SUPPORTING CHILDREN WITH MEDICAL NEEDS POLICY

- Set Sail for Success -

Our Mission Statement

Through nurturing trust and strong relationships, our learning adventure will see each and every one of us thrive in God's love.

Statement of intent

The governing body of St Mary and St Peter Catholic Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

At St Mary and St Peter Catholic Primary School we believe it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have special educational needs and disabilities (SEND) and have a statement or education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.
It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Executive Head/Head of School

The Executive Head/Head of School will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the appropriate health body in the case of any pupil who has a medical condition who may require support at school.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date and an appropriate care plan is in place.

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Pupils

Most pupils with medical conditions (depending on age and understanding) will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expectedto comply with their IHPs.

3.6 Other healthcare professionals

Parents will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school andnotify them of any pupils identified as having a medical condition. Where possible, in-school training will take place to ensure that staff are skilled in meeting the medical needs of the children in their care.

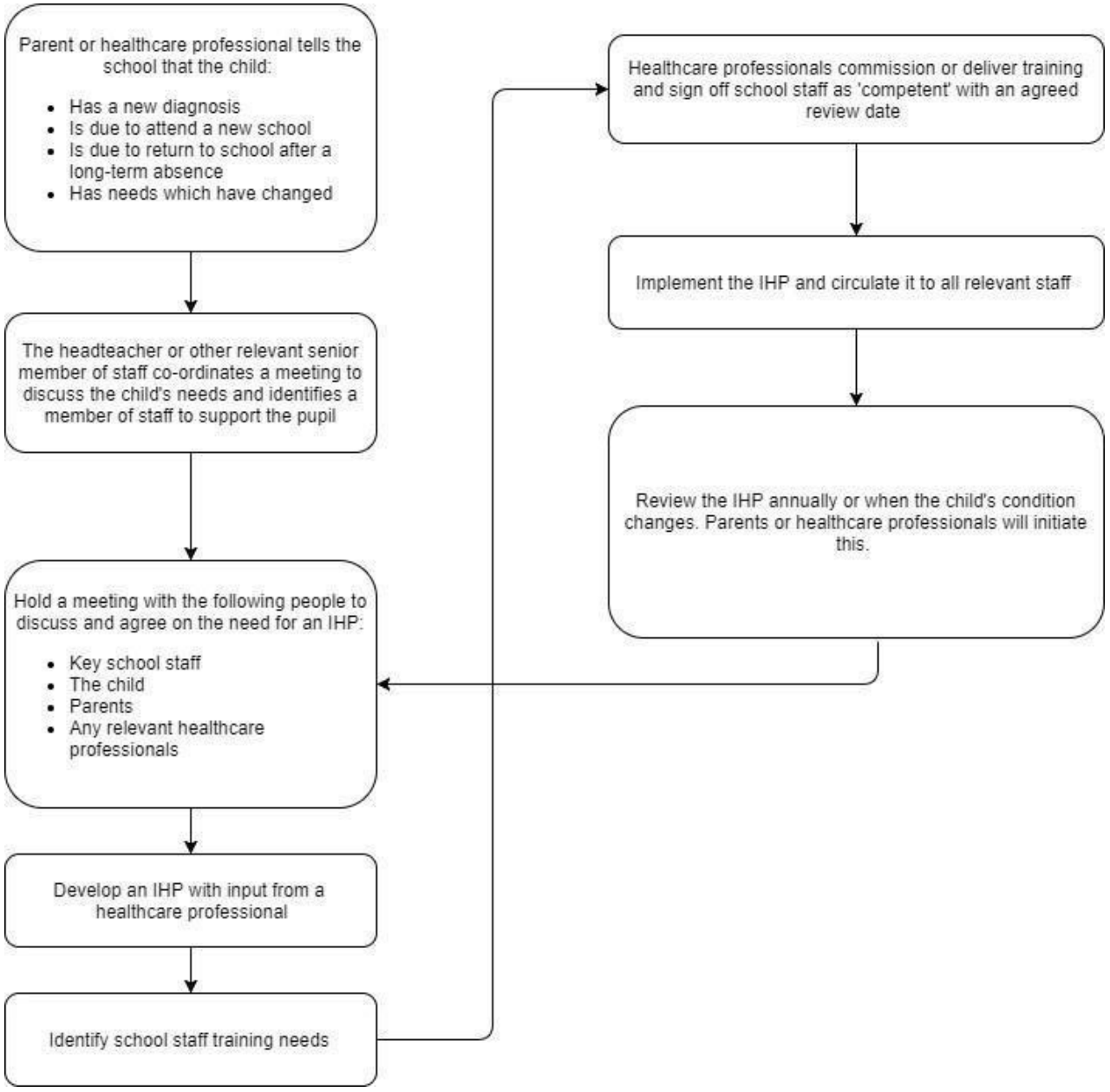
4. Equal opportunities

Our school is clear 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.
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.
Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



6. Individual healthcare plans

The Executive Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Headteacher.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of any education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.
The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the Executive Headteacher and Headteacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- 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 and environmental issues, e.g. 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, external counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription [and non-prescription] medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

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 school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Students with asthma

St Mary and St Peter has decided to hold an emergency inhaler and spacer for the treatment of an asthma attack.

