**

This policy will be reviewed, evaluated and approved annually, by the governing body.

#### **Communication Strategy**

This policy will be shared with staff members, who will sign to say they will implement the policy when necessary. Newly appointed staff will be given a copy of the policy. A copy of this policy will also be available on the school website.

#### **Appendices**

Appendix 1 - Process on being notified a child has a medical condition

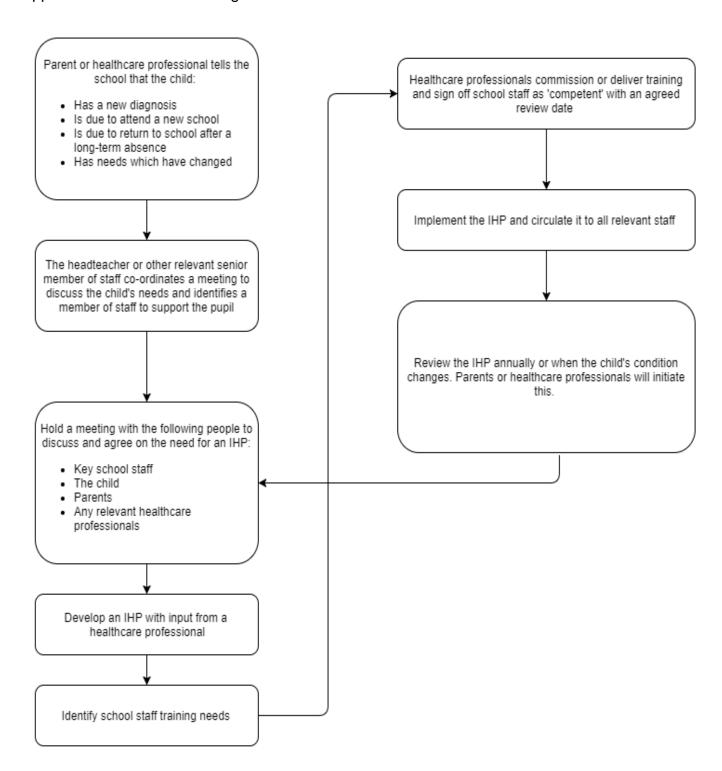
Appendix 2 - Parental agreement for administering medication.

Appendix 3 - Record of administration of medicine in school

Appendix 4 - Individual Health Care Plan

Appendix 5 – Use of lipsalve consent form

#### Appendix 1 - Process on being notified a child has a medical condition



# Parental agreement for administering medication in school.

Heritage Park Primary School will not give your child medicine unless you complete and sign this form. Medication will not be administered before 12:45pm, unless the school have received written (by letter or email) confirmation of the time and strength of the child's previous dosage.

Name of child		
Date of birth		
Year group		
Medical condition		
Name and strength of prescribed <b>medication</b> (as described on the packet)		
Expiry date		
Dosage and method		
Timing		
Special precautions/other instructions		
Are there any side effects we need to know about?		
Contact details (to be available at all times)	Contact 1	Contact 2
Name		
Daytime telephone number		
Relationship to child		
I understand that I must deliver	the medication personally to	
Prescription medicine must be p pharmacy label. Blister packagin		g, complete with the dispensing
Date medication provided:		
The above information is, to the give consent to Heritage Park P their policy. I will inform the schofrequency of the medication or it	rimary School staff administering ool immediately, in writing, if the	g medicine in accordance with
Signature:	Date:	
Print name		

Record	of	medicine	adminis	tered t	to	а	child.

#### MONITOR CHILD FOR ANY POSSIBLE REACTIONS AFTER EACH DOSAGE

## Parents must be informed, in person or by telephone, after medication has been administered.

Date	Time	Name of medication	Dose given, including strength	Staff member administering medication	Staff witness	Parental notification following administration of medication, including:  time and date of call or contact name of parent notified name of staff member notifying parent	Additional information

# Appendix 4 – Individual Health Care Plan Template

# HERITAGE PARK PRIMARY SCHOOL

Individual Healthcare Plan for (name of child)

Child's name	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Relationship to child	
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 chi	ld's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.
Name of medication, dose, method of adminis supervision	stration, when to be taken, side effects, contra-indications, administered by/self-administered with/without
Daily care requirements	
Specific support for the pupil's educational, so	ocial 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

#### **Use of lipsalve consent form**

The School permits the use of lipsalve in exceptional circumstances as long as the following stipulations are met:

- The lipsalve will be clearly labelled with my child's name
- The lipsalve will be handed directly to a member of the classroom staff
- The lipsalve will be unscented and uncoloured
- The lipsalve will be kept out of the reach of children within the classroom and I will remind my child that they will need to ask an adult to use the lipsalve
- I will explain to my child that they must not share their lipsalve with other children
- By signing this consent form I am agreeing that I am happy for my child's lipsalve to be self-administered by them, as required, throughout the school day
- I understand that by not following the guidance listed above that staff will be unable to give my child their lipsalve to self-administer
- I understand that at the point I no longer wish my child to be given this lipsalve I will request it's return from school via a staff member

This will help the school to avoid potential infection transfer through the sharing of lipsalve. It is not the responsibility of staff to remind children to use their lipsalve. Staff will provide the child with their lipsalve at the earliest convenient moment but will not leave other children inadequately supervised to do so.

Child's name:	Year group:
Name of lipsalve handed in:	Date supplied:
Parent name (printed):	Parent signature: