

Shere Infant School and Fox Cubs Nursery

Roots to grow, Wings to fly

Supporting Pupils with Medical Conditions Policy

Date adopted by Governors:

Spring Term 2017

Date for review:

Spring Term 2018

STATUS: STATUTORY

REVIEW: ANNUALLY

Shere C of E Infants School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in December 2015 – "Supporting pupils at school with medical conditions" under a statutory duty from section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014.

The school will have regard to the statutory guidance issued. We take account of it; carefully consider it and we make all efforts to comply.

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities, also including those pupils with medical conditions.

NB. Early years settings should continue to apply the Statutory Framework for Early Years foundation Stage.

Key Points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- 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 properly understood and effectively supported.
- Ensure that arrangement they set up include details on how the schools policy will be implemented effectively, including a named person who has overall responsibility

1) Key roles and responsibilities

a) The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice /guidance and suitable training to schools and their staff to ensure Individual Healthcare Plans (IHCP) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Body of Shere CE Infants' School is responsible for:

- Fulfilling its statutory duty.
- Ensuring arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities as any other child.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.

- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensure that arrangement they set up include details on how the schools policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

c) The Head Teacher is responsible for:

- Ensuring the policy is developed and effectively implemented with partners, this includes making staff aware of this policy.
- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of Shere C of E Infants' School.
- They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans (IHCPs) including contingency and emergency situations. If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition. Head teachers have overall responsibility of Individual Healthcare Plans (IHCPs).
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection.
- Assigning appropriate accommodation for medical treatment.
- Considering the purchase of a defibrillator & emergency salbutamol inhalers.

d) Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of pupils with medical conditions in lessons.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility. A first-aid certificate is not sufficient.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

e) School nurses are responsible for:

- Collaborating on developing an IHCP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Liaising locally with lead clinicians on appropriate support. Assisting the Head teacher in identifying training needs and providers of training.

f) Parents and carers are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs and keeping the school informed about any new medical condition or changes to their child's health.
- Participating in the development and regular reviews of their child's IHCP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school and to provide medicines and equipment that may be needed.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHCP with particular emphasis on, them or a nominated adult, being contactable at all times.

g) Pupils are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHCP
- Complying with the IHCP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

2) Training of staff

- Newly appointed teachers, supply or agency staff and support staff will receive training on the "Supporting Pupils with Medical Conditions" Policy as part of their induction.
- Any member of school staff providing support to a pupil with medical needs should have received suitable training. A first aid certificate does not constitute appropriate training in supporting children with medical conditions.
- The clinical lead for each training area/session will be named on each IHCP.
- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
- School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. They will notify Health & Safety DCC, and Risk, Insurance & Governance Manager, DCC.

3) The child's role in managing their own medical needs

Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

4) Medical conditions register /list

- Schools admissions forms should request information on pre-existing medical conditions. Parents must have an easy pathway to inform the school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHCP and also to share information for recording attendance.
- A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.
- Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- For pupils on the medical conditions list, key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHCP and train staff if appropriate.

5) Managing medicines on the school premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent.
- Non-prescription medicines may be administered but need a signed permission form from parents. Parents are to state that they have given the medicine before and that there were no side effects and also how old the medicine is.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container 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.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- 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. Schools should keep a record of all medicines administered to individual children, stating what and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.

- Emergency salbutamol inhaler kits may be kept voluntarily by school
- Shere C of E Infants' School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHCP which will include informing parents.

6) Record Keeping

Records must be taken to offer protection to staff and children and to provide evidence that procedures have been followed. Parents should be informed if their children have been unwell at school.

7) Individual Healthcare Plans (IHCPs)

- Where necessary (Head teachers will make the final decision) an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Head teacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
- IHCPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHCP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.
- IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHCP identifies the support the child needs to reintegrate.

8) Transport arrangements

- Where a pupil with an IHCP is allocated school transport the school should invite a member of DCC Transport team who will arrange for the driver or escort to participate in the IHCP meeting. A copy of the IHCP will be copied to the Transport team and kept on the pupil record. The IHCP must be passed to the current operator for use by the driver/escort and the Transport team will ensure that the information is supplied when a change of operator takes place.
- For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.

- Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

9) Education Health Needs (EHN) referrals

- All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.
- In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

10) Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms. Including incidents taking place on school trips.
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

11) Day trips, residential visits and sporting activities

- Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities.
- To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHCP requirements for the school day.
- A trained member of staff will need to attend the trip.

12) Avoiding unacceptable practice

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable in Shere C of E Infants' School:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.

- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

13) Insurance

- Teachers who undertake responsibilities within this policy will be assured by the Head teacher that they are covered by the LA/school's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.
- In the event of a claim alleging negligence by a member of staff, civil action is likely to be brought against the employer.

