POLICY & PROCEDURES FOR CHILDREN WITH MEDICAL NEEDS IN SCHOOL

Introduction

1. The aim of this policy is to ensure that children with medical conditions, in terms of both physical and mental health, are properly supported at Old Palace Primary School so that they have full access to education, including school trips and physical education. This will support them to remain healthy and achieve their academic potential.

2. Children have:

- Article 29: the right to be the best they can be.
- Article 28: the right to an education.
- Article 19: the right to be safe
- Article 14: the right to practise & believe in their own religion
- Article 24: the right to a clean and healthy environment
- Article 12: the right to your opinion.

(Taken from A Summary of the rights under the Convention on the Rights of the Child)

3. Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines and care while at school to help them manage their condition and keep them well. Others may require interventions in particular emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that their child's medical condition will be supported effectively in school and that they will be safe. In making decisions about the support provided, we consider advice from healthcare professionals and listen to and value the views of parents and pupils.

4. 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 absences, including those for medical appointments, (which can often be lengthy), also need to be effectively managed.

5. Some children with medical conditions may be disabled. Where this is the case our governing body complies with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and 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 SEN code of practice.

6. We recognise that all children have rights. The following Articles from the United Nationals Convention on the Rights of the Child are particularly relevant to this policy:

Article 24 (health and health service) Every child has the right to the best possible health

Roles and Responsibilities

7. Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and parents and pupils will be critical. An essential requirement for any policy therefore will be to set out collaborative working arrangements between all those involved, showing how they will co-operate to ensure that the needs of pupils with medical conditions are met effectively.

8. Some of the most important roles and responsibilities are listed below, but we may additionally want to cover a wider range of people.

The Governing Body

9. Our governing body ensures that arrangements are in place to support pupils with medical conditions. In doing so they ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

10. In making arrangements, our governing body takes into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. some will be more obvious than others. Our Governing body therefore ensures that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

11. Our governing body ensures that arrangements give parents and pupils confidence in our school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

12. Our Governing Body ensures that arrangements put in place are sufficient to meet statutory responsibilities and that policies, plans, procedures and systems are properly and effectively implemented, reviewed regularly and accessible to parents and school staff.

13. A child's health should not be put at unnecessary risk simply because they attend our school. In addition, and in line with our safeguarding duties, our governing body should not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so.

14. Our Governing Body ensures that written records are kept of all medicines administered to children.

The Headteacher

15. The Headteacher should ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

16. Head teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

17. They should also make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way.

18. They should 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.

School staff

19. Any member of school staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although we would endeavour the staff to be a trained First aider.

20. Although administering medicines is not part of teachers' professional duties, they can provide other support and should take into account the needs of pupils with medical conditions that they teach.

21. School staff should receive sufficient and suitable training and achieve the necessary level of competence before they take on responsibility to support children with medical conditions.

22. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School Nursing Service Responsibilities

23. Notifying school when a child is identified as having a medical condition that will require support.

24. Providing general advice and signposting to appropriate local support for individual children and associated staff training needs.

25. Providing specific support in relation to staff training in relation to management and use of Adrenaline/ Epinephrine pens for management of allergy / anaphylaxis.

Health Care Providers / Professionals e.g. Paediatricians, GP's, specialist nurses, etc.

26. Should notify school nursing team when a child has been identified that will require support at school

27. Provide advice and support on developing health care plans.

28. Provide support for individual children with particular conditions e.g. diabetes, epilepsy including training of relevant staff.

Parents

29. Provide the school with sufficient and up-to-date information about their child's medical needs.

30. Provide sufficient and up to date information to the school about their child's medical needs.

31. Input into the development and review of their child's individual health care plan.

32. Provide any medicines and equipment in line with local arrangements.

33. Complete any required paperwork / consent required by schools.

Local authorities

34. Commissioning of school nursing services for maintained schools and academies.

35. For those pupils who because of their health needs would not receive a suitable education in mainstream school because of their health needs, the local authority has a duty to make other arrangements.

36. Provide support and advice.

37. Duty under section 10 of the Children's Act 2014 to promote cooperation between relevant parties and bodies involved in supporting a pupil with a medical condition.

Clinical commissioning groups

38. Commissioning of healthcare services should ensure services are responsive to children's needs and health care services are able to co-operate with schools supporting children with medical conditions.

