

15th December 2018

Medical Conditions Policy

INTRODUCTION

This policy explains how St Chad's Roman Catholic Primary School makes provision for pupils with medical conditions, in line with the school ethos and with current legislative requirements.

This policy has been written with reference to the following guidance and documents:

- section 100 of the Children and Families Act 2014.
- Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England December 2015,
- Guidance on the use of emergency salbutamol inhalers in schools March 2015,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

- Equality Act 2010: advice for schools DfE Feb 2013,
- SEND Code of Practice 0 – 25 (2014),

AIMS

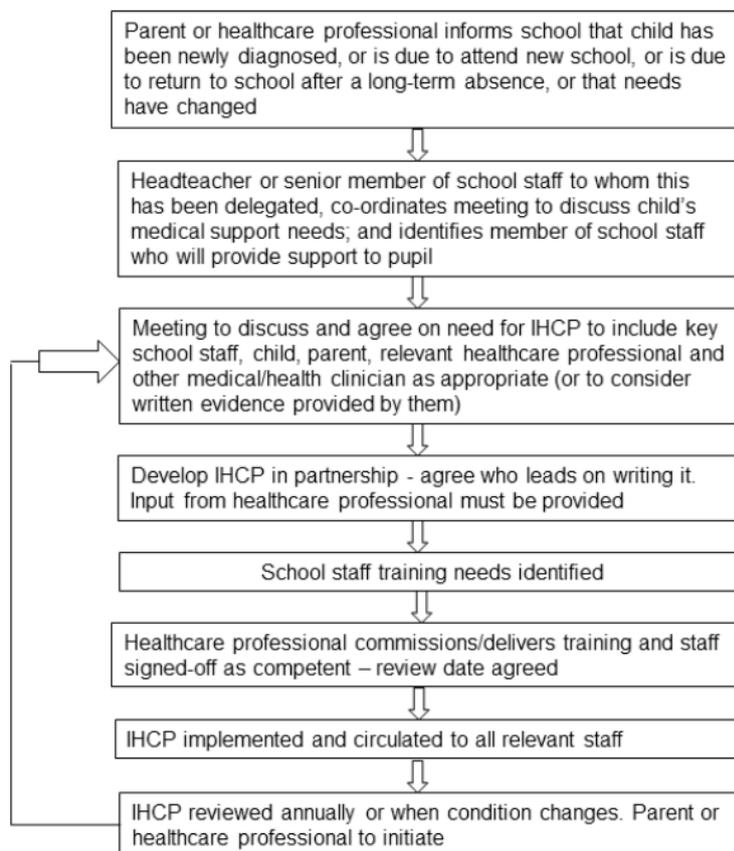
- Pupils at St Chad's with medical conditions confirmed by a General Practitioner (GP) or health professional letter will be properly supported so that they have full access to education, including school trips and physical education.
- To ensure that all children with medical conditions, in terms of both 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.

- For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will be adhered to.
- Our governing body will ensure that the Headteacher (Mrs Foster or Mr James) or SENDCo (Mrs Jones) 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.
- To ensure such children can access and enjoy the same opportunities at school as any other child.
- In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority.
- Consideration may also be given to how children will be reintegrated back into school after periods of absence.
- To ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- To ensure that staff are properly trained to provide the support that pupils need.
- Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children.
- This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, here at St. Chad's we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases.
- St Chad's will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

IMPLEMENTATION

- Mrs Foster and Mr James are responsible for ensuring that sufficient staff are suitably trained;
- all relevant staff will be made aware of the child's condition;
- arrangements will be made in case of staff absence or staff turnover to ensure someone is always available;
- briefing for supply teachers;
- risk assessments for school visits, holidays, and other school activities outside the normal timetable;
- monitoring of one page profiles.
- Mrs Jones will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.
- They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption

- Individual healthcare plans can help to ensure that the school will effectively support pupils with medical conditions.
- They provide clarity in writing from the GP or health practitioner 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. 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 head teachers are best placed to take a final view.
- A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided:



INDIVIDUAL HEALTH CARE PLAN

Template A: individual healthcare plan

+	
Name of school/setting	<input type="text"/>
Child's name	<input type="text"/>
Group/class/form	<input type="text"/>
Date of birth	<input type="text"/>
Child's address	<input type="text"/>
Medical diagnosis or condition	<input type="text"/>
Date	<input type="text"/>
Review date	<input type="text"/>
Family Contact Information	
Name	<input type="text"/>
Phone no. (work)	<input type="text"/>
(home)	<input type="text"/>
(mobile)	<input type="text"/>
Name	<input type="text"/>
Relationship to child	<input type="text"/>
Phone no. (work)	<input type="text"/>
(home)	<input type="text"/>
(mobile)	<input type="text"/>
Clinic/Hospital Contact	
Name	<input type="text"/>
Phone no.	<input type="text"/>
G.P.	
Name	<input type="text"/>
Phone no.	<input type="text"/>
Who is responsible for providing support in school	<input type="text"/>

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

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

ROLES & RESPONSIBILITIES

The Headteacher will:

- Ensure all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

- Ensure that all staff who need to know are aware of the child's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Have overall responsibility for the development of individual healthcare plans.
- Also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any child 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.

Parents should:

- Provide the school with sufficient and up-to-date information about their child's medical needs.
- In some cases be the first to notify the school that their child has a medical condition.
- Be key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting.
- should 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.
- advice on the role of pupils:

Pupil should:

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

School Staff will:

- may be asked to provide support to pupils with medical conditions,
- including the administering of medicines (after training),
- Receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The school nurse will:

- Be responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.

- Wherever possible, they should do this before the child starts at the school.
- May support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.

Other Healthcare Professionals including GPs and paediatricians:

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing individual healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Local Authorities:

- provide school nurses,
- They have a duty to promote co-operation between governing bodies of schools, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities should work with schools to support pupils with medical conditions to attend full-time.
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

EXPECTATIONS

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and the parent/carer must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of professionals.

It is expected that:

- Parents will inform the school of any medical condition by way of GP/medical practitioner letter explaining the child's medical condition
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container and details included inside the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate

MANAGING MEDICINES ON SCHOOL PREMISES

Pupils will not be able to carry any medication epi-pens and or inhalers for asthma control, or care plan specified medication will be kept safely and securely in the child's classroom. No pupil is allowed to carry any non-prescription drugs in school; this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication.

MANAGING MEDICINES DURING THE SCHOOL DAY

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Prescription medicines must be in date, labelled, in the original container including prescriber's instructions re administration, dosage and storage.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

Need only be administered once a day or provide two prescriptions – one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

PRESCRIPTION MEDICATION

- **Will only be given in school if it be detrimental to a child's health or school attendance not to do so.**
- **Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask doctors for timed-release medication for a minimum number of daily doses.**
- Named member of staff may administer such a drug to whom it has been prescribed, according to the instructions
- If agreed with the parents the school may look after the drug on behalf of the child
- The school will keep the drug safely locked up with access only by named staff and record keeping for audit and safety
- Prescription drugs should be returned to the parents when no longer required
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration
- Parents are responsible for the disposal of any remaining prescription drugs (should be taken to pharmacist)

EPIPENS

A letter from the GP will be required. Epipens are stored in clear plastic boxes with the picture of the child on the outside and the care plan enclosed. Children are required to have 2 epipens in school, one in class and one in the school office. Parents/carers have the responsibility of checking whether the medication is in date, however this will also be checked annually by school staff when the children change class.

ASTHMA PUMPS

St Chad's has a separate asthma policy. Children with asthma should have easy access to their inhaler, which must be clearly marked with their name. Inhalers for the children are kept in a clearly marked plastic zip wallet in the classroom. Medicine should not be locked away. The staff can, only voluntary hold asthma inhalers for emergency use.

RETALIN AND RELATED DRUGS

Generally children are prescribed slow release Ritalin and do not need to take at school. However if this is not the case a letter from the medical practitioner will be required and the drug will be locked in the school safe. Ritalin is a controlled drug. It needs to be kept in a more secure environment than suggested above. The adult

taking it out of the safe will need to do so with an observer who will check the number of tablets going out and back in again and ensure that the child takes the tablet

NON-PRESCRIPTION

Unless there is written confirmation from a GP that this has been agreed, no non-prescription drug will be administered on a regular basis.

RECORDING

When a parent provides a medical letter requesting administration of medication the form in appendix must be completed. When the administration of non-emergency medication is required staff will exercise their voluntary right to not administer, this right maybe selective on the grounds of the type of medication in question. The members of staff willing to administer the medication to a pupil should be recorded in the individual care plan and this voluntary responsibility can be withdrawn at any time.

Medication (other than epi-pens and asthma inhalers) are stored in the office and generally dispensed by teaching staff. When a child takes medication the dose and time are recorded. Younger children with spacers for their inhalers may need supervision by staff in order to ensure they are used appropriately.

REFUSAL OF MEDICINES

If a child refuses to take medicine, staff will not force them to do so, but should note this in the records. Parents should be informed immediately. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

DISPOSAL OF MEDICINES

Staff will not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term (annually for inhalers).

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician.

HYGIENE & INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

MANAGING MEDICINES ON TRIPS & OUTINGS

When arranging a school trip, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. A copy of the care plan is taken alongside the medication. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

Children with medical needs will be encouraged to take part in residential visits. The responsible member of staff will carry out a specific and additional risk assessment.

Where children without care plans have been prescribed medication parents should from a GP letter and include these details in the form provided for school journeys. Medication should be in the original packaging.

PE/SPORTS/PLAYTIME

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures. If cold weather can initiate an asthma attack this will be noted in the care plan and the supervising staff will monitor and provide access to inhaler if required.

SELF-MANAGEMENT

It is good practice to support and encourage children, (who have been prescribed medicines by the GP or health professional to be taken at school as it would be detrimental to a child's health or school attendance) who have who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made.

There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

As an inclusive school we strive to ensure that children with medical conditions fully participate in school life. Please refer to appendix 2 for practices we avoid in the school (taken from the DFE 'Supporting pupils at school with medical conditions').

COMPLAINTS

Should any parent or carer be unhappy with any aspect of their child's care at St Chad's RC Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not resolve the problem then it should be taken to one of the headteacher's. In the unlikely event of this not resolving the issue, the parent/carer can make a formal complaint using the school complaints procedure.

This policy will be monitored yearly and updated when necessary ensuring new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school.

This policy will also be made available to parents on the school website. We will ask parents for annual updates regarding medical information.

PARENTAL AGREEMENT FOR THE ADMINISTRATION OF MEDICINES

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

To complete the form click on the PDF below.

Originally Written:	2014
Date of this review:	December 2018
Agreed by:	M. Foster
Signature of Chairs of Governors/Committee:	P. Leigh- Baker
SENCo:	C. Jones
Review cycle:	Annual
Date of Next Review:	December 2019