



Shottery St Andrew's Policy for Supporting pupils at school with medical conditions November 2016

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

At Shottery Primary we will ensure that all pupils with medical conditions, both physical and mental, are properly understood and supported through suitable arrangements so that they can play a full and active role in school life, remain healthy and achieve their academic potential whilst having full access to education, including school trips and physical education.

This policy will be renewed in accordance with statutory requirements and will be made available to parents on the school website. The named person who has overall responsibility for policy implementation is the headteacher, Sarah Marshall.

Parents of children with medical conditions may be concerned that their child's health will deteriorate when they attend school. It is therefore important that parents feel confident that we will provide effective support for their child's medical condition and that pupil also feels safe.

In making decisions about the support we will provide, we will establish relationships with relevant local health services and will fully consider their advice as well as to value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are

unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice.

As a school we will ensure that arrangements are in place to support pupils with medical conditions so that such children can access and enjoy the same opportunities at school as any other child. To do this, we will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We will aim for arrangements to show an understanding of how the medical condition impacts on the child's ability to learn. We will also aim to promote self confidence and self-care and will ensure that staff are properly trained to provide the support that pupils need. When planning trips the needs of all the class will be taken into consideration so that all children can participate as fully as possible. The school will not prevent a child from participating in a club, trip or visit because of a medical or SEND need, but will record individual arrangements as part of risk assessments.

When the school is notified that a pupil has a medical condition, arrangements will be made to meet with both the family and if possible health workers involved. Together a care plan will be drawn up, in conjunction with the class teacher. Care plans will be reviewed annually, or earlier if evidence is presented that the child's needs have changed and will be developed with the child's best interests in mind ensuring that risks are assessed and managed and disruption minimised.

Care plans will take into consideration:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication, toilet breaks and opportunities to eat and drink
- specific support for the pupil's educational, social and emotional
- the level of support needed including in emergencies and who will provide this

Care plans will also include information on 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 development of their individual healthcare plan.

All staff who will be involved with the child will be made aware of the child's condition and the support required.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Expert advice and guidance on how to provide support will be sought from healthcare professionals, class teachers and TAs will provide the primary support in classrooms, with medicines administered by admin staff unless a TA is specifically assigned to the pupil in which case this will be an element of that role. Collaborative working arrangements between all those involved will ensure that the needs of pupils with medical conditions are met effectively. Where required, healthcare experts will also provide suitable training for staff to enable them to support the medical need. The level of training required will be dependent on both prior knowledge and the condition. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training, however, in some cases written instructions from the parent or on the medication container dispensed by the pharmacist will be considered sufficient.

Parents are required to ensure the school is provided with sufficient and up-to-date information about their child's medical needs. It is also the responsibility of parents to provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Parents will be required to complete written permissions for medicines to be administered. These permissions will be scanned and kept on the pupil's SIMS file and the written permissions kept in the medical file, kept in the staffroom. Where the child's condition could include toileting issues, management of these must be detailed. Medical permissions templates are included in Appendix 1

Wherever possible pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, their individual healthcare plan.

It may also be appropriate for other pupils in the class to understand that certain pupils have specific conditions which require them to receive additional support, to recognise when these children may require additional assistance and know what to do to help, for example to find a teacher.

As a primary school setting all medicines will be stored centrally and safely in the office, however whilst off the premises for example in PE or on a trip pupils or group leaders will carry medicines. Children will not be prevented from having access to medication.

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

No pupil at Shottery will be given prescription or non-prescription medicines without their parent's written consent. Aspirin will never be unless prescribed by a doctor. Where possible, medicines should be prescribed in dose frequencies which enable

them to be taken outside school hours. Shottery Primary will 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. A central record written record will be kept of all medicines administered to children.

When no longer required, medicines will be returned to parents to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Should a child become ill in school and require to go home, under no circumstances should they be sent to the office on their own. If a child needs to be taken to hospital, parents will be called immediately and a decision taken whether an ambulance needs to be called. Where waiting for a parent to arrive will be detrimental to the child staff a member of staff will accompany the ambulance and will stay with the child until the parent arrives. Day trips, residential visits and sporting activities.

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Appendix 1

Shottery staff are not medical practitioners nor are they trained to administer medication and as such can take no responsibility for administering medication to pupils. However it is recognised that it is not realistic for parents to be expected to administer prescription medicines to their children during the course of the school day and that for some children with low level infection, a dose of Paracetamol or ibuprofen at lunchtime will minimise discomfort and in turn boost their capability to learn. Parents who send medicines to school for their child to take during the course of the school day, do so in full acknowledgement of this disclaimer. Under no circumstances will we accept medicines that are out of date or have been taken out of the container as originally dispensed nor will we make changes to dosages on parental instructions. The office will be open for non-prescription medicines to be taken at 1:00pm only. This time has been selected as it is 4 hours from the start of the school day and minimises the risk to a pupil taking an incorrect early dose. Where parents do send non-prescription medication such as Paracetamol based "calpol" to be taken at lunchtime it is suggested that they give consideration to ensuring that medication given previously in the day is ibuprofen based rather than Paracetamol based and vice-versa. If a child does not attend the office for medicine at 1:00pm it will not be given at a later point in the day.

Template A: individual healthcare plan for a pupil requiring continual medicine.

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of 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

Template B: parental agreement for setting to administer prescription medicine

Shottery Primary will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed 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(s) _____

Date _____

Template C: parental agreement for setting to administer **non prescription** medicine

Shottery Primary will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(must be supplied in a measured dose)</i>	
Expiry date	
Dosage and method	
Timing	1:00pm only
Special precautions/other instructions	
Self-administration – y/n	Pupil is required to self administer

NB: Medicines must be supplied in pre packaged sachet or tablet melt in original packaging.

Contact Details

Name	
Daytime telephone no.	
Relationship to child	

Signature(s) _____

Date _____

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

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.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

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 the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, 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 plans 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 health care plan has been scheduled for xx/xx/xx. I hope that this 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]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other 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 evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely