

Worlingham CEVC Primary School



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Due consideration has been given to all children/adults/stakeholders with regard to the protected characteristics under the Equality Act 2010.

ate approved:	20.03.2024
Name of Committee:	Health and Safety Committee
Chair of Committee signature:	<i>Matt Bodmer</i>
Date of next review:	Spring 2025

Headteacher: Mrs Holly Marchand
School No. 935 3111

Worlingham CEVC Primary School

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

Policy & Procedures

Roles & Responsibilities

The Children and Families Act 2014 requires Governing Bodies to ensure that arrangements are in place to support pupils with medical conditions. The DfE guidance 'Supporting Pupils at School with Medical Conditions' December 2015 can be found via the following link:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-3>

This is Statutory Guidance that all schools must follow.

This legal duty means they must take account of the statutory guidance and carefully consider it and having done so, there would need to be a good reason to justify not complying with it.

The Governing Body should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teacher's professional duties, they should take into account the needs of pupils with medical conditions they teach.

Individual Health Care Plan (IHCP)

The Governing Body should ensure that the school's policy covers the role of IHCPs, and who is responsible for their development, in supporting pupils at Worlingham CEVC School with medical conditions. 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. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

The format of IHCPs may vary to enable the school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. The level of detail within the IHCP will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has a Special Educational Need (SEN) but does not have a statement or an Education, Health and Care (EHC) plan, their special education needs should be mentioned in their IHCP.

IHCPs (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the pupils. Plans should be drawn up in partnership between all those professionals who can best advise on the particular needs of the children. i.e. school specialist or children's community nurse. The individual pupil should be involved whenever appropriate. The aim should be to capture the steps which the school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

The Governing Body should ensure the plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition) the school will need to work with the Local Authority to ensure the IHCP identifies the support the child will need to reintegrate effectively.

The following information should be recorded on IHCPs:

- 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 i.e. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs i.e. how absences are managed, requirements for extra time to complete exams, additional support that may be needed i.e. counselling sessions;
- The level of support needed (some children will be able to take responsibility for their own health needs), including emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional, and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil, under staff supervision, during school hours;
- Separate arrangements or procedures required for school trips or other school activities, outside the normal school timetable that will ensure the child can participate e.g. risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individual(s) to be entrusted with information about the child's condition; And
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform and/or develop their IHCP

Health Care Plans are an essential tool through which responsibility holders communicate and record information acknowledging this through signing off the document.

A flow chart for identifying and agreeing the support of a child's needs and developing an IHCP is provided at Annex 1.

MEDICATION ERRORS

A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors can typically occur when schools have more than one pupil with the same name. Some examples of medication errors include:

- Administration of a medication to the wrong pupil,
- Administration of the wrong medication to a pupil,
- Administration of the wrong dosage of medication to a pupil,
- Administration of the medication via the wrong route,
- Administration of the medication at the wrong time

Each medication error must be reported to the Headteacher and an Incident Report Form completed and copied to the Corporate H & S Team.

The school should have procedures in place to avoid any errors. A good example might be where each pupil's medication and records are in a sealed bag which includes a recent photograph of the pupil.

Training

Staff who manage the administration of specialist medicines e.g. epi-pen (anaphylactic shock), should receive suitable training and support from a qualified health professional. The trainer will incorporate a competency test within the training schedule, and a copy of the test will be retained as a record of this having been carried out.

Any action taken by a person undertaking support activities should be limited to the training given.

The school will ensure there are sufficient numbers of trained staff to cover for school visits, staff sickness, and for any other reason for absence from school.

If there are any changes to the agreed care plan e.g. changes to dosage or type of medication, then a new care plan should be provided, and appropriate training undertaken.

Where the school cannot identify competent trained staff to undertake the care plan, the responsibility to administer the medication could be passed back to the parent/guardian.

Where equipment is involved sufficient 'hands on training' must be provided.

Records of Training

Records of training should be provided and retained at School.

Induction Training

All staff should receive Induction Training upon joining the school. This training should include:

- What the school's policy is on the administration of medicines
- Where it can be found
- How to respond in an emergency

The school should make formal arrangements with the qualified health professional to ensure regular audits take place, this should be done at least once a year.

This Audit will be undertaken by members of the Health & Safety Committee and will include the management of medicines, and include the administration process.

Staff Indemnity

All staff involved in the administration of medicines must comply with the school's policy, to ensure the Local Authority is fully able to indemnify staff against claims for alleged negligence. This indemnity would include all school Governors and any volunteers assisting in their business activities.

