



Goodmayes Primary School Policy on Supporting Pupils with Medical Conditions

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. This policy sets out our arrangements.

Goodmayes Primary School is an inclusive community. Our aim is to ensure that all children with medical conditions in terms of physical and mental health are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Goodmayes Primary School works with health professionals and other support services to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve programmes of study that include part time attendance at school in combination with alternative provision arranged by LA for the children with an EHC plan, and the school for those without it.

Roles & Responsibilities:

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work cooperatively with other agencies to ensure that the needs of pupils with medical conditions are met effectively.

Head Teacher:

- has overall responsibility for the implementation of this policy and will ensure that it is implemented with partners
- will ensure that all staff are aware of this policy and understand their role in its implementation
- will ensure that new staff are fully informed about this policy
- will ensure that relevant staff are informed about a child's condition
- will ensure that sufficient staff are suitably trained and available (additional staff will be trained in order to cover staff absence or staff turnover)
- has overall responsibility for the development of Individual Health Care Plans (IHCPs)

SENCo:

- will identify any training needs necessary during the development or review of IHCPs
- will liaise with external agencies to assess staff training needs
- will arrange for external professionals to train staff
- will support staff in carrying out their role
- will liaise with the head teacher to commission training

Staff:

- must not give prescription medicines or undertake health care procedures without appropriate training or parental consent
- may be asked to provide support to pupils with medical conditions, including the administering of medicines and undertaking necessary procedures
- will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions
- should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- teaching staff will ensure that IHCPs are accessible to cover staff in accordance with school procedures



Pupils:

- 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 IHCP
- will be encouraged to take an appropriate amount of responsibility for managing their own medicines and procedures if, following discussions with their parent/carer, it is agreed that they are competent
- will be allowed to carry their own medicines and relevant devices wherever possible
- who refuse to take medicine or carry out a necessary procedure will not be forced to do so but the procedure in the IHCP should be followed and parent/carer must be informed so that alternative options can be considered

Parent/Carer:

- should ensure that their child is fit enough to attend school
- should keep any child who is acutely unwell at home
- should provide the school with sufficient and up to date information about their child's medical condition and any treatment or special care needed at school
- should be involved in the development and review of their child's IHCP and wherever possible, be involved in its drafting
- should ensure they have signed their child's IHCP and carry out any action they have agreed to as part of its implementation (e.g. provide medicines and equipment) and ensure they, or another nominated adult, are contactable at all times
- should complete written consent (i.e. MED 2 or AAI 1) in order that emergency medicines may be administered to their child
- should liaise with the class teacher to ensure the relevant medicines are taken on all school trips or sporting activities where necessary

Teaching Assistants

- will brief supply teachers on any child with medical conditions in their class
- will be prepared to administer medicines or necessary procedures at school and during off-site activities, if suitably trained, when parent/carer is unavailable

Group Leaders

- will liaise with the SENCo to carry out risk assessments for school visits, holidays and other school activities outside of the normal timetable
- will be responsible for any medicines taken on off-site activities, including their safe storage and handling, administration and return to school

SEN Administration Officer (SAO)

- IHCPs will be reviewed on an annual basis unless otherwise indicated or advised. This will be instigated by the SAO.

Managing Medicines on School Premises

- Medicines should generally be prescribed in dose frequencies which enable them to be taken outside school hours. However, we are prepared to administer prescribed medicines when absolutely necessary decided on an individual basis.
- Children for whom we are likely to agree to administer medicines include children with long term medical needs (including diabetes, epilepsy, asthma, severe allergies) and medicines prescribed by GPs that have to be given during the school day.
- IHCPs provide the required written parental consent for school staff to administer medicines (as specified in each IHCP).



