



SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS IN SCHOOL POLICY

The Rivers CofE Academy Trust's strategy underpins all aspects of this policy and the way in which it will be applied. These elements are:

- Our vision: Love, Learn, Live
- Our values: Sharing, Trust, Achievement, Respect, Safety
- One of our commitments: Strong Governance and Accountability

What is the policy for?

The over-arching purpose of this policy is to make sure children and young people have successful and fulfilling lives. This document sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration of medications. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits and residential and extended school activities, such that they remain healthy and achieve their academic potential.

Who is the policy for?

The protocol applies to all staff employed by the educational establishments which form part of The Rivers CofE Academy Trust as well as members of the governance team, trust central team, members, directors and any consultants undertaking work on behalf of the trust.

ROLES AND RESPONSIBILITIES

The headteacher is responsible for:

1. Ensuring all staff are aware of this protocol on supporting pupils with medical conditions and understand their role in its implementation and follow the correct procedures.
2. Designating a named individual/s who is responsible for effective implementation of this policy: Miss Amie Spencer and all trained first aiders at Unity Academy.
3. Ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child.
4. Ensuring all relevant staff are aware of an individual child's medical condition and needs.
5. Ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. the school is able to deliver against all individual healthcare plans (IHCPs) and implement policy, including, for example, in contingency or emergency situations and management of staff absence.

6. Ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when a pupil needs change (see Appendix 1).
7. Ensuring that cover arrangements are always available in the event of staff absence or staffing changes, including briefing for volunteers, supply teachers and appropriate induction for new members of staff.
8. Ensuring that IHCPs are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.
9. Ensuring IHCPs are monitored and are subject to review, at least annually, or sooner if needs change.
10. Ensuring risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
11. Ensuring risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
12. Ensuring a complaints procedure is in place and is accessible.
13. Ensuring the notification procedure is followed when information about a child's medical needs is received (Appendix 1).
14. Ensuring parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form.
15. Deciding, on receipt of a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on a case-by-case basis, whether any medication or medical intervention will be administered, following consultation with staff.
16. Deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention, on a case-by-case basis, whether any medication will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff.

Staff Responsibilities:

1. Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role.
2. School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.
3. Where children have an IHCP, the roles and responsibilities of staff will be clearly recorded and agreed.

Parents/Carers are required to:

1. Provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of a 'Parent/Carer Information about a Child's Medical Condition' form.
2. Complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form to gain consent for medicines / medical interventions to be administered at school.
3. Complete, if appropriate, a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form to gain consent for medicines / medical interventions to be administered by the child.
4. Provide up-to-date contact information so that parents/carers or other nominated adults are contactable at all times.
5. Carry out any action they have agreed to as part of the implementation of an IHCP.
6. Provide any medication in its original packaging, with the pharmacy label stating the following:
 - Child's name
 - Child's date of birth
 - Name of medicine
 - Frequency / time medication administered
 - Dosage and method of administration
 - Special storage arrangements
7. Ensure medicines or resources associated with delivery of a medical intervention have not passed the expiry date.
8. Collect and dispose of any medicines held in school at the end of each term or as agreed.
9. Provide any equipment required to carry out a medical intervention e.g. catheter tubes.
10. Collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

Pupil Information

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year, or sooner if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form:

- Details of pupil's medical conditions and associated support needed at school
- Medicine(s), including any side effects
- Medical intervention(s)
- Name of GP / hospital and community consultants / other healthcare professionals
- Special requirements e.g. dietary needs
- Who to contact in an emergency
- Cultural and religious views regarding medical care

MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES

Administration of Medicines / Medical Interventions

1. Medicine / medical interventions will only be administered at school when it would be detrimental to a pupil's health or attendance not to do so.
2. It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.
3. No medication / medical intervention will be administered without prior written permission from the parents/carers: 'Parent/Carer Request and Agreement for School to Administer Medicines /Medical Interventions'.
4. The head will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.
5. No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines /Medical interventions' form.
6. The head will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention'.
7. All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.
8. If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.
9. Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.
10. Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:
 - Name of pupil
 - Written instructions provided by the parents/carers or healthcare professional or as agreed in an IHCP
 - Prescribed dose, if appropriate
 - Expiry date, if appropriate
11. Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child'.
12. No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

Refusing Medication / Medical Intervention

1. If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medication / medical intervention must also be recorded as well as the action then taken by the member of staff.
2. Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

Storage of Medicines / Medical Intervention Equipment and Resources

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

Controlled drugs

1. A child who is 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.
2. Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable, locked cabinet in a secure (named) environment e.g. admin office, medical room. Only named staff will have access.
3. Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.
4. Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

Non-controlled drugs and medical resources

All medicines and medical equipment / resources will be stored safely as agreed with parents/ carers or described in the child's IHCP. School will keep a record of all medicines/ medical interventions administered to individual children on each occasion, including the following:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Name of medication
- Dosage
- A note of any side effects / reactions observed
- If authority to change protocol has been received and agreed
- Record of Administration to an Individual Child and Record of Medicine Administered to all Children

TRAINING

1. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A first aid certificate does NOT constitute appropriate training in supporting children with medical conditions.
2. All staff will be made aware of the school's policy for supporting pupils with medical

conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.

3. Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.
4. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.
5. Supporting a child with a medical condition during school hours is not the sole responsibility of one person.
6. Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in IHCPs. Induction training will raise awareness of the school's policy and practice on supporting pupils with medical condition(s).
7. Training will be sufficient to ensure staff are competent and have confidence in their ability. The school will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.
8. A record of staff training carried out will be kept, identifying the date review or refresher training will be required, where appropriate: 'Record of Staff Training'.

INDIVIDUAL HEALTH CARE PLANS (IHCP)

Where appropriate, an IHCP will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- An overview (pen portrait / one page profile) of the child's needs and provision in place in school to manage those needs.
- A description of the medical condition, its presentation (signs, symptoms, triggers etc.) and impact on access to the school environment and learning opportunities.
- Arrangements around administration of medication(s) / medical intervention(s).
- Arrangements around management of medical emergency situations.
- Arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc.
- Risk assessment for access to the school environment and curriculum.
- Arrangements for evacuation in the event of an emergency.
- The level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable.
- How, if agreed, the child is taking responsibility for their own health needs.
- A reference to staff confidentiality. Appendix 2 is a flow chart to guide schools through deciding which elements of the IHCP are relevant to an individual child. Individual health care plans will be reviewed annually or sooner if needs change.

INTIMATE AND INVASIVE CARE

Cases where intimate or invasive care is required will be agreed on an individual basis.

Decisions made about procedure and practice will be recorded within the pupil's IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in 'Medicines and Medical Interventions'.

OFF-SITE AND EXTENDED SCHOOL ACTIVITIES

1. Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.
2. Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.
3. School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.
4. School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs, the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to 'Health and Safety Executive (HSE) Guidance on School Trips'.
5. In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens, school will make alternative arrangements for the child.
6. Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

MANAGING EMERGENCIES AND EMERGENCY PROCEDURES

The head will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures. Where a child has an IHCP, this will clearly define what constitutes an emergency and describe what to do. This may include:

- An emergency medical protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication.
- A personal emergency evacuation plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the PEEP should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergency services which is displayed in the appropriate places e.g. office, staff room etc.

CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL

1. School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all times.
2. School will disseminate information to key members of staff involved in the child's care on a need-to-know basis, as agreed with parents/carers.
3. Where the child has an IHCP, this will be shared with key staff with regular, scheduled re-briefings.
4. School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.
5. School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

COMPLAINTS PROCEDURE

In the first instance, parents/carers dissatisfied with the support provided should discuss their concerns directly with the head / SENDCo.

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in writing to the school's headteacher advocate - see school's complaints policy.

UNACCEPTABLE PRACTICE

Unity Academy considers that the following constitute unacceptable practice:

- Requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child's medical needs.
- Preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- Preventing children from easily accessing and administering their medicines as and where necessary.
- Assuming every child with the same condition requires the same treatment.
- Ignoring the views of the child and/or their parents/carers (although this may be challenged).
- Ignoring medical evidence or opinion (although this may be challenged).
- Sending children with medical conditions home frequently.
- Preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP.
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.

- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

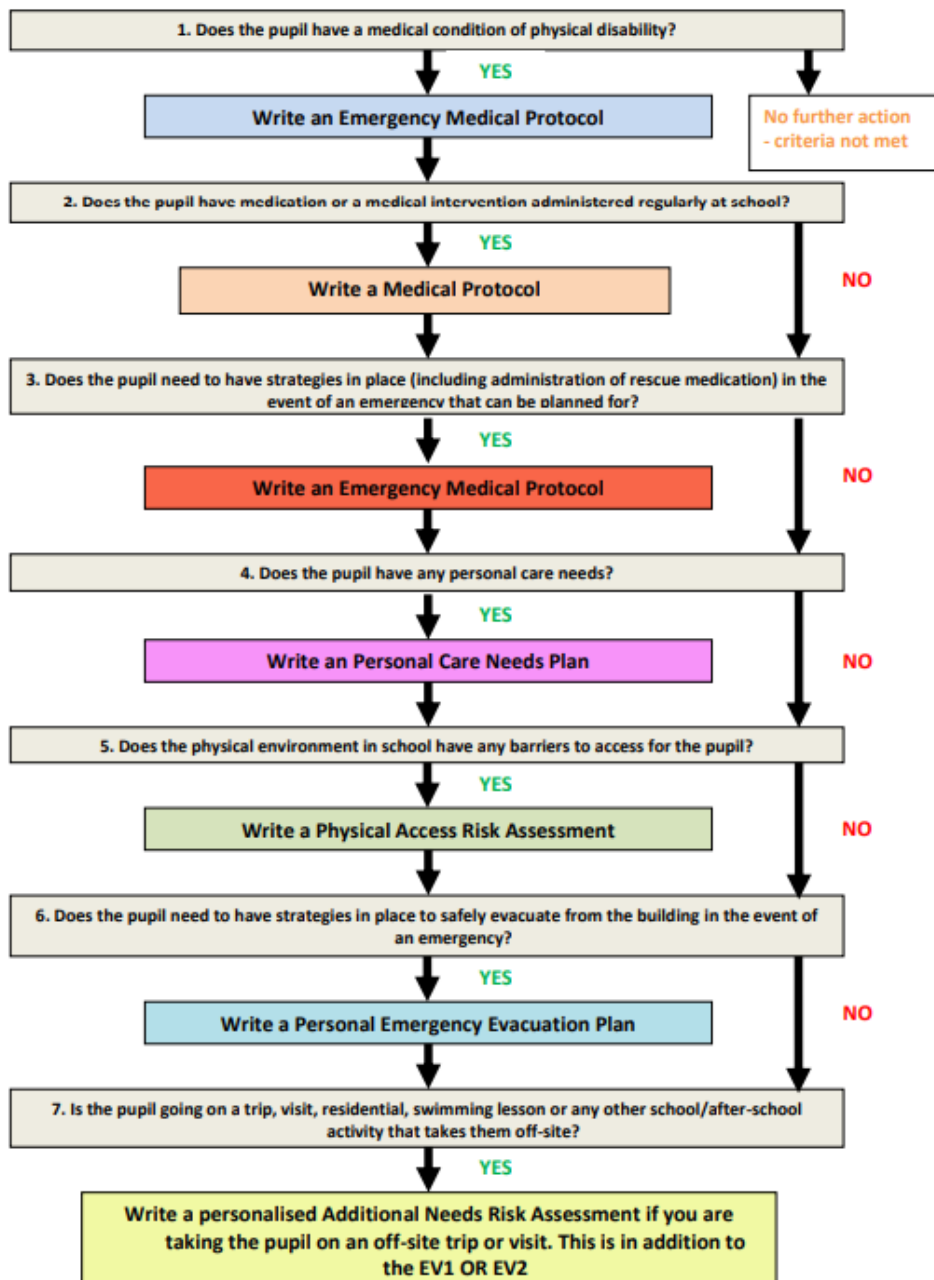
Appendix 1

SAMPLE PROCEDURE FOLLOWING NOTIFICATION OF A PUPIL'S MEDICAL NEEDS



Appendix 2

INDIVIDUAL HEALTH CARE PLANS (IHCP) FLOW CHART



Template 1

Individual Health Care Plan

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

Family Contact Information

Name 1	
Phone no. (work)	
(home)	
(mobile)	
Name 2	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school

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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

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

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, 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

Form copied to



Template 2

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. Your telephone number
2. Your name
3. Your location as follows: Unity Academy, Hurcott Road, Kidderminster, DY10 2QJ. Please note that postcodes for satellite navigation systems may differ from the postal code
4. Provide the exact location of the patient within the school setting
5. Provide the name of the child and a brief description of their symptoms
6. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
7. Put a completed copy of this form by the phone

Dear Parent/Carer,

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 with medical conditions at school for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, 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 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.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. 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: add names. 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, 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,