39. Duty under section 10 of the Children's Act 2014 to promote cooperation between relevant parties and bodies involved in supporting a pupil with a medical condition.

Policy implementation

40. The Headteacher is the named person who has overall responsibility for policy implementation. They are responsible for ensuring that sufficient staff are suitably trained, a commitment that all relevant staff will be made aware of the child's condition, cover arrangements in case of staff absence or staff turnover to ensure someone is always available, briefing for supply teachers, risk assessments for school visits and other school activities outside of the normal timetable, and monitoring of individual healthcare plans.

41. The following members of staff are authorised and trained to be responsible for the receipt of and administration of medicine:

- Michelle Walsham – School Business Manager

- Dobbir Khandokar– Administrative Assistant
- Layla Rahman – Assistant Head Teacher
- Debbie Kurup – Assistant Head Teacher for Inclusion

42. The staff afore mentioned will cover for each other during periods of absence from work.

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

43. Upon admission to school all parents / carers must complete an admissions form advising of any medical conditions for which their child may require support at school.

44. Parents are required to inform school should their child's medical / health needs change.

45. Should medicine need to be administered on a short term basis to a pupil, the parent is required to complete a consent form – see Appendix 1.

46. Upon receipt of this information, staff will be informed accordingly. Staff also have access to a password protected document on the schools network which contains information about medical needs. Regular updates about changes to pupils health needs are given to staff at Staff Meetings. Lunchtime staff are informed of health needs by Mrs. Rahman and Mr.Khandokar

47. Information about health needs are discussed when any transitional arrangements between schools occur, For children starting at a new school, we endeavour to make sure that arrangements are in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, this should normally take no more than two weeks. A flow chart setting out the process that may be followed for identifying and agreeing the support a child needs is provided at Appendix 2.

Individual healthcare plans

48. Individual healthcare plans can help to ensure that we effectively support 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 medical 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 cases, especially where medical conditions are complex and long-term.

49. Not all children will require a healthcare plan. The school, health care professional and parent / carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be agreed, the Headteacher is best placed to take a final view.

50. The level of detail within the plans 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.

51. Individual healthcare plans (and their review) may be initiated in consultation with the parent by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

52. Plans must be drawn up in partnership between the school, parents and a relevant health care professional who can best advise on the particular needs of the child. Pupils should also be involved wherever possible.

53. Plans are reviewed at least annually or earlier if the child's needs change. They are developed with the child's best interests in mind and in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan is linked to the child's statement or EHC plan where they have one.

54. School keep a centralised register of individual healthcare plans and this is maintained by Dobbir Khandokar.

55. The pupil (where relevant), parents, specialist nurse and school all hold a copy of the plan. Other staff are made aware and have access to plans for the children in their care.

56. A template letter and plan are included in Appendix 3.

57. When identifying what information plans should record, we consider the following:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (its side-affects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues eg crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this 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
- written permission from parents and a member of the Senior Leadership Team for medication to be administered by a member of staff, or self-administered by individual pupils during

school hours

- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate eg risk assessments

- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition

- 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.

Staff training and support

58. Any member of school staff providing support to a pupil with medical needs should have received suitable training. For members of staff involved in the administration of medicines they are expected to undertake the Administration of Medication in Schools training on Educare, before administering medication to pupils. The course provides training on the administration of oral, inhaled and topical medicines, and guidance on the safe and secure handling of medicines in a school setting.

59. The school nurse should normally lead on identifying with other health specialists, and agreeing with us, the type and level of training required, and putting this in place. School nurses should liaise with those providing training and ensure that training remains up-to-date.

60. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

61. Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

62. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.

63. Policies should additionally set out arrangements for whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included. The school nurse should be able to advise on training that will help ensure that all health conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

64. Parents should be asked for their views and may be able to support school staff by explaining

how their child's needs can be met. They should provide specific advice, but should not be the sole trainer.

Children's role in managing their own medical needs

65. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Where appropriate, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should administer medicines and manage procedures for them.

66. 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.

Storage of Medicines

67. Prescribed medicines which are kept at the school must be in a suitable dedicated storage cupboard and arrangements made for them to be readily accessible when required.

68. A few medicines such as asthma inhalers, diabetic devices and Adrenaline/Epinephrine pens must be readily available to pupils and must not be locked away but must still be stored safely in such cases. Year groups must safely store asthma inhalers, eczema cream and antihistamine in the classroom so that pupils can use as and when needed. Children should not be allowed to carry their own medicines.

69. Large volumes of medicines should not be stored in schools. Staff should only store, supervise and administer medicine that has been prescribed for an individual child.

70. Children and staff should be aware how to access any medicine.

71. It is recommended that medicines are routinely returned to parents at the end of each academic year and received back into school at the start of each of academic year.

72. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which it was dispensed. For medicines that require refrigerated storage this should be in a dedicated fridge in a lockable room.

73. Where a pupil needs two or more prescribed medicines each should be in separate container. Staff must not transfer medicine from its original container. The Assistant Head responsible for Health & Safety will make sure that all medication is safely stored.

74. There should be a policy which covers the issue and security of keys to medication storage cupboards, ensuring only authorised staff have access to medication.

75. Some drugs administered in schools may be classified as controlled drugs e.g. Methylphenidate,

Midazolam. In schools controlled drugs should be handled in the same way as any drug **except** that they should be stored in a locked non portable device. The exception to this is Midazolam which is used in the emergency treatment of epilepsy and this should be readily available at all times.

Administration of Medicines

76. Medicines should only be administered in schools when it would be detrimental to child's health or school attendance not to do so.

77. No child under 16 should be given prescription or non- prescription medicines without their parents written consent. The school will only administer prescribed medicines.

78. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

79. Schools should only administer medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

80. Only staff who have been authorised to administer medicines by Mrs Rahman should do so. When the named staff member is absent, a second named person would be responsible to administer medicines.

81. Where children self-administer a medicine that may put others at risk e.g. self-injecting insulin, then arrangements should be put in place for them to do this in a safe location in accordance with a risk assessment drawn up in consultation with the parents/ health care professional.

82. All classrooms have a sink and cold and hot taps, to allow staff to wash their hands before and after administering medicines and to clean any equipment after use.

83. Ideally medication administration should take place in the same room that the medicine is stored. All necessary paperwork should be assembled and available at the time of administration of medicine. This will include the Administration of Medicines in Schools Consent form and the School Record of Medication – see Appendix 4.

84. Medication should only be administered to one child at a time.

85. It is expected that the child should be known to the person administering the medicine. There should be a mechanism in place which enables the member of staff administering the medicine to positively identify the child e.g. by confirming name / date of birth and / School Record of Medication. The school will keep records of medication on CPOMS which has a photo of the child and a record of their medical needs and history.

86. Before administering the medicine school staff should check:

- the child's identity

- that there is written consent from parent / carer
- that the medication name, strength and dose instructions match the details on the consent form
- that the name on the label matches the child's identity
- that the medication is in date
- that the child has not already been given the medicine.

87. Immediately after administering or supervising the administration of medicine written records should be completed and signed.

88. Where a pupil refuses to take their medication:

- staff should not force them to take it;
- the school should inform the child's parents as a matter of urgency;
- schools should consider asking parents to come to school to administer the medicine;
- where such action is considered necessary to protect the health of the child the school should call the emergency services;
- records of refused/non administration or doses should be made in the child's medicines administration record and on CPOMs.

89. Changes to instructions should only be accepted when received in writing. A fresh supply of correctly labelled medicine should be received as soon as possible.

90. Wasted doses e.g. tablet dropped on floor should be recorded and disposed of as per guidance on disposal of medicines. Such doses should not be administered.

91. Liquid medicines should be administered with a suitable graduated medicines spoon or syringe. It should be checked that these have been included when receiving medication from parents. Where there is no spoon or syringe, parents will be asked to provide one from home

92. If the normal routine for administering medicines breaks down e.g. no trained staff members available, immediate contact with parents should be made to agree alternative arrangements.

Disposal of Medicines

93. School will dispose of medicines appropriately. Expired / no longer required medicines should be collected from school by parents within fourteen days of the expiry date / no longer being required. If parents do not collect the expired/ no longer required medicines within the specified time frame the school will arrange for these medicines to be returned to their local community pharmacy. This should be recorded on the child's medication sheet – it is advised that this is documented and

undertaken by two members of staff.

