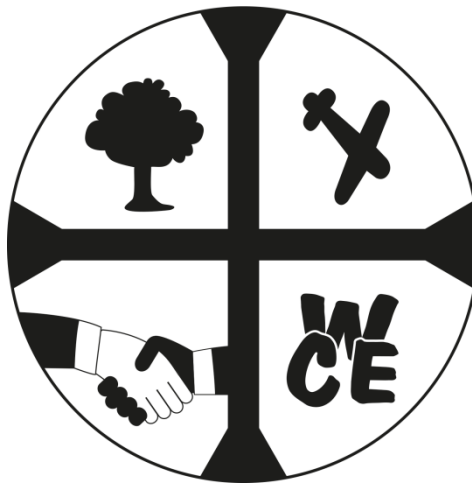


Woodley Church of England (Controlled) Primary School



Supporting Pupils who have Medical Conditions Policy

Responsibility of:	Full Governing Body
Date of Policy:	1 st September 2017
Date of Review:	1 st September 2018

Chair of Governors:

Head Teacher:

Contents

Supporting the needs of pupils who have medical conditions in Woodley CofE Primary School.	3
Purpose of the document	
Background	
Our commitment to Pupils and Families	
Roles and responsibilities	
Training and support	
Emergency Procedures	
Managing medicines	5
Prescribing	
Handling and storage	
Parental consent	
Self-Management	
Record Keeping	
Insurance	7
Complaints	7
Appendices	
Appendix A: Process for developing individual healthcare plans	8
Appendix B: Table of responsibilities set out in the statutory guidance 'Supporting pupils at school with medical conditions' April 2014	9
Appendix C: Letter inviting parents to contribute to an individual Health care Plan development	11
Template D: parental agreement for school to administer medicine	12
Template E: record of medicine administered to an individual pupil	14
Appendix F: record of medicine administered to all pupils	16
Appendix G: Health Care Plan	17
Appendix H: contacting emergency services	20

How we support pupils who have medical conditions;

Purpose of the document

This document sets out how Woodley CofE Primary School will ensure that any pupil with medical needs is enabled to take the fullest part in the opportunities for learning presented to all other pupils. This document sets out how we will make arrangements in line with the statutory guidance for maintained schools and academies.

Background

The Children and Families Act 2014 places a duty on governors to make arrangements for supporting pupils at their school with medical conditions. The Department for Education (DfE) have produced statutory guidance for schools and this can be accessed at <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

We are aware that many of the children and young people with medical needs will have lifelong conditions but others may have medical needs which are temporary, both may change over time. Pupils with medical conditions may require support at school to manage their support due to absence or with the emotional impacts which are often associated with medical conditions. Some pupils with medical conditions will also have special educational needs (SEND) which are supported through an Education, Health and Care Plan (EHC). Where this is the case, we will integrate the Health Care planning into the EHC. Where pupils have a current Statement of SEN, we will review the Health Care Plan alongside the Statement review process.

This document was reviewed by WBC's Public health department and will be reviewed by the school

Our commitment to Pupils and Families

This policy and practice document sits alongside the school's SEN policy 'Aspiration and Achievement: Model SEND Policy and Guidance for Schools'. The underlying aim of both policies is to ensure that all pupils in our school can access fully the life of the school, play a full and appropriate part in developing plans and provision and are enabled to manage their condition with increasing independence and confidence.

Where pupils have medical needs we **will**:

- Follow the model process for developing Health Care Plans (Appendix A)
- Ensure that sufficient staff is trained to support an individual medical need, including cover for staff absence and turnover.
- Ensure that all relevant staff are made aware of the pupil's condition. This is the responsibility of the SENCO.
- Ensure any supply teachers are briefed. This is the responsibility of the office.

- Ensure that risk assessments are undertaken for school visits, holidays and activities outside the normal school day. This is the responsibility of the class teacher in agreement with the SENCO.
- Monitor individual Health Care plans. This is the responsibility of the SENCO.

School staff will always use their professional discretion when managing pupil behaviour and the information provided to them will ensure that the decisions they make are not discriminatory and support reasonable adjustments.

As a school **we will not normally**

- 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 we may sometimes challenge it);
- 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, eg hospital appointments, recovery time following illness or treatment.
- 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Roles and responsibilities

In addition to the responsibilities which the governing body has, ensuring the safety and wellbeing of pupils requires input from a number of practitioners and the statutory guidance sets out the responsibility of all parties. These are set out in a table and appear as Appendix B. As part of those responsibilities, schools are required to have a policy for managing medicines on the premises.

Training and support

The training needs of staff will be addressed through each Health Care Plan. General, certified First Aid courses do not confirm that a person can deliver support to pupils with medical conditions. In order to ensure the confidence of staff, pupils and families and provide safe and effective support we

- identify staff who will support individual or groups of pupils
- in partnership with health colleagues we
 - ✓ provide supporting staff with information about the medical condition
 - ✓ ensure these staff are trained and confirmed as competent by health colleagues
 - ✓ review training needs at least annually and when there is a significant change
 - ✓ annually provide awareness training for all staff on our policy

Emergency Procedures

All our Health Care Plans contain personalised information on what staff need to do in an emergency. In addition, as with an emergency which can happen involving any pupil, staff will accompany a pupil to hospital and stay with them until a family member arrives. To ensure that the best response is able to be provided, staff calling emergency aid will use the prompt Appendix H

Managing medicines

Prescribing

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

Handling and storage

We can only accept medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to us inside an insulin pen or a pump, rather than in its original container.

