

Policy: Supporting Pupils with Medical Conditions	Grazeley Parochial C of E (Aided) Primary School 	Reviewed: January 2019
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Review cycle:	24 months
Next review due:	January 2021

Supporting the needs of pupils who have medical conditions in Grazeley Parochial Primary School

1.1 Purpose of the document

This document sets out how Grazeley 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** pupils. It sets out how Grazeley Primary School will make arrangements in line with the statutory guidance for maintained schools and academies.

1.2 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--3>

Many children and young people with medical needs will have lifelong conditions and 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 (SEN) which are supported through an Education, Health and Care (EHC) Plan. Where this is the case, we will integrate the Health Care planning into the EHC plan. Where pupils have a current Statement of SEN, we will review the Health Care Plan alongside the Statement of SEN annual review process.

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

1.3 Our commitment to Pupils and Families

This policy and practice document sits alongside the school's SEN policy. The underlying aim of this policy is to ensure that **all** pupils in our school can fully participate in any aspect of school life, and those with additional needs can play a full and appropriate part in developing their plans and provision, and are

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enabled to manage their condition with increasing independence and confidence.

Where pupils have medical needs, Grazeley Primary School **will**:

- Follow the model process for developing Health Care Plans (Appendix A)
- Ensure that sufficient staff is trained to support pupils with specific medical needs, including cover for staff absence and turnover
- Ensure that all relevant staff is made aware of the pupil's condition. This is the responsibility of the Office Manager
- Ensure any supply teachers are briefed. This is the responsibility of the Office Manager
- Ensure that risk assessments are undertaken for school visits, holidays and activities outside the normal school day. This is the responsibility of the Headteacher.
- Monitor individual Health Care plans. This is the responsibility of The Office Manager and 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 query 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 Health Care 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, 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues

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- 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.

1.4 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.

1.5 Training and support

The training needs of staff will be addressed through the individual pupil's 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, Grazeley Primary School will:

- identify staff who will support individual or groups of pupils
- in partnership with health colleagues:
 - ✓ provide support 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
 - ✓ provide awareness training for all staff of our medical needs policy annually

1.6 Emergency Procedures

All Health Care plans contain personalised information on what staff need to do in an emergency. In addition, as with any emergency involving pupils, staff will accompany the 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 in Appendix H.

Managing medicines

1.7 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. Grazeley Primary School will liaise with health practitioners to ensure that, where clinically possible, medicines are prescribed in dose frequencies which enable them to be taken outside of school hours.

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1.8 Handling and storage

Grazeley Primary School can 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 still be in date, but will generally be available as an insulin pen or a pump, rather than in its original container.

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

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

Medicines which are no longer required will be returned to the parent/carer for safe disposal. Staff in school 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 will have access. Controlled drugs will, however, be easily accessible in an emergency. For all medicines, school keeps a record of doses given and the amount of the controlled drug held in school.

1.9 Parental consent

Administration and supervision of medication will be in accordance with the pupil's Health Care plan. Staff will not administer any medication containing aspirin to a child under 16 **unless it has been prescribed by a doctor**. Staff will always inform parents/carers if non-prescription medication, e.g. for pain relief, was administered and the dosage given.

1.10 Self-Management

After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual Health Care plans. Wherever possible, pupils will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision which will be provided. If it is not appropriate for a pupil to self-manage, then appropriate staff will help to administer medicines and manage procedures. Arrangements for each pupil will be recorded on their Health Care plan.

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A pupil who has been 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; school will therefore monitor dosage to ensure the health and safety of all pupils in school.

1.11 Record Keeping

Grazeley Primary School keeps a record of all medicines administered to individual children, stating what, how, the dosage that was administered, when and by whom. Any side effects of the medication administered at school will be noted and parents/carers informed. Examples of record keeping are in Appendix E and F.