Interpretation Expiry dates

Expression	*Interpretation*
Use by May 2015	Do not use after 30 April 2015
Use by 20 May 2015	Do not use after 20 May 2015
Use before May 2015	Do not use after 30 April 2015
Use before 20 May 2015	Do not use after 19 May 2015
Expires 31 May 2015	Do not use after 31 May 2015
Expires May 2015	Do not use after 31 May 2015

94. Expiry dates of all medicines held in school should be checked before every administration. A check of expiry dates will be undertaken of all medicines held in school on a termly basis.

95. The renewal of any medicine which has passed its expiry date is the responsibility of the parents. Parents will be informed termly if medication is approaching its expiry date.

96. Sharps boxes should always be used for the disposal of needles and should be provided by parents.

97. When a pupil has sustained a needlestick injury, parents must be informed and they should seek medical advice.

Record keeping

98. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

99. Should there be an occurrence of non-administration of a medicine, then this should be recorded and the parent informed on the day.

100. Each child who receives prescribed medicine at school must have an individual School Record of Medication form completed for each medication they are to receive. This will be stored with the medication.

101. All medication must be logged into the school system, any medication to be used in school must be sent to Dobbir Khandokar so this can be added. All medication details are checked and uploaded on the school system.

102. The prescribers written instructions and the School Record of Medication should be checked

on every occasion when the medication is administered and the School Record of Medication completed by the member of staff administering the medicine. The School Record of Medication should be retained on the premises for a period of five years.

103. The following information should be recorded on the school record of administration:

- details of the prescribed medicine that has been received by the school;
- the date and time of administration of medicine and the dose given;
- details of any reactions or side effects to medication;
- the amount of medicine left in stock
- all movements of prescribed medicine within the school and outside the school on educational visits for example;
- when the medication is handed back to the parent at the end of the course of treatment.

104. If a parent has requested a child self-administers their medicine with supervision, a record of this should be made on the School Record of Medication.

105. Changes to instructions should only be accepted when made in writing. A fresh supply of correctly labelled medication should be obtained as soon as possible.

106. A template School Record of Medication Administered is provided in Appendix 4.

Hygiene and Infection Control

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

108. Any soiled dressing or tissue must be appropriately bagged before disposing in the bins.

109. Where specialist or enhanced hygiene arrangements are required these should be covered by an appropriate risk assessment written in consultation with parents / health care professional.

Intimate or Invasive Treatment

110. Intimate of invasive treatment by school staff should be avoided wherever possible. Any such requests will require careful assessment. Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. Providing Intimate Care is included in the job description for Teaching Assistants and a separate Intimate Care Policy is in place.

111. The school should arrange appropriate training for school staff providing medical assistance.

The school should arrange for two adults to be present for the administration of the treatment to minimise any risk claim. In KS2 the adults should be the same gender as the child.

112. Unless otherwise required within an Individual Health Care Plan, this guidance is not intended for simple soiling accidents or nappy changing which should be accommodated within routine procedures.

Emergency Procedures

113. All staff should know what action to take in an emergency and receive updates at least annually.

114. Staff with children with medical needs in their class or group should be aware of and have access to a copy of the child's individual healthcare plan.

115. Arrangements for backup cover have been made and should be implemented when the responsible person is absent or unavailable.

116. Advice and training should be available to other staff who are responsible for children such as lunchtime supervisors.

117. In the event of an emergency staff should contact the emergency services using the 999 system.

118. If a school has within an individual health care plan agreed and put arrangements in place to deliver any emergency treatment this should be undertaken by authorised individuals. Qualified first aiders in the school may also be able to offer support.

119. A member of staff should always accompany a child to hospital and stay with them until the child's parents arrive. Health care professionals are responsible for any urgent decisions on medical treatment when parents are not available.

120. Where pupils are taken off site on educational visits then the arrangements for the provision of medication must be considered in consultation with parents and risk assessments and arrangements put in place for each individual child.

121. Emergency medication should always be readily accessible and never locked away.

122. Children who are known to have asthma must have a reliever inhaler available to them at all times in school.

Day trips, residential visits and sporting activities

123. 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. We endeavour to make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

124. We consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. This may require consultation with parents and pupils and advice from the school nurse or other healthcare professional who are responsible for ensuring that pupils can participate.

