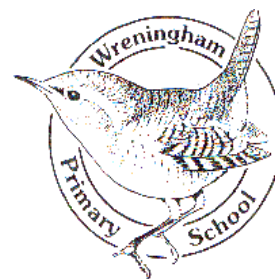


Together Everyone Achieves More

Wreningham School is committed to Safeguarding
And promoting the Welfare of children



Wreningham V.C. Primary school

POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

All policies at Wreningham VC Primary School should be taken as part of the overall strategy of the school and implemented within the context of our vision, aims and values as a Church of England School

Headteacher: Mr RP Jones

Chair Full Governing Body: Mr Jon Gent

Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions. **By doing so they ensure that such children can access and enjoy the same opportunities at school as any other child.**
- Governing bodies should ensure that school leaders 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.

Supporting Pupils with Medical Conditions

This policy sets out what the governing body does to meet their legal responsibilities and the arrangements made in school, based on good practice, as described in 'Supporting Pupils at School with Medical Conditions: Statutory Guidance for Governing Bodies' (DfE, December 2015).

The Governing body ensures the focus is on the needs of each individual child and how their medical condition impacts on their school life. They ensure their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

Definition of the term Medical Condition used in this context

A medical condition that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled. Where this is the case the Governing body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the school's Local Offer.

Reviewed March 2017

Next Review Date Spring 2018
Raising Standards Committee

Responsibilities

The Governing body must ensure that arrangements are in place in school to support pupils with medical conditions. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child. The school, Local Authority, health professionals and other support services should work together to ensure that children with medical conditions receive a full education.

The Governing body should ensure that the school's leaders liaise with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported. The needs of each individual child must be considered and how their medical condition impacts on their school life.

The Governing body must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties. Policies should be reviewed regularly and be readily accessible to parents and school staff.

The Governing body should ensure that:

- a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life
- the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.
- the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- **written records are kept of all medicines administered to children.**
- their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- the school's policy sets out what should happen in an emergency situation.
- the appropriate level of insurance is in place and appropriately reflects the level of risk, with risk assessment being carried, when appropriate.
- parents provide the school with sufficient and up-to-date information about their child's medical needs. This will be prompted with an annual data check.

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. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs.

Headteachers

Headteachers should ensure that their school's policy is 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.

They should ensure that all staff that need to know are aware of the child's condition.

They should also 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.

Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

School staff

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

Any member of school staff providing support to a pupil with medical needs should have received suitable training. 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.

Statement of intent

Individual healthcare plans will often be essential e.g. pupils attending the school with a medical condition meeting the above definition, and where there is a high risk that emergency intervention will be needed, and/or where medical conditions are long-term and complex. However, not all children will require one.

The school, healthcare professionals and parents/carers should agree, based on evidence, when an Individual Healthcare Plan would be inappropriate or disproportionate. Where there is a discrepancy an appropriate healthcare professional should be asked to arbitrate.

Individual Healthcare Plans must:

- Be clear and concise.
- Be written in partnership with parents, child, healthcare professional and key staff.
- Be reviewed annually or when there is a change in the condition of the child.
- Be easily accessible whilst preserving confidentiality. Securely stored by First Aid lead/Designated teacher.
- Outline educational provision if the pupil is unable to attend school.
- Contain details of the medical condition, its triggers, signs, symptoms and treatments.
- Include relevant SEN information.
- Provide details of the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons.
- Outline specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, changes to the school day and details of a personalised curriculum, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.
- Outline 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 medication, this should be clearly stated with appropriate arrangements for monitoring.
- State 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.

The school will:

- Ensure pupils with medical conditions are identified as they transfer to the school and through the ongoing annual data check process.
- Arrange for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Designate individuals to be entrusted with information about a pupil's condition; where confidentiality issues are raised by the parent/child.
- Have an identified key worker trained to specifically meet the needs of pupils with a statement of SEN linked to a medical condition.
- Always have a minimum of two members of staff available trained in first aid response with knowledge of the pupils with medical conditions and access to their IHCPs.
- Be clear about what to do in an emergency, including who 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.
- Make all staff working directly with pupils aware of the pupils in the school with medical conditions.
- Provide sufficient training for staff to meet the needs of pupils at the school with medical conditions.