Insurance

Insurance is provided for Grazeley Primary School. The policy covers the administration of medication. In the case of any medical procedures, school staff will always check that the cover extends to that individual procedure. This check is undertaken by the School Business Manager.

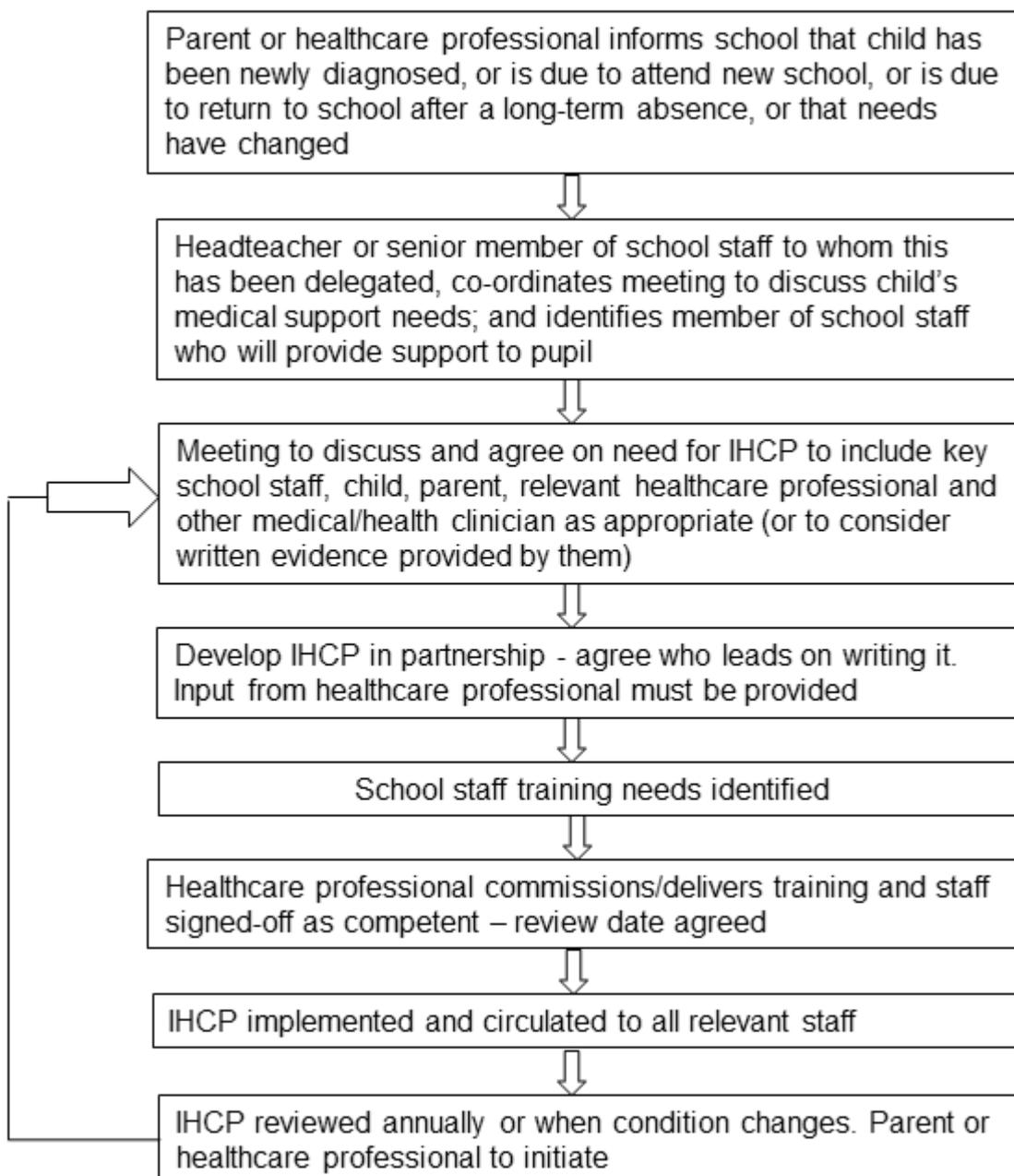
Complaints

We know that all parents and carers want the best for their child and we seek to resolve these concerns quickly. Where parents/carers have a concern about the provision being made for their child, they should initially contact the Office Manager. If this does not resolve the situation, please see the Complaints Policy on the school website.