125. The school completes Individual Risk Assessments for pupils with known medication conditions, so that the planning arrangements take into account any steps needed to ensure that pupils with medical conditions are included, unless evidence from a clinician such as a GP states that this is not possible.

126. Schools should meet with parent, pupil and health care professional where relevant prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This should be recorded in child's individual health care plan, or risk assessment which should accompany them on the activity.

127. If medication is required during a school trip it should be carried by the authorised member of staff who would be responsible for administering it or the parent / carer if present.

128. If residential trips are planned outside the UK specific advice may be required depending on country visited, mode of transport and medicine involved. Schools should also consult with their travel insurer to check if any additional declarations are required to be made in order to maintain access to healthcare within the European Economic Area, its member states or beyond.

Pain Relief

129. At Old Palace Primary School staff do not give non-prescribed medication to pupils, this includes paracetamol and Calpol. This is because they do not know what previous doses the child has taken or if it may interact with other medicines they may have taken.

Treatment of Attention Deficit Hyperactivity Disorder (ADHD)

130. When medication is prescribed for ADHD it is usually part of a comprehensive treatment programme and always under the supervision of a specialist in childhood behavioural problems.

131. Methylphenidate (Ritalin, Equasym and Medikinet) and dexamphetamine are used in the treatment of ADHD and a lunch time dose is usually needed. In some cases once symptoms are stabilised a longer acting version of Methylphenidate is used (Concerta XL, Equasym XL and Medikinet XL). These are legally categorised as controlled drugs, in mainstream schools they should be treated in the same way as other medicines the schools administer. However, they should not be carried by the child and should be kept securely in a locked cabinet.

Home to school transport for pupils requiring special arrangements

132. Where pupils have life threatening conditions, specific transport healthcare plans should be

carried on school transport vehicles.

Unacceptable practice

133. Although school staff should use their discretion and judge each case on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and 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 parents
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents to attend school to administer medication or provide medical support to their child, including with toileting issues, where it is possible for this to be provided by the school
- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips

Management of Diabetes

134. Children who have diabetes must have emergency supplies kit available at all times. This kit should include a quick acting glucose in the form of glucose sweets or drinks. Most children will also have a concentrated glucose gel preparation e.g. Gluogel. These are used to treat low blood glucose levels (hypoglycaemia). The kit should also contain a form of longer acting carbohydrate, such as biscuits.

135. Children with diabetes will generally need to undertake blood glucose monitoring at lunchtime, before PE and if they are feeling ‘hypo’. The Medical Room should be made available for them to undertake this.

136. Children’s Diabetes Nurses will provide advice and support for schools and their staff who are supporting children with diabetes.

Liability and indemnity

137. Our school is insured by Zurich Insurance plc. They provide liability cover relating to the

administration of medication.

138. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer, who carries public liability, rather than the employee.

139. A Risk Management and Medical Malpractice Decision Tree has been included in Appendix 5.

Complaints

140. Should parents be dissatisfied with the support provided to their child they should initially discuss their concerns with Mrs Rahman and/or Miss Kurup (the SENCo). If for whatever reason this does not resolve the issue, they should arrange to meet with the Headteacher. If the matter is still not resolved, then they may make a formal complaint via the school's complaints procedure. Making a complaint to the Department for Education should only happen after other routes have been followed. In the case of a maintained school, the DfE would consider if the school has acted unreasonably or failed to discharge a duty which may invoke either Section 496 or 497 of the Education Act 1996.

Monitoring

141. Mrs Rahman will monitor the implementation of this policy and report termly to the Governing Body on any issues arising.