All normal infection control measures, (e.g. appropriate gloving, hand washing and disposal) will be followed and any equipment required will be provided in school at all times.

Medicines which need to be locked away are stored in the office. Details of access to medicines which need to be readily or quickly available will be in each pupil's Health Care Plan. Arrangements for offsite activities will also be contained in the plan.

Medicines which are no longer required will be returned to the parent for safe disposal. We will always use sharps boxes for the disposal of needles and other sharps

If controlled drugs are prescribed for a pupil, they will be securely stored in a non-portable container and only named staff should have access. Controlled drugs will, however, be easily accessible in an emergency. As with all other medicines we keep a record of any doses used and the amount of the controlled drug held in school

Parental consent

Administration and supervision of medication will be in accordance with the pupil's Health Care plan. Non-prescription medicines will only be administered without parental consent in exceptional circumstances. Staff will not administer any medication containing aspirin to a child under 16 unless it has been prescribed by a doctor. We will always inform parents if non-prescription medication, e.g. for pain relief was taken and the dosage given.

NOTE Statutory guidance allows for medication to be given where the child or young person does not want their parent to know. You should consider whether you will do this. If you do the wording which follows reflects the statutory guidance.. This principle was established around the area of sexual health and is based on the principle of Fraser competence. Which is the means by which the young person is deemed to be able to make their own informed choices.

Record Keeping

We 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 will be noted and parents informed. Examples of record keeping are at Appendix E and F

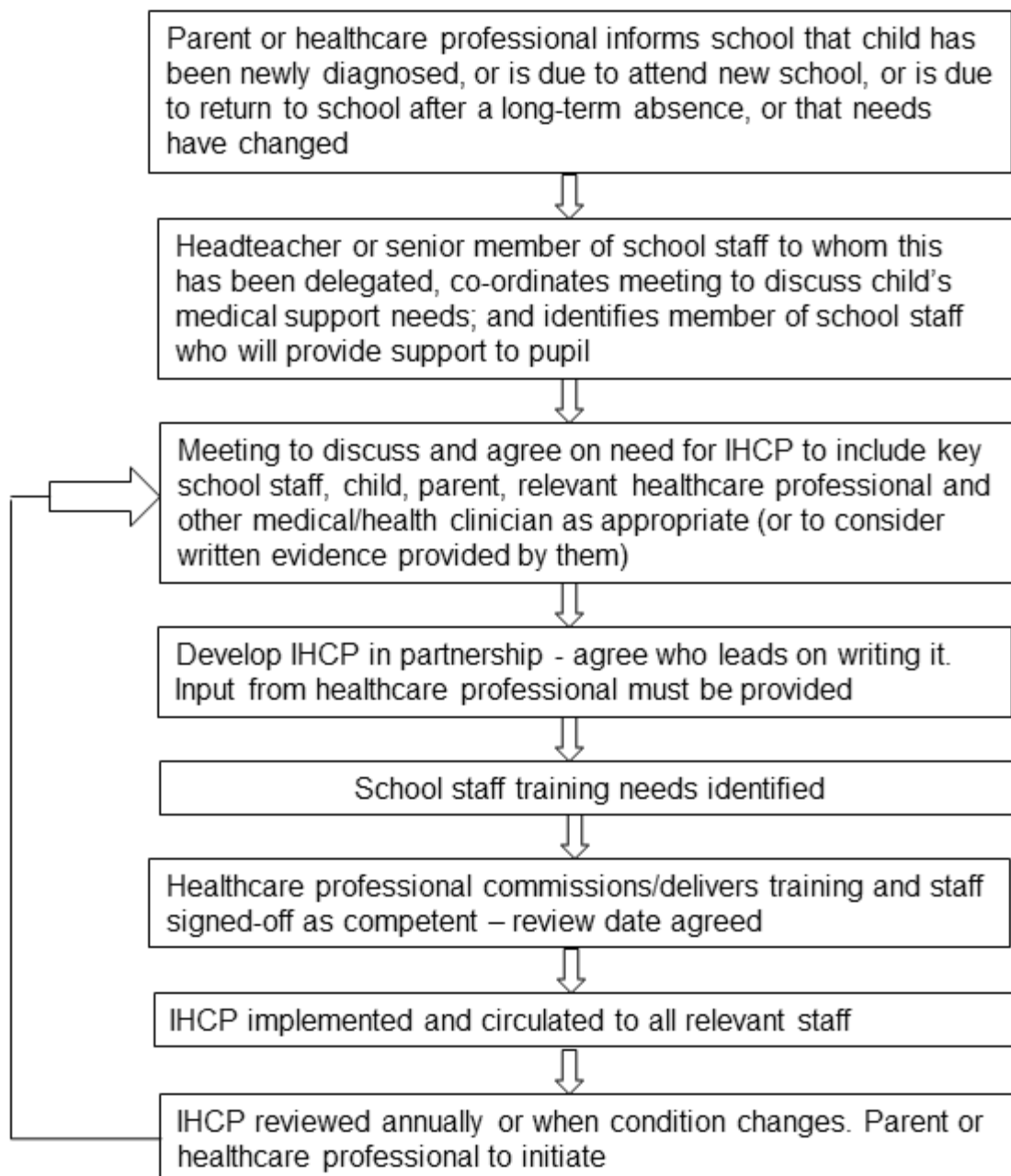
Insurance

Insurance is provided for Woodley CofE Primary School by Wokingham Borough Council. Our policy covers the administration of medication. In the case of any medical procedures we always check that cover extends to that individual procedure.

Complaints

As a school we will seek to resolve any concerns quickly at an informal stage. If this does not resolve the concern the complaints procedure should be followed. This is available on our website or as a hard copy through the school office.

Appendix A: Process for developing individual Health Care plans



Appendix B: Table of responsibilities set out in the statutory guidance ‘Supporting pupils at school with medical conditions’ April 2014

Person/body	Role/responsibility
Governing Body	must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
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. Headteachers should ensure that all staff who 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. This may involve recruiting a member of staff for this purpose. 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. 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	any member of school 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. School staff should 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.
School nurses	every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child’s individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. They would often be the health care professional who provides and confirms training
Other healthcare professionals, including GPs and paediatricians	should notify the school nurse when a child has been identified as having a medical condition that will require support at school. 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, epilepsy).

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.
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 that 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.
Local authorities	are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. 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 (whether consecutive or cumulative across the school year).
Providers of health services	should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
Clinical commissioning groups (CCGs)	commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
Ofsted	their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Appendix C: letter inviting parents to contribute to individual Health Care plan development

Dear Parent

Developing a Health Care Plan for ZZZ

Thank you for informing us of ZZZ's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

The next step is for us to write a health Care Plan for ZZZ. Individual Health Care plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's medical condition. 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. Not all children will require a Plan so, together, we will agree 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.

We would like to hold a meeting at school and we suggest 33/33/33 at U. 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, please telephone us to see if we can make an alternative time available. If this is not possible 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

Appendix D

Parental agreement for XXX School to administer Medicine

It is not possible for us to give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Does your child take it themselves?	
If they do is supervision needed?	
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix E

		<h3>Record of medicine administered to an individual pupil</h3>
Name of pupil		
Date medicine provided by parent		
Group/class/form		
Quantity received		
Name and strength of medicine		
Expiry date		
Quantity returned		
Dose and frequency of medicine		
Staff signature		Signature of parent

****For all medication it is essential that the dose is written clearly with the units for example – 2 x 5 mg.
Fridges. If any medication is stored in fridges ensure that routine temperature monitoring takes place. In most schools a small separate fridge is most appropriate***

Date			
Time given			
Dose given *			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given*			
Name of member of staff			

Staff initials			
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Date			
Time given			
Dose given*			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given*			
Name of member of staff			
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Dose given*			
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Date			
Time given			
Dose given*			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given*			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given*			
Name of member of staff			
Staff initials			

Appendix F

A bound book is better than a loose leaf file

Record of all medicines administered to pupils

Date	Pupil	Time	Medicine	Dose	Any reaction	Signature	Print name

Appendix G

Health Care Plan

Pupil details

Surname		[Child / young person's chosen picture]	
Other names			
Address			
Date of birth			
Language at home			
Child/ young person's parent/s or person responsible			
Address if different		Relationship to Child/young person	
Telephone numbers		work	
First contact		home	
		mobile	

Hospital or clinic contact		GP	
Name		Name	
Phone		Contact	

I am XXX and I have YYY

In school this means	At home this means

This is how I like to be helped to manage my condition			
I carry my own medication		I administer my own medication	
My medication is stored for me		I am helped to administer my medication	
I have an emergency plan		An adult gives me my medication	
<i>If this section has been completed by or with someone else please fill in the details below</i>			
Name		Relationship	

Equipment, diet or medication needs in school			
What	When	Who	Review date
Any side effects of my medication <i>child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc</i>			
A general risk assessment for regular out of school activities. <i>Any activity which is not regular, is off school premises or is an extended activity eg holiday will need an individual risk assessment</i>			

Key people within school who need to know about my condition			
Name	Role	Name	Role

This is my emergency plan	
How people know there is a problem	What actions need to happen
Who is responsible in an emergency in school	
Who is responsible in an emergency off site	

These people support me in managing my condition			
Name	Role	Contact details	Advice given

Non medical support which helps me to access the full life of the school	
Area of need/impact	What provision will be made available

Staff Training undertaken/required		
Who	What	When

Date this Health Plan will be reviewed	
People who helped draw up the Plan	
Plan sent to	

Signatures		
	Role	Date
	Pupil	
	Parent/carers	
	For school	

Appendix H: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. school telephone number 0118 00000000
2. your name
3. your location as follows school/setting address
4. state what the postcode is
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use
8. state that they will be met at that entrance
9. put a completed copy of this form by the phone