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Appendix A: Process for developing individual Health Care plans



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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

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	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.

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Local authorities	<p>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).</p>
Providers of health services	<p>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.</p>
Clinical commissioning groups (CCGs)	<p>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.</p>
Ofsted	<p>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.</p>

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	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.
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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.

Please could you complete the attached Allergy Action Plan with full details of your child's medical condition and treatment and return it to the school office. If you would like to hold a meeting to discuss your child, please contact the school for a suitable date.

Yours sincerely

Appendix D: Allergy Action Plan

Please see attached Allergy Action Plan at the end of this policy

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Appendix E: Parental agreement/Record of Medicine Administered

Parental agreement for Grazeley Primary School to administer medicine

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

PARENTAL PERMISSION FOR THE SCHOOL TO GIVE MEDICATION

Name of Child:	
Date of Birth	
Class	
Medical Condition or Illness	

Medicine	
Name/type of medicine (as described on the container)	
Dosage and method (The School will only administer one dose per day at lunchtime)	
Start date and total no of doses to be given	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	

The above medication has been prescribed by the family doctor or health professional. It is clearly labelled indicating contents, dosage and the child's name in full. I understand medicines must be delivered personally to the School Office and picked up at the end of the day and accept that this is a service which the school is not obliged to undertake and that school will endeavour to give the medicine at the time requested (this cannot be guaranteed).

Signed:Parent/Guardian

Contact number: Date:

The Governors and Headteacher reserve the right to withdraw this service

Administered by	Quantity received	Time given	Date

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Appendix F: Health Care Plan

■ Please see attached Health Care Plan template at the end of this policy

Appendix G: 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 9883340.
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

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Allergy Action Plan

CHILD'S NAME _____

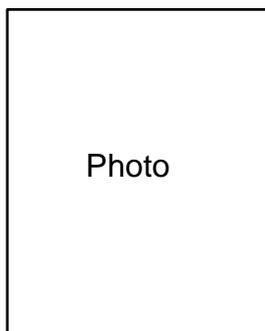
EARLY YEARS SETTING (EYS) / SCHOOL _____

HAS THE FOLLOWING ALLERGIES: _____

Child's date of birth

NHS Number (If known)

____ / ____ / ____



Photo

Emergency contact number

Alternative emergency number
If parent / guardian unavailable

CONSENT

I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS). I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above. I will ensure that the above medication is kept in date and replaced if used.

I consent for my child's action plan and photo to be displayed within EYS / school

Your name (Print)

Your signature

Please circle Parent /Guardian

Date _____

EMERGENCY TREATMENT

Name of adrenaline auto injector _____

How many adrenaline auto injector been prescribed for use in school? _____

Name of antihistamine (medicine for allergies). _____

Refer to label for dosage instructions

Name of inhaler (if prescribed) _____

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Give antihistamine
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.



Watch for signs of ANAPHYLAXIS

(Life-threatening allergic reaction):

Airway:	Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.
Breathing:	difficult or noisy breathing, wheeze or persistent cough.
Consciousness:	Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE of these signs is present:

1. **Lie child flat.** If breathing is difficult allow to sit.
2. **Give adrenaline auto injector.**
3. **Dial 999 for an ambulance*** and say ANAPHYLAXIS (ANA-FIL-AX-IS)
 - **If in doubt give adrenaline auto injector.**

After giving adrenaline auto injector

- 1 Stay with child; contact parent / carer
 2. If no improvement after 5 minutes, give a further adrenaline auto injector (if available for that child).
 3. If there are no signs of life, commence CPR
- *you can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Additional instructions