142. The policy will be reviewed bi-annually or sooner should changes in procedure be required.

Adopted: May 2021

Links to Specialist Guidance

- **Departmental guidance and advice**

- Special Educational Needs Code of Practice
- The Early Years Foundation Stage - sets out specific requirements on early years settings in managing medicines for children under 5 years of age
- Working together to safeguard children - statutory guidance on inter-agency working
- Safeguarding children: keeping children safe in education - statutory guidance for schools and colleges
- Ensuring a good education for children who cannot attend school because of health needs - statutory guidance for local authorities
- Drug advice for schools - published by DfE/Association of Chief Police Officers, this document provides advice on controlled drugs
- Home to school transport - statutory guidance for local authorities
- Equality Act 2010: advice for schools - to help schools understand how the Act affects them
- School Admissions Code 2012 - statutory guidance that schools must follow when carrying out duties relating to school admissions
- Health and safety - advice for schools covering activities that take place on or off school premises, including school trips
- Alternative provision - statutory guidance for local authorities and Headteachers and governing bodies of all educational settings providing alternative provision
- First aid - departmental advice on first aid provision in schools
- School exclusion - statutory guidance for maintained schools, academies and pupil referral units (PRUs)
- School premises - departmental advice to help schools and local authorities understand their obligations in relation to the School Premises Regulations 2012
- Mental health and behaviour in schools - departmental advice to help schools identify and support those pupils whose behaviour suggests they may have unmet mental health needs
- Department for Education - contact details

- **Associated resources and organisations - wider government**

- NHS Choices - provides an A to Z of health conditions and medicines
- Managing children with health care needs - delegation of clinical procedures, training and accountability issues - published by the Royal College of Nursing in 2008, this document highlights the clinical procedures which could be safely taught and delegated to unregistered health and non-health qualified staff
- Getting it right for children, young people and families - provides information on the Department of Health vision for the role of the school nurse
- The NHS Information Prescription Service - part of NHS Choices, this service provides personalised information on health conditions that parents may wish to share with schools
- Health and Safety Executive - this website covers schools (state-funded and independent), further education establishments and higher education institutions.
- School trips and outdoor learning activities: dealing with the health and safety myths - provides information for managers and staff in local authorities and schools
- Standards for medicines management (2010) - produced by the Nursing and Midwifery Council this document sets standards for nurses, including over delegation of the administration of medicinal products
- Healthy child programme 5 to 19 - this good practice guidance sets out the recommended framework of universal and progressive services for children and young people to promote health and wellbeing
- Directors of children's services: roles and responsibilities - statutory guidance for local authorities with responsibility for education and children's social services functions
- Commissioning regional and local HIV sexual and reproductive health services - guidance for commissioners of HIV, sexual and reproductive health services: includes prevention, treatment, information, advice and support
- Protocol for emergency asthma inhalers in schools
- Department of Health - contact details

- **Associated resources and organisations - external**

- Advice about emergency healthcare plans
- The School and Public Health Nurses Association (SAPHNA) is dedicated to the health of children and young people in their communities

- HeadMeds - provides information about mental health medication for young people and to answer the difficult questions that young people may have about their medication but may not feel comfortable asking an adult or professional about
- Medical conditions at school partnership - includes an example school policy, a form for a healthcare plan, other forms for record keeping, and information on specific health conditions
- The Council for Disabled Children (2014) has published 2 practical handbooks to help local authorities, schools, early years settings and health providers develop policies and procedures to ensure that children with complex health and behavioural needs can access education, healthcare and childcare:
    - Dignity and Inclusion: making it work for children with complex health care needs
    - Dignity and Inclusion: making it work for children with behaviour that challenges
- The Health Education Trust (HET) - promotes the development of health education for young people
- Mencap provides support to people with learning disabilities, their families and carers
- Contact a Family provides support to the families of disabled children whatever their condition or disability
- UNISON - offers advice, support and help for school support staff at work, as well as providing training opportunities and welfare services

- **Associated resources and organisations – medical conditions**

- Diabetes UK – supports and campaigns for those affected by or at risk of diabetes
- Children's Heart Federation - a children's heart charity dedicated to helping children with congenital or acquired heart disease and their families in Great Britain and Northern Ireland
- ERIC (Education and Resources for Improving Childhood Continence) supports children with bladder and bowel problems and campaigns for better childhood continence care
- Anaphylaxis Campaign - supports people at risk from severe allergic reactions (anaphylaxis)
- British Heart Foundation - supporting those suffering from heart conditions
- Little Hearts Matter - offers support and information to children, and their families, with complex, non-correctable congenital heart conditions
- CLIC Sargent - a cancer charity for children and young people, and their families, which provides clinical, practical and emotional support to help them cope with cancer
- Sickle cell and Young Stroke Survivors - supports children and young people who have suffered a stroke or at risk of stroke as a result of sickle cell anaemia
- Coeliac UK - supports those with coeliac disease for which the only treatment is a gluten-free diet for life. The Coeliac UK website offers guidance and advice to everyone involved with supporting a child with coeliac disease in school, including training and tips for caterers as well as parents
- The Association of Young People with ME - supports and informs children and young people with ME (myalgic encephalomyelitis)/CFS (chronic fatigue syndrome), as well as their families, and professionals in health, education and social care
- The Migraine Trust - a health and medical research charity which supports people living with migraine
- Migraine Action - an advisory and support charity for children and adults with migraine and their families
- Stroke Association - supports families and young people affected by stroke in childhood
- Young Epilepsy - supports young people with epilepsy and associated conditions
- Asthma UK - supports the health and wellbeing of those affected by asthma
- Epilepsy Action - seeks to improve the lives of everyone affected by epilepsy
- East of England Children and Young People Diabetes Network - provide diabetes guidelines for schools, colleges and early years settings