The Headteacher will be responsible for ensuring the following:

- Instructing all staff on the symptoms of an asthma attack
- Instructing all staff on the existence of this policy
- Instructing all staff on how to check the asthma register
- Instructing all staff on how to access the inhaler
- Making all staff aware of who are the designated staff and how to access their help

The Headteacher will be responsible for ensuring that designated staff:

- Recognise the signs of an asthma attack and when emergency action is necessary
- Know how to administer inhalers through a spacer
- Make appropriate records of attacks

The person responsible for First Aid and the Office Staff will be responsible for the storage, care and disposal of asthma medication.

Office staff and Headteacher will be responsible for ensuring that there has been written consent from parents for the administration of the emergency inhaler and spacer. The emergency inhaler/spacer will only be available for students who have been diagnosed with asthma and have been prescribed reliever inhaler AND for whom parental consent has been given. This information shall be recorded in the student's IHP plan.

The headteacher and office staff will be responsible for the supervision of administration of medication and for maintaining the asthma register.

Office Staff will be responsible for ensuring parents are informed in writing when the emergency inhaler/spacer has been used.

The pastoral care worker, senior teacher and headteacher will be responsible for working with health professionals, parents and the pupil to establish whether the pupil needs to have independent access to an inhaler at all times. If this is the case, it must be reflected in the care plan, including the safe storage and notification and recording of use.

Pupils with anaphylaxis

There are pupils with anaphylaxis in school.

The headteacher will be responsible for ensuring the following:

- Instructing all staff on the symptoms of an anaphylaxis attack
- Instructing all staff on the existence of this policy
- Instructing all staff on how to check the pupil medical register
- Instructing all staff on how to access the auto-injector
- Making all staff aware of who are the designated staff and how to access their help

The headteacher, will be responsible for ensuring that designated staff:

- Recognise the signs of an anaphylaxis attack and when emergency action is necessary
- Know how to administer the auto-injectors
- Make appropriate records of attacks

The person responsible for First Aid and Office Staff will be responsible for the storage, care and disposal of the adrenaline auto-injector.

Then headteacher and office staff will be responsible for the supervision of administration of medication and for maintaining the pupil medical register.

Office staff will be responsible for ensuring parents are informed when the auto-injector has been used.

The pastoral care worker, senior teacher and office staff will be responsible for working with health professionals, parents and the pupil to establish whether the pupil needs to have independent access to an adrenaline auto-injector at all times. If this is the case, it must be reflected in the care plan, including the safe storage and notification and recording of use.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Where it is appropriate to do so, Pupils will be encouraged to administer their own medication - if necessary, under staff supervision. Parents/carers will be asked to confirm in writing if they wish their pupil to carry their medication with them. In the event of a drug which is prescribed but not emergency medicine such as Methylphenidate (Ritalin), students may not be allowed to carry these. Any such arrangements must be detailed in the IHP, action to be taken if another child takes the medication.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents

- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Defibrillators

The school has a Mediana Heart On A15 automated external defibrillator (AED).

The AED is stored in the school office on an unlocked shelf.

All staff members and pupils are aware of the AED's location. All first-aid trained staff know what to do to use the defibrillator in an emergency.

No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

9. Training

All staff will be Emergency First Aid trained.

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Executive Headteacher and/or Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