If feeling faint, lie the child down with legs raised.
If unconscious place child in the recovery position

Allergy action plan will be reviewed on notification of any changes

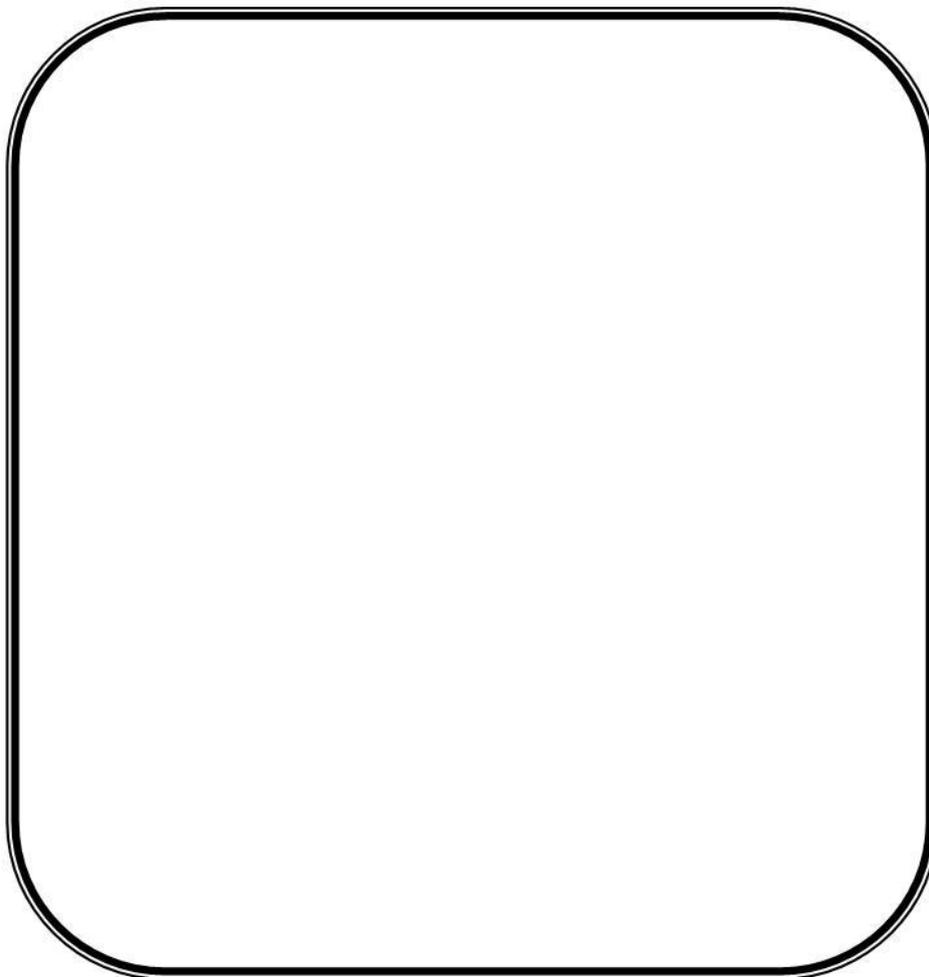


Care Plan

Last Updated: November 2016

**Grazeley Parochial
Primary School**
Mere oak Lane, Grazeley,
Reading, Berkshire RG7 1JY
Telephone: 0118 9883340
Fax: 0118 9886342

PHOTO OF
CHILD



NAME:

DATE OF BIRTH:

AT RISK OF A SEVERE ALLERGIC REACTION

TO:

PLEASE SEE REVERSE FOR

TREATMENT PLAN



TREATMENT PLAN



NAME OF PUPIL—DOB:

MEDICAL CONDITION

SYMPTOMS AND TREATMENT:

EMERGENCY CONTACT

NHS No.

HOME ADDRESS:

Name of Doctor and Surgery: