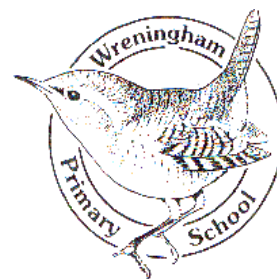


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Wreningham School is committed to Safeguarding
And promoting the Welfare of children



Wreningham V.C. Primary School

POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

1 Corinthians 12:12, "There is one body but it has many parts. But all its many parts make up one body."

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. Steve Kittle

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.
- 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 effectively supported.

INTRODUCTION

At Wreningham VC Primary School we believe that pupils with medical conditions should be supported, as best we can, to play an active role in school life, enjoy the same opportunities as any other pupil and have full access to all aspects of education. The governing board has arrangements in place to see that this is achieved and the school liaises fully with health professionals where appropriate. It is important parents feel confident the school will provide effective support for their child's medical condition and that pupils themselves feel safe. For these reasons, the school will liaise with health and social care professionals, pupils and their parents to achieve this.

The purpose of this policy is to explain how Wreningham VC Primary School implements its procedures on dealing with pupils who have medical conditions, in line with government requirements, with a view that all pupils will receive the best education possible for them, despite any medical conditions that they may have to contend with.

RESPONSIBILITIES

The school's governing board is ultimately responsible for the implementation of this policy and must ensure that pupils with medical conditions can access and enjoy the same opportunities at school as any other child. The headteacher is in charge on a day-to-day basis. Where pupils have disabilities and/or special needs as well as a medical condition, these will be taken into consideration at all times.

THE ROLE OF THE HEADTEACHER

The headteacher will ensure that:

- Ensure pupils with medical conditions are identified as they transfer to the school.
- Sufficient staff are suitably trained and available to implement the policy.
- All staff are aware of the policy and their role in implementing it. Relevant staff will be made aware of any child with a medical condition.
- Cover arrangements are in place in case of staff absence, staff turnover and in emergency and contingency situations, to ensure someone is always available.
- Any supply teachers are aware of the medical condition where appropriate.
- Staff are appropriately insured and are aware they are insured to support pupils with medical conditions.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable include consideration for any child with a medical condition.
- Individual healthcare plans (IHPs) are initiated, monitored and reviewed at least annually.
- The focus of support is on the needs of each individual child and how their medical condition impacts on their school life.
- Consideration is given as to how children will be reintegrated back into school after periods of absence due to their medical condition.
- Have an identified key worker trained to specifically meet the needs of pupils with a statement of SEN linked to a medical condition.
- 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.

THE ROLE OF SCHOOL STAFF

Any member of staff may be asked to provide support to pupils with medical conditions. Administering medicines is not part of teachers' professional duties but they are expected to take into account the needs of pupils with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. 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. Staff should supervise pupils with medical conditions if they become ill.

THE ROLE OF THE SCHOOL NURSING SERVICE

Wreningham VC Primary School has access to the school nursing service (Call Just One Number on 0300 300 0123). The school nursing service will liaise between medical practitioners and school staff on implementing a child's IHP and provide advice and training.

OTHER HEALTHCARE PROFESSIONALS, INCLUDING GPs AND PAEDIATRICIANS

The parent liaises with the school, the GP or other healthcare professionals, when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

THE ROLE OF INDIVIDUAL PUPIL – DEPENDENT ON AGE

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

THE ROLE OF PARENTS

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times

THE ROLE OF THE LOCAL AUTHORITY

Local authorities (LAs) provide school nurses for maintained schools and academies. The LA provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHPs can be delivered effectively. The LA works with Wreningham VC Primary School to support pupils with medical

conditions to attend full time but has a duty to make other arrangements when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

PROCEDURE TO BE FOLLOWED WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION

Where possible the school will not wait for a formal diagnosis before providing support to a pupil with medical needs. Support will be provided based on the available medical evidence and after consultation with parents. For children starting at Wreningham VC Primary School, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or changed circumstances, every effort will be made to ensure that arrangements are put in place within two weeks. For children moving on to another school, relevant information will be passed to the new school as soon as possible.