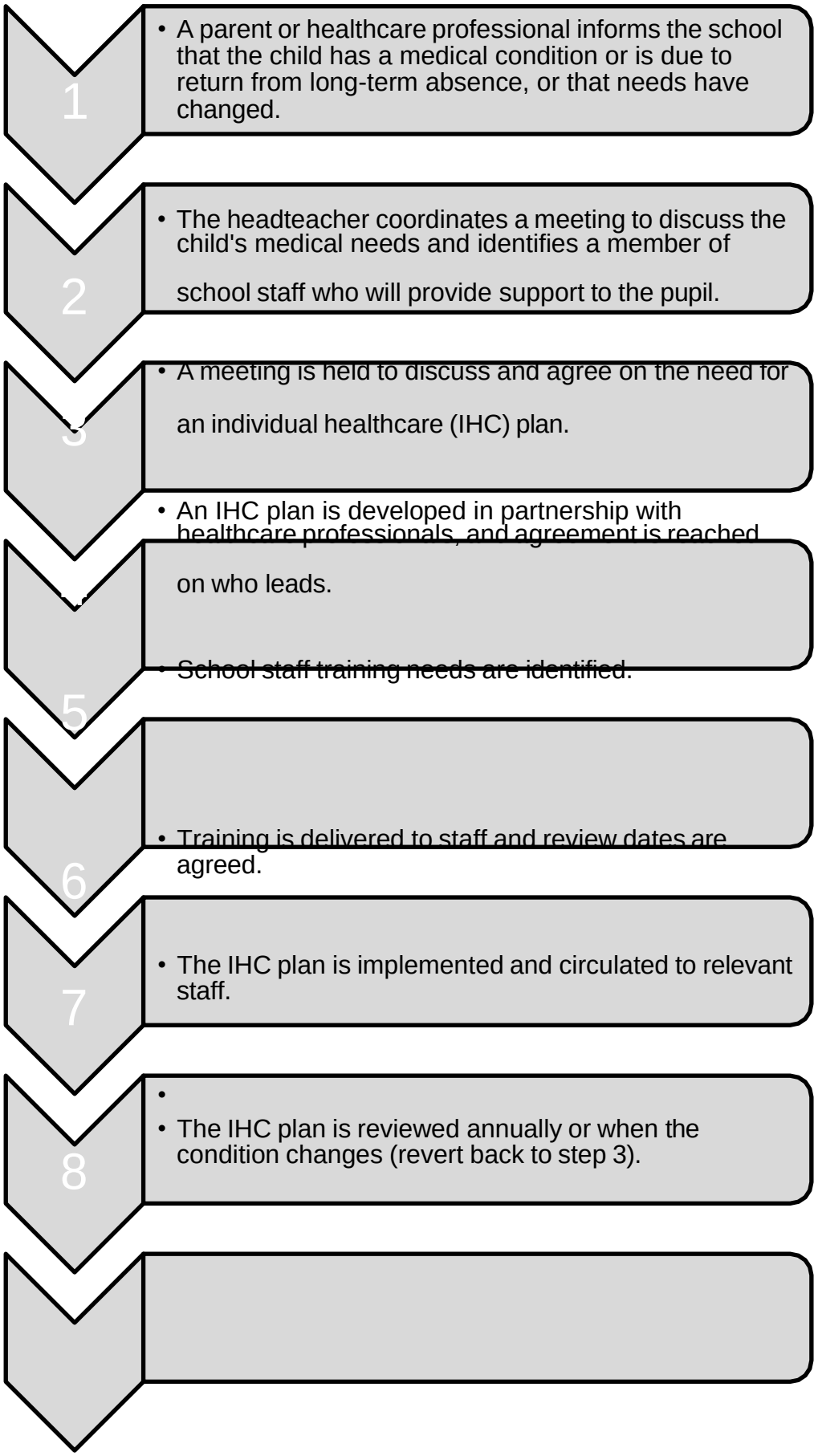
- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Policy review

This policy is reviewed every 3 years.

The scheduled review date for this policy is November 2028

Appendix a - Individual Healthcare Plan Implementation Procedure



Appendix b - Individual Healthcare Plan

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

Family contact information

Name:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to child:	
Phone number (work):	
(home):	
(mobile):	

Clinic/hospital contact

Name:	
Phone number:	

Child's GP

Name:	
Phone number:	

Who is responsible for providing support in school?	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

Daily care requirements:

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

Arrangements for school visits/trips:

Other information:

Describe what constitutes an emergency, and the action to take if this occurs:

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed/undertaken – who, what, when:

Form copied to:

Appendix c - Parental Agreement for the School to Administer Medicine

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

Administration of medication form

Date for review to be initiated by:	
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:	
Any side effects that the school needs to know about:	
Self-administration – Y/N:	
Procedures to take in an emergency:	

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

Contact details

Name:	
Daytime telephone number:	
Relationship to child:	
Address:	
I understand that I must deliver the medicine personally to:	(Name of staff member)

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 the school 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 d - Record of Medicine Administered to an Individual Child

Name of child:	
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 _____

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:			

Appendix e - Record of Medicine Administered to All Children

Date	Child's name	Time	Name of medicine	Dose given	Any reactions?	Signature of staff	Print name

Appendix f - Staff Training Record – Administration of Medication

Name of school:	
Name of staff member:	
Type of training received:	
Date of training completed:	
Training provided by:	
Profession and title:	

I confirm that_____(name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment pertaining to (treatment type_____

_____

I recommend that the training is updated by (name of member of staff) _____

_____

Trainer's signature: _____

Print name: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Print name: _____

Date: _____

Suggested review date:

Appendix g - Contacting Emergency Services

To be stored by the phone in the school office

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.

- The telephone number: **01493 445117**.
- Your name.
- Your location as follows: **East Anglian Way, Gorleston, Norfolk**
- The satnav postcode: **NR31 6QY**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

Appendix h - Letter Inviting Parents/Carers to Contribute to Individual Healthcare Plan Development

Dear Parent/Carer,

RE: Developing an individual healthcare plan for your child

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, 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 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 beenscheduled for (start date). I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will includeme (the headteacher), a relevant healthcare professional and the school nurse. 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 to the school office, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email (email address) or to speak by phone if this would be helpful.

Yours sincerely,

Headteacher

Appendix i - Incident Reporting Form

Date of incident	Time of incident	Place of incident	Name of ill/injured person	Details of the illness/injury	Was first-aid administered? If so, give details	What happened to the person immediately afterwards?	Name of first-aider	Signature of first-aider