Good Practice

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. Pupils with a medical condition will not be denied admission or be prevented from taking up a place in school because arrangements for their medical condition have not been made.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans. **A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.** Staff will not force pupils to take medicines or have necessary procedures against their will. They will aim to follow the procedure agreed in the Individual Healthcare Plan and contact parents when alternative options may need to be considered.

Staff should use their discretion and judge each case on its merits with reference to the pupil's Individual Healthcare Plan. Staff should make inhalers and medication easily accessible to pupils and administer their medication when and where necessary.

Staff should give individual, personalised care to pupils.

Staff should take the views of the pupil and their parents into account; act on medical evidence and opinion but challenge it when appropriate.

Staff should encourage pupils with medical conditions to remain in school for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans.

Staff should supervise pupils with medical conditions if they become ill.

Pupils must not be penalised for their attendance record if their absences are related to their medical conditions e.g. hospital appointments.

Staff should encourage pupils to drink, eat and take toilet or other breaks whenever they need to in order to manage their medical condition effectively.

Staff should support parents in meeting the medical needs of their child in school by accepting responsibility for the pupil's medical needs at school and encourage pupils with medical conditions to participate, in all aspects of school life, including school trips.

Managing medicines on school premises

The school has procedures in place for managing medicines but they should reflect the following details:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- **no child under 16 should be given prescription or non-prescription medicines without their parent's written consent** - Schools should set out the circumstances in which non-prescription medicines may be administered.
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- schools should only accept prescribed medicines that are in-date, labelled, provided in the original container 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. The school has form that must be signed by the parents.
- **all medicines should be stored safely.** Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices - asthma inhalers, blood glucose testing meters and adrenaline pens - should be always readily available to children and not locked away.
- a child prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an

emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.

- school staff may administer a controlled drug to the child for whom it has been prescribed. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Where medication has been prescribed for the first time, parents are responsible for administering the first dosage.
- When a child joins the school part of their admission pack is a form to alert the school to asthma needs.

Record keeping

- Schools should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell.
-

Emergency asthma inhalers and guidance on other common pupil health needs

From 1 October 2014 legislation on prescription medicines changed to allow schools to keep salbutamol inhalers for use in emergencies. Schools that choose to keep emergency inhalers and spacers should establish a protocol for their use based on Government best practice guidance, located in the Pupil Needs/Health section of the Norfolk Schools website. Schools should consider including a cross-reference to the asthma protocol in their policy on supporting pupils with medical conditions.

The Pupil Needs/Health section of Norfolk Schools also includes guidance on best practice for diabetes and intimate care, as well as links to information on Child and Adolescent Mental Health Services (CAMHS).

Unacceptable practice

Although school staff should judge each case on its merits with reference to the child's individual healthcare plan, 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; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied, or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. 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, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints

Parents/carers' concerns about the support provided for their child with a medical condition should be directed, in the first instance, to the designated lead for supporting pupils with medical conditions, Rob Jones. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaint procedure. (See website for details)