- If we agree to administer any medicine to pupils without IHCPs, the parent/carer must complete form MED 1 (Appendix 2). A copy is available from the office and is on the school's web site.
- An emergency salbutamol inhaler is available for pupils who have both been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler to use as reliever medication.
- The parent/carer must complete an asthma parental consent form MED 2 (Appendix 2) in order for the emergency inhaler to be administered. A copy is available from the office and is on the school's web site.
- We are able to administer emergency adrenaline auto-injectors (AAIs) to pupils that have been diagnosed with Anaphylaxis, prescribed an AAI by their GP and parents have completed form AAI 1 (Appendix 5). A copy is available from the office and is on the school's web site.
- The parent/carer is always welcome to come into school to administer the dosage for their child.
- Children should not bring any medicine into school with them; this includes cough sweets.
- Children will never be given medicine containing aspirin unless prescribed by a doctor.
- Medication (e.g. for pain relief) should never be administered without first checking when the previous dose was taken.
- We will only accept prescribed medicines that are in date and provided in the original container as dispensed by a pharmacist. Each prescription label must have the correct pupil's name and include instructions for administration, dosage and storage. The exception to this is insulin which may be inside an insulin pen or pump rather than its original container.
- Most medicines and devices will be kept securely (but not locked) in the medical room. Exceptions to this will include asthma inhalers and adrenaline pens which are kept in close proximity to pupils from Years 1 to 6 at all times during the school day.
- On off-site visits children should know where their medication is at all times.
- Staff administering medicines should only do so in accordance with the prescriber's instructions.
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal.
- Controlled drugs will be stored in a non-portable container and named staff will have access.

Managing Medicines on Residential School Trips

During residential school journeys, we will administer medicines prescribed by the GP. We will not administer other medication unless there are exceptional circumstances for the request. Permission must therefore be sought from the head teacher well in advance of any trip if any non-prescribed medicine (for example, travel sickness tablets, hay fever medication) is requested to be administered. A MED 1 form will have to be completed and agreement reached from the staff who are being asked to administer this medication. After consultation with designated medical staff e.g. school nurse and/or parents/carers we will administer non-prescription medication such as Calpol or travel sickness pills only on residential school journeys, after completion of a MED 1 form.

Record Keeping

- A record must be kept of all medicines administered to individual children, stating name of medicine, date and time given, how (eg. specific site of insulin injection), how much was administered and by whom. Any side effects of the medication should be noted (Appendix 4).
- A record will be kept of any doses of a controlled drug used and the amount of the controlled drug held in school.



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

- Parent/carer or healthcare professional informs the school that the child has been newly diagnosed, or is due to attend as a new pupil, or is due to return to school after a long term absence, or that needs have changed.
- The SAO informs the head teacher or SENCo.
- A meeting is arranged between the head teacher or SENCo or designated staff member, the parent/carer, child (age appropriate) and relevant healthcare professional (or to consider written evidence provided by them) to ascertain the child's medical support needs.
- At the meeting a discussion will take place to agree on the need for an IHCP. If needed, a draft IHCP will be developed at the meeting and agreed by all parties.
- The SENCo will identify any training needs.
- The SENCo commissions/delivers training and staff are signed off as competent. Review date for any re- training is agreed where appropriate.
- The IHCP will be signed by the parent/carer and the head teacher.
- The IHCP will be implemented and circulated to relevant staff.
- The IHCP will be reviewed annually or when the condition changes or as required.
- In the case of a new diagnosis or children moving to the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

Transition Arrangements

When a child transfers to Goodmayes Primary School, the previous setting will be contacted by the SAO and a request will be made for any paperwork to be transferred.

If a child transfers to another school, the SENCo will contact the new school to share information about the child. A senior administration officer will send the child's school records to the receiving school on the child's last day at the school so that documentation is in place for the start of the next term.

Parent/carers are responsible for informing the school about any change to their child's condition.

Individual Healthcare Plans

Individual healthcare plans (IHCPs) can help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom.

Healthcare plans may be initiated, in consultation with parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The school, healthcare professional and parent/carer will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

A healthcare plan will be essential in cases where:

- a condition fluctuates
- there is a high risk that emergency intervention may be needed

They will also be helpful in other cases where a medical condition is long term and complex.

The healthcare plan will be drawn up in partnership between the school, parent/carer and a relevant healthcare professional who can best advise on the particular needs of the child.



Where the child also has a special educational need identified in a statement or EHC plan, the IHCP will be linked to, or become part of, the statement or EHC plan.

When a child returns to school following a period of hospital education or alternative provision, the school will work with the local authority to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

The IHCP will be made accessible to all staff and professionals who need to refer to it.

The IHCP will be reviewed on an annual basis or earlier if evidence is presented that the child's needs have changed.

Titles of IHCPs can be found at Appendix 1.

Emergency Procedures

If a child needs to be taken to hospital, staff will;

1. stay with the child at school until the parent/carer arrives or
2. accompany a child taken to hospital by ambulance if parent/carer has not arrived

School based Activities, Day Trips, Residential Trips and Sporting Activities

The school will also carry out a risk assessment (Appendices 3A & 3B) to take account of any steps needed to ensure that any pupil with a medical condition is supported to participate in school-based activities, school trips and sporting activities wherever possible.

The school will consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely in school-based activities and on school trips and sporting activities.

The school will consult with parent/carer, and take advice from the relevant healthcare professional if necessary, to ensure that the child can participate safely.

Unacceptable Practice

It is unacceptable practice to:

- prevent children from easily accessing their inhalers and medication
- prevent children from easily 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 parent/carer or ignore medical evidence or opinion (although this may be challenged where necessary)
- send children with medical conditions home frequently or prevent them from staying for normal school activities
- send a child to the school office unaccompanied or with someone unsuitable if they become ill
- penalise children for their attendance record if absences are related to their medical condition (e.g. hospital appointments) and can be verified by supporting documentation



- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parent/carer to attend school to administer medication or provide medical support to their child
- prevent children from participating in, or create unnecessary barriers to children participating in any aspect of school life including school trips or sporting activities

Insurance Arrangements

Our public liability policy covers the school, school governing body, teachers, other employees and volunteers should a claim be made by a pupil who alleges they have sustained injury or damage to property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically or by tube and the application of appliance or dressings. This applies both to straightforward and complex conditions.

We would expect any guidance with the medication to be followed and that those administering the treatment to have received the appropriate training and that this is reviewed on a regular basis.

Complaints

If parent/carers are dissatisfied with the support provided, they should discuss their concerns directly with the school. If this does not resolve the issue they should make a formal complaint via the school's complaints procedure which is available on the school website.

References

- DfE 'Supporting Pupils with Medical Conditions'
- DfE 'Managing Medicines in School & Early Year Settings'
- Department of Health 'Guidance on the use of emergency salbutamol inhalers in schools'
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'

Agreed by Governors: Spring Term 2018



Appendix 1

CARE PLANS & PROTOCOLS TO HELP MEET THE NEEDS OF PUPILS WITH MEDICAL CONDITIONS

- Asthma Care Plan
- Care Plan for Diabetes Mellitus Type 1
- Care Plan for Diabetes Mellitus Type 2
- EpiPen Protocol for Anaphylaxis due to Allergy
- Medical Care Plan for Pupil with Epilepsy
- Care Plan for Specified Medication / Treatment to be given in School
- Care Plan for the Management of Medical Conditions
- Protocol for Rectal Diazepam
- Protocol for Buccal Midazolam
- Care Plan for Ritalin / Equasym
- Care Plan for Pupil with Sickle Cell Disease



REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

- The school will not give your child medicine unless you complete and sign this form.
- Your child is responsible for coming to the office to request that we administer the medicine; we cannot be responsible for reminding them **or be held responsible if a dose is missed.**

DETAILS OF PUPIL

Child's name: Class:

Condition or illness:

MEDICATION

Name of Medication.....
(as described on the container)

Date dispensed:

For how long will your child take this medicine?

FULL DIRECTIONS FOR USE:

Dosage and method:

Time medicine is to be given:

Special Precautions (if any):

Side Effects (if any):

Can your child administer their own medicine under supervision? **YES / NO:**

CONTACT DETAILS IN THE EVENT OF AN EMERGENCY:

Name (print): Relationship to Pupil:

Telephone1: Telephone 2:

- **I give permission for a member of school staff to administer, or supervise the administration of the medicine described above, which has been prescribed by my child's doctor.**
- **I understand that I must deliver the medicine personally to the school office and inform staff of any special storage instructions (eg. to be kept in fridge).**
- **I accept that this is a service which the school is not obliged to undertake.**

Signed: (parent / carer)

Date:



PARENTAL CONSENT FORM
INSTRUCTIONS FOR USE OF RELIEVER INHALER AT SCHOOL

Pupil Name: Class:

- 1. I can confirm that my child has been *diagnosed with asthma OR *has been prescribed an inhaler for their cold, cough, chest infection (* delete as appropriate)
2. I have provided Goodmayes Primary School with a prescribed, in-date reliever inhaler for my child which is clearly labelled with their name.
3. In the event of my child displaying symptoms of asthma, and if their own inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by school for such emergencies.

DETAILS

- How many puffs (as detailed on the prescription label)
• Do they use an *Aerochamber OR *Volumatic YES / NO (*if yes, delete as appropriate)
• Does your child need to use their inhaler before P.E. or sport YES / NO
If yes, how many puffs required: puffs
• Does your child have a clear understanding as to when they need to use their inhaler YES / NO

Important

Please remind your child they must only use their inhaler in the presence of an adult, who will complete the relevant documentation to enable your child to be monitored for improvement.

Signed Date

Name (print)

Emergency contact phone numbers: -

Mother: 1: Father: 1:
2: 2:
3: 3:



PARENTAL CONSENT FORM
INSTRUCTIONS FOR USE OF USE OF GENERIC
EMERGENCY ADRENALINE AUTO INJECTOR

Pupil Name:

Class:

- 4. I can confirm that my child has been diagnosed with an allergy that can cause anaphylaxis; my child has been prescribed with adrenaline auto-injectors for home and school.
5. I have provided Goodmayes Primary School with two prescribed, in-date adrenaline auto-injectors for my child, which are both clearly labelled with their name.
6. In the event of my child displaying symptoms of anaphylaxis, and if their own adrenaline auto-injector is not available or is unusable, I consent for my child to receive an adrenaline auto-injector held by school for such emergencies.

Signed (Parent/carer)

Name (print) (Parent/carer)

Date

Emergency contact phone numbers: -

Mother: 1:
2:
3:

Father: 1:
2:
3:



Appendix 3A

RISK ASSESSMENT FOR PUPIL WITH MEDICAL NEEDS

Task Assessed:

Date Assessed:

Child Assessed:

Service/Function: Goodmayes Primary School

Assessed By:

Hazard	Who May Be Harmed	"Risk" Associated With hazard	Controls in place	Further Action	**R"	Review Date

Headteacher's Signature:- _____

Date:- _____

Parent's Signature:- _____

Date:- _____

Appendix 3B



EVENT SPECIFIC NOTES

What are the really important things we need to do to keep ourselves safe?

Visit details..... Carried out by Date

ISSUE Consider STAGED: Staff, Timings, Activity, Group, Environment, Distance	HOW TO MANAGE IT	WHO TO BE INFORMED		
		PARENTS	STAFF	PARTICIPANTS
Adult Helpers:-	Known to the class teacher and considered suitable for accompanying children on the trip.			
All children stated below with Medical, SEN or behaviour issues will be in the class teacher or teaching assistant's group.				



Appendix 4

RECORD OF MEDICATION ADMINISTERED IN SCHOOL

<u>Date</u>	<u>Name</u>	<u>Class</u>	<u>Time</u>	<u>Medication, Dose & Site</u>	<u>Any Reaction?</u>	<u>Staff Name</u>