Insurers require all those travelling with pre-existing conditions obtain written consent from their GP or Consultant that they are medically fit to travel. Further advice can be obtained through the school's Insurers.

School Trips

The school will ensure that arrangements are clear and unambiguous 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 ensure, where appropriate, that additional safety measures for visits and arrangements for taking any medication have been undertaken prior to any school trips, as part of their normal risk assessment process. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures.

Where staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils on the visit, they should seek advice from the pupil's GP/Consultant.

Sporting Activities

Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

Employees' Medicines

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

Staff Protection

Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment. Practical and common-sense hygiene precautions will minimise the risk of infection where contact with blood or other body fluids is unavoidable.

If a staff member is bitten or scratched and there is a risk of blood borne viruses (BBV) further medical advice should be taken by visiting A & E within one hour.

Emergency Procedures

The Governing Body will ensure that the school's policy sets out what should happen in an emergency situation, as part of the general risk management process.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation.

All staff must be aware of the likelihood of any emergency arising in a pupil with medical needs, whom to contact and what action to take. Back-up cover should be arranged for when the member of staff is absent or unavailable.

Where a child is in distress or has a need for an intervention and no one in the school feels confident to undertake it then the parent/guardian and a qualified health professional should be called immediately.

Staff should be trained to use the telephone and know how to call the emergency services. A member of staff should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until his/her parent(s)/guardian arrives.

Generally, staff should not take pupils to hospital in their own car. However, if after discussion with the 999 service, it is recommended that the child is taken direct to hospital in a member of staff's car, then checks must be made to ensure car insurance for business use is in place. It is also recommended that an additional person accompanies the member of staff to and from the hospital. In an emergency the best possible action is to call an ambulance.

Routine Administration

There will be many cases where the administration of medicines is routine and straightforward (prescribed painkillers, inhalers, antibiotics etc.) In these cases, professional training may be necessary. If in doubt contact the School Nurse/Nursing Team. Where training is identified the details must be included in the care plan. **Staff should never volunteer to give non-prescribed medicines to children unless the parent has given prior permission by signing the agreed care plan.**

Should a medicine be prescribed to be taken 3 times per day, this should not need to be given in school time, unless stated when prescribed. Only medicines prescribed for 4 times per day will generally be administered in school.

Pupil Medicines held in school

It is the responsibility of parents/carers that all medication (inhalers, epi-pens, etc.) held in school is in date and fit for use.

Non-routine administration

Some children require non –routine administrations. This could be injection, administration of rectal diazepam, assistance with catheters or use of equipment for children with tracheotomies etc. Before the school accepts any commitment, professional training and guidance must be provided from the School Nurse/Nursing Team or appropriate medical professionals. Once again, the training requirements and specific data must be included in the care plan signed off by the Parent/Guardian and the Headteacher.

Annex 1: Process for Developing IHCPs

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after period of extended absence, or that their needs have changed.

Headteacher or senior member of school staff, to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil (also consider back up arrangements at this stage).

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent/guardian, relevant healthcare professional other medical/health clinician as appropriate (or to consider any written evidence by them).

Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.

School staff training needs identified.

Healthcare professional commissions/delivers training and staff signed-off as competent
– Review date agreed

IHCP implemented and circulated to all relevant staff

IHCP reviewed annually or when condition changes. Parent/Guardian or Healthcare professional to initiate.

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TEMPLATE A - Individual Healthcare Plan

STRICTLY CONFIDENTIAL

School Name	
Child's Name	
Group/Class/Year	
Date of Birth	
Child's Address	
Medical diagnosis/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 Number	
GP Name Phone Number	
Who is responsible for providing support in school? Contact Details Back Up Contact	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues.

Name of medication, dose, method of administration, when to be taken, side effects, contradictions, administered by/self- administered with supervision.