INDIVIDUAL HEALTHCARE PLANS (IHP)

Many pupils with medical conditions will require an IHP which will help to ensure that each pupil's medical conditions are supported e.g. pupils attending the school with a medical condition 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. If consensus cannot be reached, the headteacher will take a final view.

INDIVIDUAL HEALTHCARE PLANS MUST:

- Be clear and concise.
- Be written in partnership with parents, child, key staff (and healthcare professionals).
- Be reviewed annually or when there is a change in the condition of the child.
- Be easily accessible whilst preserving confidentiality. In Wreningham VC Primary IHPs are displayed in the staffroom with parents' consent.
- 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.
- 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.

The appendices to this policy include - A flow chart for identifying and agreeing the support a child needs and developing an IHP; a letter inviting a parent/carer to an IHC development meeting; a template for a pupil's healthcare plan.

STAFF TRAINING

Periodical training is undertaken so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy and to keep them up-to-date with procedures to be followed. New staff will receive training through their induction process as appropriate. The named relevant healthcare professional advises the school on training that will help ensure that all medical 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.

During the development of IHPs suitable training requirements for staff who will be involved with the individual pupil will be discussed. The relevant healthcare professional will normally lead on identifying, and agreeing with

the school, the type and level of training required, and how this can be obtained. Once trained, the healthcare professional will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. On reviewing the IHP any further training requirements for staff will be discussed.

The family of a child will be able to provide relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. However, they will not be the sole trainer.

MANAGING MEDICINES IN SCHOOL

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child will be given prescription or non-prescription medicines without their parent's written consent.

- The school has a form to be completed by parents/carers for medication to be administered by a member of staff, or self-administered by the pupil during school hours. Children with a significant long term medical need, all medication will be included in the long term individual health care plan.
- For the administering of non-prescription medicines (e.g. analgesia or medication that acts to relieve pain e.g. Calpol/ Piriton) during the school day, parents must complete the relevant form. For children who regularly need analgesia (e.g. for migraines) an individual supply of their medication should be kept at school with the appropriate paperwork completed. Medication, e.g. for pain relief, should only be administered by first checking maximum dosages and when the previous dose was taken. For the administering of non-prescription medicines during an educational visit, parents should provide written consent.
- Where medication has been prescribed for the first time, parents are responsible for administering the first dosage.
- No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in date but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Medicines are carefully labelled and stored (and refrigerated if necessary in the staff room).
- Access is readily available when the need arises.
- The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.
- Dates on medication will be checked regularly. When no longer required, or out of date, medicines should be returned to the parent to arrange for safe disposal or replacement. Parents should take responsibility for keeping authorisation and medicines updated.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- Long term medication such as inhalers will be returned to parents for the summer holidays.
- 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.
- When a child joins the school, the School Admission Form includes a section for the parent to notify the school of any medical information. The school also includes a separate Asthma Care Plan for them to record their child's individual asthma needs.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

SCHOOL TRIPS AND SPORTS ACTIVITIES

At Wreningham CE VC Primary School pupils with medical conditions are encouraged to participate in school trips and visits, or in sporting activities, and will not be prevented from doing so wherever possible. Teachers will be aware of how a child's medical condition will impact on their participation. A risk assessment will be undertaken so that planning arrangements, with any reasonable adjustments, take account of any steps needed to allow all children to participate according to their own abilities. Parents and pupils will be consulted and advice taken from the relevant healthcare professional to ensure that pupils can participate safely, if at all.

EMERGENCY SITUATIONS

Pupils in the school will know to inform a teacher immediately if they think help is needed. Staff will follow the school's procedures to contact emergency services if necessary.

Where a child has an IHP, it will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or, if an ambulance needs to be called, will accompany the child to hospital and stay until a parent arrives there.

ASTHMA EMERGENCY

In an emergency situation with regard a severe asthma attack, the school would administer salbutamol -10-20 puffs. The inhalers may only be used by children whose parents have agreed the use of the emergency inhaler on the child's Asthma Record (Care Plan) and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will be used if the pupil's prescribed inhaler is not available (eg because it is broken, or empty).

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.
- 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, once the school is confident and competent in managing the child's medical condition.
- 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.
- 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.

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.

SUPPORTING PUPILS WITH ASTHMA

- The major principle underlying the school guidance is immediate access for all children to reliever medication. Inhalers for children in class 1 and 2 are kept in the school office. These pupils should be supervised by a First Aider/teacher when taking their asthma medication. Inhalers for children in class 3 and class 4 are kept in a box in their respective classroom.
- The school must be made aware of the fact that a child has an inhaler.
- Staff must remember inhalers for swimming and off site activities
- Staff may have to remind children to take their inhalers
- Parents must complete an asthma record (Care Plan) if their child suffers from asthma and has an inhaler in school
- If a child is coughing, wheezing and complaining of tight chestedness, ensure the child's usual reliever (usually blue) is taken immediately. Encourage the child to remain calm and relaxed. The inhaler usually works in 5-10 minutes. If they are no better in 5-10 minutes or they are distressed or exhausted, unable to talk in sentences, blue around the lips, this is a severe attack requiring immediate action. The school should give another dose of inhaler. Another adult should dial 999 for an ambulance.

STAFF MEDICINES

If staff have medicines in school (both prescribed and unprescribed) they need to ensure they are safely stored away from the reach of children.

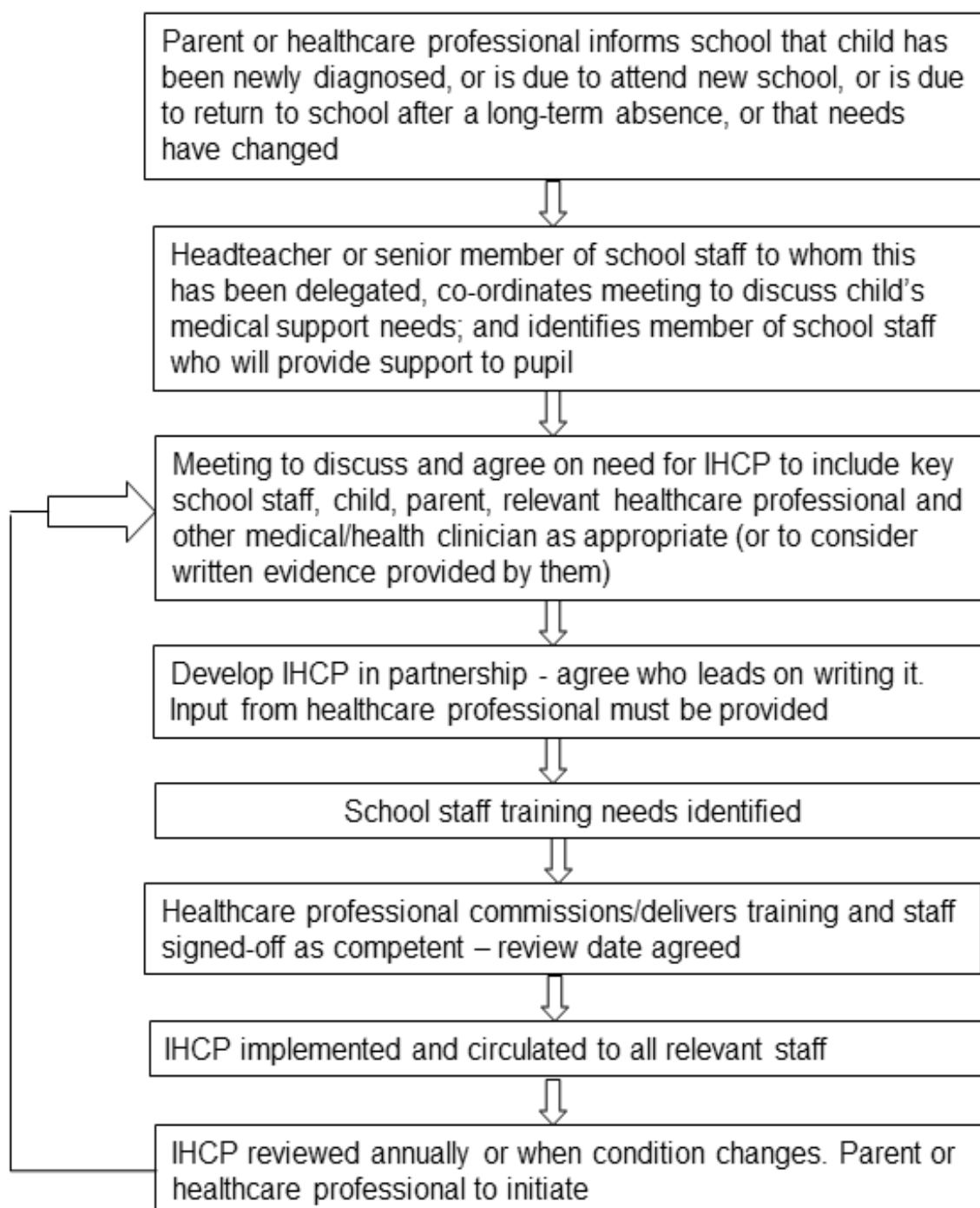
COMPLAINTS

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)

MONITORING AND EVALUATION

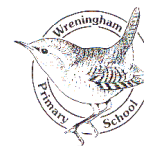
The policy will be monitored by the headteacher and governors for its effectiveness in implementation, and evaluated and reviewed at least annually.

MODEL PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS



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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

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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Date:

----- received first aid today because

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

LETTER INVITING PARENT/CARER TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent/Carer

Developing an individual healthcare plan for [child's name]

Thank you for informing us of [child's name]'s medical condition. For your information I enclose a copy of the school's policy for supporting pupils with medical conditions.