To access DfE guidance, click here

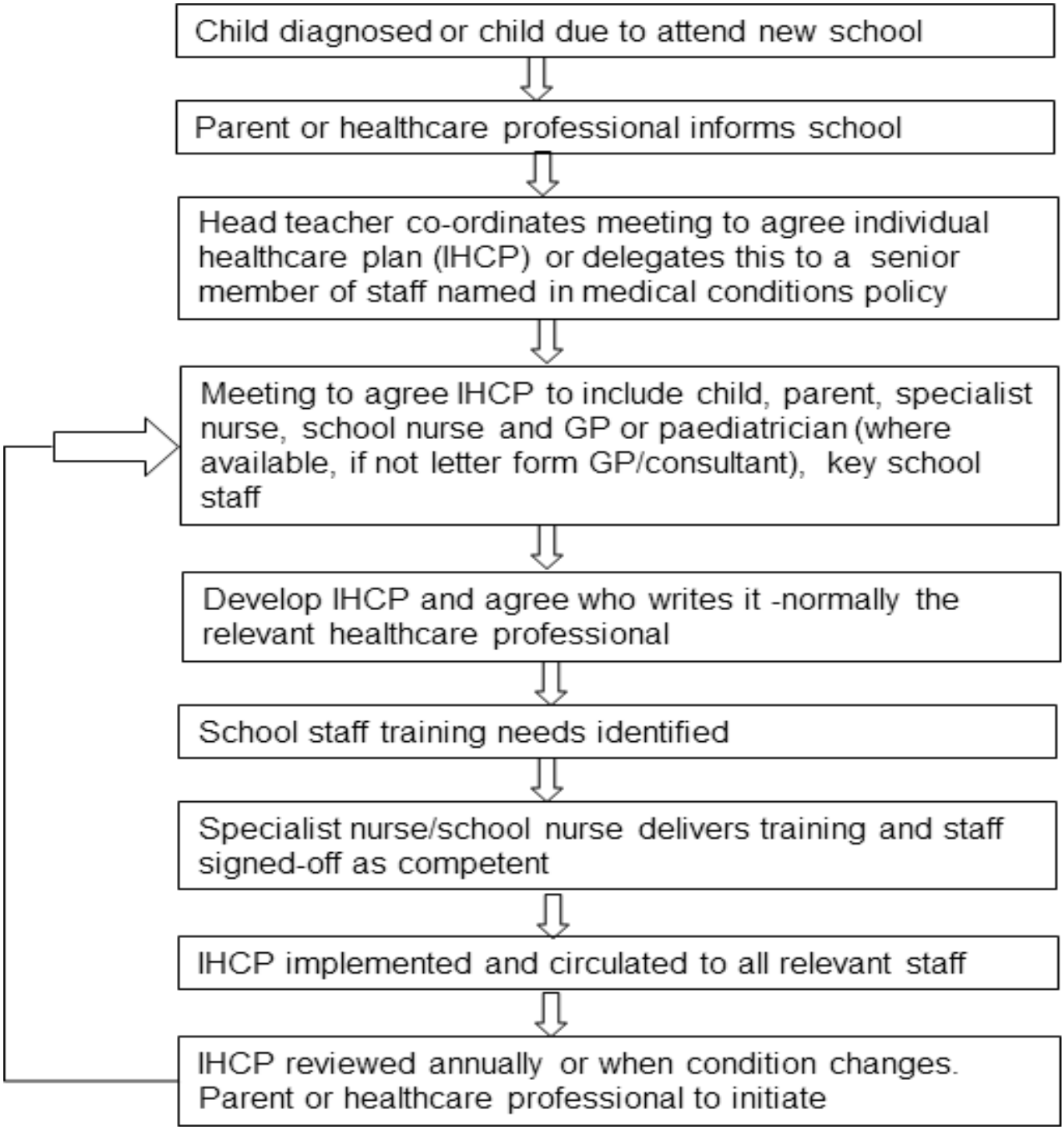
Appendix 1 – Parental Agreement Form

Parental agreement for school to administer prescribed medicine

The school will not give your child medicine unless you complete and sign this form. The school has a policy that qualified first aid trained staff can administer medicine. ***Note: Medicine must be in the original container as dispensed by the pharmacy.***

Child's name	
Class	
Name and strength of medicine	
Medicine expiry date	
Medicine stored in cupboard or fridge	
Dose to be administered	
Time of day to be given	
Reason for medication	
Any other instructions	
Course of Medicine (give start & end dates)	
Daytime contact of parent/guardian	
Name and contact of child's GP	
The above information is, to the best of my knowledge, accurate and I give consent to the school staff administering medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or the course of the medication or if the medicine needs to stop.	
Parent's signature Print name	
Date	
Old Palace Admin staff signature Print name	
Date	

Appendix 2


Child diagnosed or child due to attend new school
Parent or healthcare professional informs school
Head teacher co-ordinates meeting to agree individual healthcare plan (IHCP) or delegates this to a senior member of staff named in medical conditions policy
Meeting to agree IHCP to include child, parent, specialist nurse, school nurse and GP or paediatrician (where available, if not letter form GP/consultant), key school staff
Develop IHCP and agree who writes it -normally the relevant healthcare professional
School staff training needs identified
Specialist nurse/school nurse delivers training and staff signed-off as competent
IHCP implemented and circulated to all relevant staff
IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

Appendix 3

Template letter

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Dear Parent

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, 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

Headteacher

Individual Healthcare Plan

For pupils with medical conditions at school

(NB where medicines are to be administered at school, an 'Authorisation Form for the Dispensing of Medicines' must be completed)

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

Family Contact Information

Name 1	
Phone no. (work)	
(home)	
(mobile)	
Relationship to child	
Name 2	
Phone no. (work)	
(home)	
(mobile)	
Relationship to child	

Clinic / Hospital Contact

Name	
Address	
Phone no.	

G.P.

Name	
Practice address	
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 medicines, 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 pupils 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

Appendix 4 SCHOOL RECORD OF MEDICATION RECEIVED AND ADMINISTERED

Name of school / setting	Old Palace Primary School				
Name of child					
Group / class / form					
Medicine received					
Date medicine received from parent					
Quantity received					
Name and strength of medicine					
Dose and frequency of medicine					
Expiry date					
Staff signature					
Print name					
Date					
Parent Signature					
Print Name					
Date					
Medicine returned					
Quantity returned					
Date returned					
Returned to (Parent signature)					
Returned by (Staff signature)					
Print name					

Appendix 5

Risk Management and Medical Malpractice Decision Tree

1. Is the treatment one which would normally be carried out by a Health Care Facility and / or Health Care Professional ?

Health Care Facility / Health Care Professional is defined as:

The provision of Services by :

No

Yes, cover excluded

2. Are the duties / tasks of the insured's employee beyond the following:

- Emergency and or first aid medical service
- The administration of drugs or medicines or procedures pre-prescribed by a medical practitioner

No

Yes, cover excluded

3. Cover is provided in respect of the administration of drugs or medicines pre-prescribed by a medical practitioner and in respect of the procedures indicated in the attached table subject to written guidelines and suitable training having been provided to the person carrying out the procedure.

If required, written guidelines can be provided to Risk Management Partners / AIG for their agreement or comment.

Where cover is required beyond the limitations set out in the table or there are any unusual medical circumstances, full written details must be provided to Risk Management Partners / AIG for their agreement.