Daily Care Requirements

Specific support for pupil's education, social and emotional needs

Arrangements for school trips/visits etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (staff if different for off-site activities)

Plan developed with

Date:

Review Date:

Staff Training needed/undertaken – (who what when)

Name

Training

Date

Completed Form copied to:

Date:

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TEMPLATE B - Parental Agreement for Setting to Administer Medicine

STRICTLY CONFIDENTIAL

The School/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of School/Setting	
Name of Child	
Date of Birth	
Group/Class/Year	
Medical Condition/Illness	
Medicine	
Name/type of medicine (as described on the container.) Medicines must be in the original container as dispensed by the pharmacy	
Expiry Date	
Dosage and method	
Timing	
Special Precautions/other instructions	
Are there side effects that the school/setting need to know about?	
Self- Administration under supervision Yes/No	
Procedures to take in an emergency	
Contact Details	
Daytime Telephone Number (s)	
Relationship to Child	
Address	
I must deliver the medicine to	(Named member of Staff)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature:

Date:

Name (Block Capitals):

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TEMPLATE C – Record of medicine administered to an individual child

Name of School/Setting	
Name of Child	
Date medicine provided by parent/guardian	
Group/Class/Year	
Quantity Received	
Name and Strength of Medicine	
Expiry Date	
Quantity Returned	
Dosage and frequency of medicine	
Staff Signature	
Signature of parent/guardian	
Date	Date
Time Given	Time Given
Dose Given	Dose Given
Name of member of staff	Name of Member of Staff
Staff initials	Staff initials
Date	Date
Time Given	Time Given
Dose Given	Dose Given
Name of member of staff	Name of member of staff
Staff initials	Staff initials
Date	Date
Time Given	Time Given
Dose Given	Dose Given
Name of member of staff	Name of member of staff
Staff initials	Staff initials
Date	Date
Time Given	Time Given
Dose	Dose Given
Name of member of staff	Name of member of staff
Staff initials	Staff initials

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TEMPLATE D – Record of medicine administered to all children

Date	Child's Name	Time	Medication	Dose Given	Any reaction	Staff Initials	Print Name

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TEMPLATE E – Staff Training Record – Administration of Medicine

Name	_____
Type of training received	_____
Date of training completed	_____
Training provided by Profession/Designation	_____

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment. I recommend the training is reviewed/updated as outlined below.

Trainers Name (Block Capitals): _

Signature: _____ Date: _____

Staff Name (Block Capitals):

Signature: _____ Date: _____

Suggested review date: _____

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TEMPLATE F - The Emergency Services Procedure

REQUEST AN AMBULANCE – Dial 999, ask for an ambulance and be ready with the information below:

- Speak clearly and slowly and be ready to repeat information if asked
- Your telephone number
- Your name
- Your location as follows
- Worlingham CEVCP School (Full Address)
- State what the post code is – NR34 7SB (please note that postcodes for satellite navigation systems may differ from the school's postal code)
- Provide the **exact** location of the patient within the school
- Provide the name of the child and a brief description of their symptoms
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- Put a completed copy of this form by the phone

Worlingham CEVCP School

TEMPLATE G- Model Letter Inviting Parents to contribute to Individual Healthcare Plan (IHCP)

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 each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents/guardians, 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 the plan 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 healthcare plan has been scheduled on the xx/xx/xxxx at 00:00 am/pm. I hope that this date 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.

Name	Designation
Name	Designation
Name	Designation

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other information/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 information/evidence, for consideration at the meeting. I (or another member of staff involved in plan development or pupil support) would be happy for you to contact me (them) by email or speak by phone if this would be helpful.

Yours sincerely

WORLINGHAM CEVC PRIMARY SCHOOL

SAFEGUARDING STATEMENT TO ACCOMPANY POLICY DOCUMENTS

Throughout this policy runs our commitment to safeguarding the well being of all our pupils at Worlingham CEVC Primary School. The values, beliefs and ethos of Worlingham Primary School are shared by all members of staff and the adherence to the guidance as stated in the school's Safeguarding Policy is of paramount importance.

The well being and safety of pupils has a positive impact on their attendance, behaviour, their own Health and Safety, learning within the school environment as well as on educational visits.

Throughout the curriculum children are taught how to manage risk and how to keep themselves safe. The children know that if they need help they can talk to a member of staff at school. Children are taught how to keep themselves safe whilst using ICT equipment and are instructed to report any inappropriate material to the member of staff leading the session.

Children who have an identified SEN which creates difficulties with communication may need additional support in expressing concerns to a member of staff. Staff will need to follow the guidance in the safeguarding policy when dealing with a disclosure, taking into account the ability of the individual.

A copy of the Safeguarding policy can be found on the school website, in the Headteacher's office and also the staff room. This policy provides comprehensive detail in identifying types of abuse and the procedures that need to be followed.

Within the Safeguarding Policy is a section on The Prevent Duty and what it means for our School.