An individual healthcare plan (IHC) may need to be prepared, setting out what support [child's name] needs and how this will be provided. IHCs are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on [child's name]'s case. The aim is to ensure that we know how to support [child's name] effectively and to provide clarity about what needs to be done, when and by whom. Although IHCs are likely to be helpful in the majority of cases, it is possible that [child's name] will not require one. We will need to consider how [child's name]'s medical condition impacts on his/her ability to participate fully in school life, and the level of detail within the plan will depend on the complexity of [child's name]'s condition and the degree of support needed.

A meeting to start the process of developing [child's name]'s IHC has been scheduled for [date]. 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. Please 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 IHC 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 to contact me [them] by email or telephone if this would be helpful.

Yours sincerely

PUPIL'S HEALTHCARE PLAN

WRENINGHAM CE VC PRIMARY

Child's name

Class Date of birth

Child's address

Medical diagnosis or condition

Date Review date

Family contact information

Name Phone numbers work

Home mobile

Name Phone numbers work

Home mobile

Clinic/hospital contact

Name Phone number

GP Name

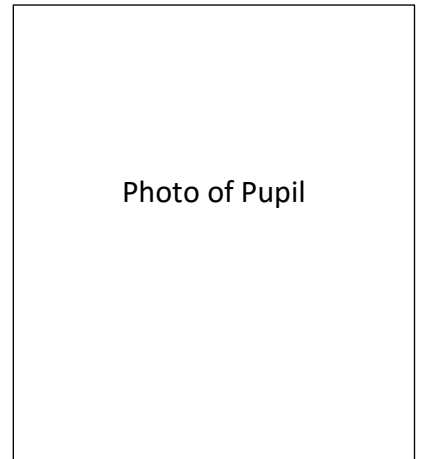
Phone number

Person 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 (eg before sport/at lunchtime)



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

Arrangements for school visits/trips etc

Any other information

Describe what constitutes an emergency for the child, 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

Parental agreement

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of (insert child's name)

Signed Date / /

Parent or Guardian (or pupil if above age of legal capacity)



Wreningham VC Primary School

Minor Accident Report Form

Month Of _____

Name of Pupil (Or casualty)	Status (pupil/ visitor...)	Gender	Date & time of Accident	Nature of Accident (E.g. cut over left eye; grazed right knee; cut left knee)	Treatment Administered	Accident Location (Be precise E,g. playground nearest mobile, next to the pond)	Cause of the accident? E.g. Trip on paving slab; fell off climbing equipment.	Witness/ First Aider Initials/ signature

Checked (initial)