14) Complaints

- All complaints should be raised with the school in the first instance.
- The details of how to make a formal complaint can be found in the School Complaints Policy.

15) Definitions

- "Parent(s)" is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- "Medical condition" for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either on going or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.
- "Medication" is defined as any prescribed or over the counter treatment.
- "Prescription medication" is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A "staff member" is defined as any member of staff employed at school.

APPENDIX A:

Procedure for Administering Medicines

Written up by: Georgina Snowden, who attended The Guildford Schools Medication Awareness for Schools course on Tuesday 8th March from 9.00-12.30pm at Kings College, Southway, Guildford GU2 8DU.

Training

Any person giving medicine must have appropriate training.

Legal Issues

Under no circumstances must any prescribed medication be administered without a pharmacist's medicine label - this is a legal document.

The law states that anyone can administer a prescription only medicine to another person provided it is in accordance with the directions of the prescriber (doctor). Doses of prescribed medicines must not be varied without the prescribers consent.

Safe Storage

Medication should be stored in secure cupboard at 25 degrees. Medicines are stored in a staff-only area which is constantly staffed (school office) or overlooked by an area that is constantly staffed (staffroom). Any medication that needs to be kept in a fridge should be put in a plastic box and kept separate from food/drinks. Fridge temperature should be between 2-8 degrees c.

Stock Control and expiry dates should be checked every couple of months. Reminders are to be set to do this.

Six Rights of Administration

RIGHT PUPIL

RIGHT MEDICINE

RIGHT DOSE

RIGHT TIME

RIGHT ROUTE

RIGHT TO REFUSE

children cannot be forced to take their medicine, if a child refuses, document it and call parents, to be included in IHCP if necessary.

Checklist for Administering Medicine

Be Prepared, wash hands	
Check Identity of Pupil	
Check any documentation	
Check the medication has not already been given	
Find the medicine	
Check the label (check the 5 rights)	
Measure the dose accurately (5ml spoon, syringe)	
Tell them that their medicine is ready for them	
Ensure they are in an upright position	
Administer the medicine according to the dosage form	
Offer a drink	
Witness the pupil takes the medication	
Record IMMEDIATELY what has been given or declined	

- Administer to one pupil at a time
- Do not dispense medication in advance
- Never leave medication unattended
- Never dispense for another person to administer

If a child needs a medicine at a certain time (or before or after food) set a reminder on mobile phone or outlook.

Tablets

If administering tablets to not break them.

Creams

When using creams read instructions clearly - some steroid creams are to be applied sparingly where emollient creams for dry skin need a lot. Always wear gloves when applying and check expiry date.

Checklist for Administering Eye Drops

Wash your hands	
Take the tops off the bottle	
Make sure the pupil is upright	
Tilt their head backwards and gently roll lower lid down	
Hold dropper above the eye and squeeze one drop inside lower eyelid	
Let go of the eyelid and ask the pupil to blink a few times	
Wipe away any liquid from the pupils cheek with a clean tissue	
Repeat in the other eye if the drops are prescribed for both eyes	
Replace the top on the bottle	
Record on the pupils medication record	

Administering eye drops is quite difficult to do, if you can't get the drop in make a note and report back to parent. Eye drops have a 28 day expiry once bottle is opened.

Inhalers

Reliever Inhalers are the blue salbutamol inhaler which are most common in our school. These inhalers should be accessible to the children at all times. If possible children should administer themselves (under supervision), if the child administers, details do not need to be recorded, however if a member of staff administered it must be recorded on their medical records. If inhalers are kept at school on an on going basis IHCP should be completed. Children cannot overdose on these inhalers but read instructions on medical label for advice. They usually state "when required".

Recording

It is important to record what you have done, as evidence. Information to be recorded - name, medicine, dose, method, time/frequency and any side effects.

When to report....

- Suspected side effects/reactions
- Refusal to take medication
- Changes to dose with no authorisation
- Medication errors, suspected medication errors or "near misses"
- Any doubt ask parent / pharmacy

Day Trips, Visits and Sporting Activities

If medicines need to be kept in the fridge, they are to be taken in a cool bag - this should be provided by the parent if possible.

Inhalers, antihistamines & epi-pens will need to be logged in and out.

A trained member of staff should be responsible for giving medicines on trip.

Disposal

All unwanted, discontinued or out of date medicines should be returned to the parent to be disposed of.

Management of Controlled Drugs

- They need to be stored in a non-portable container
- Named staff have access only
- For best practice 2 members of staff to administer
- Record and count stock daily
- Record disposals

Non- Prescribed Medicines

Non prescribed medicines for minor ailments can be given to children but will need a signed permission form from parents. Parents are to state that they have given the medicine before and there were no side effects, also how old the medicine is.

A child under 16 should never be given aspirin unless prescribed by the doctor.