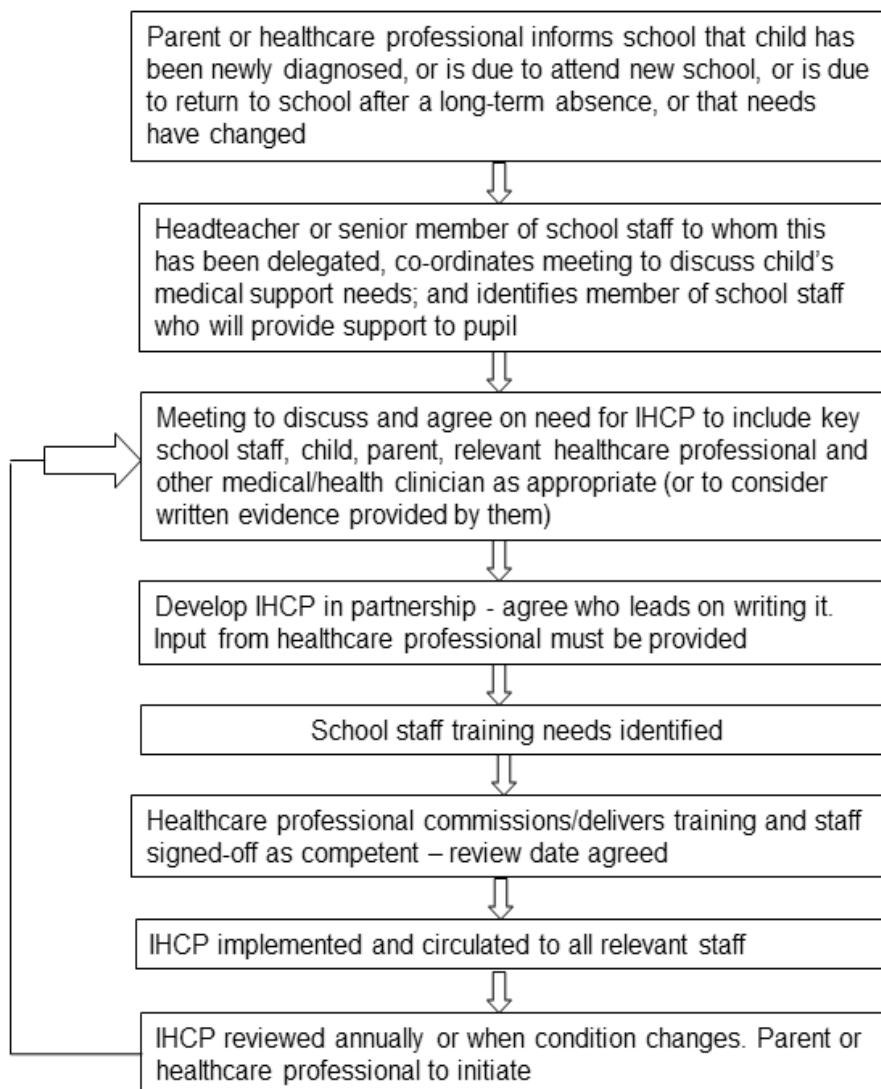
Supporting documents: Equality Act 2010

SEN Code of Practice

SEN Local Offer

Supporting Children at school with Medical Conditions-DfE April 2014

Model process for developing individual healthcare plans



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And promoting the Welfare of children



PARENTAL AGREEMENT FOR SCHOOL SETTING TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form.

School	Wreningham VC Primary School
Date	
Child's Name	
Class	
Condition/Illness	
Expiry Date How long will your child need this for?	
Directions How much to give/dosage	
Time When to be given	
Any other instructions	
MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY	
Daytime Phone Number of parent	
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.	
Where medication has been prescribed for the first time, parents are responsible for administering the first dosage.	
Parent's Signature:	
Print Name:	

Reporting Head Injuries of Pupils to Parents

Date:

----- received first aid today because

Please see the class teacher if you would like to know more.
Thank you. Signed

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Thank you. Signed

Wreningham VC Primary School Asthma Record (Care Plan)



Name

My child's details and contact numbers:

Date of Birth

Parent(s) name(s)

Telephone Home Work
Mobile

Doctor (GP) name Telephone

Asthma nurse

Known triggers/allergies

Any other medical problems?

My Child's Medication

Reliever medication (usually blue)

Medication name (e.g. SALBUTAMOL)	Device (e.g. AeroChamber)	Dose (e.g. 1 puff)	When taken (e.g. when wheezy, before exercise)

Other Medication

Most preventers can be taken outside of school hours – check with your GP or asthma nurse

Medication name	How taken/device	Dose	When taken

Emergency Treatment

In the event of a severe asthma I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Signed: (Parent) Date

Key points for parents to remember: This record is for your school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labeled by the pharmacist with your child's name and dosage details.

The section below is to be completed by school staff

Has this child got a healthcare plan for any other condition?

Yes No



**Wreningham VC Primary School
Minor Accident Report Form**

Month Of _____

Name of Casualty	Status (pupil/visitor...)	Gender	Date/time of Accident	Type of Accident	Treatment Administered	Accident Location	Witness/ First Aider Initials/ signature

Reviewed March 2017

Next Review Date Spring 2018
Raising Standards Committee