VAUGHAN PRIMARY SCHOOL

Supporting Children with Medical Needs/Conditions Policy

Date of Policy: Autumn 2017
Date of Review: Autumn 2018
Next Review: To be reviewed annually

Policy Review Dates

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<th>Review Date</th>
<th>Changes made</th>
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<td>Spring 2016</td>
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This policy should be read in conjunction with the PSHE policy Health and Safety policy, Behaviour policy, Pupil Illness policy, Safeguarding and Child Protection policies, Science policy.
Rationale:

This policy has been drawn up to ensure that children with medical needs receive proper care and support at school to enable regular school attendance. Staff have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises and this may extend to administering medicine and/or taking action in an emergency. This duty also extends to offsite educational visits.

Parents of children with medical conditions are often concerned that their child’s health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children’s health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child’s medical condition and that pupils feel safe.

In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, Governing Bodies must comply with their duties under that Act. Some may also have Special Educational Needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability Code of Practice.

Vaughan Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows.

This policy has been developed in line with the Department for Education’s statutory guidance released in April 2014 – “Supporting pupils at school with medical conditions” under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014. This policy is to be read in conjunction with Statutory Framework for the Early Years Foundation stage (DfE, 2012,) Section 100 of the Children and Families Act (2014,) SEN policy, Intimate Care policy, Safeguarding policy, Health and Safety policy, and EVC policy.

The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.
Introduction:

Under The Equality Act 2010, responsible bodies for schools including the Nursery must not discriminate against disabled children in relation to their access to education and associated services including all aspects of school life including school trips and school clubs and activities.

Vaughan Primary School will endeavour to adhere to the aforementioned acts through the implementation of our Medical Needs/Conditions Policy that aims to:

- Avoid disability discrimination
- Ensure all children are included
- Ensure that children with medical conditions are properly supported so they have full access to education, including school trips and physical education
- Enable regular attendance

Key roles and responsibilities:

OFSTED:

Ofsted’s new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils’ spiritual, moral, social and cultural development.

The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice/guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

The Governing Body of Vaughan Primary School is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting activities, remain healthy and achieve their academic potential.
• Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
• Ensuring written records are kept of, any and all, medicines administered to pupils.
• Ensuring the policy sets out procedures in place for emergency situations.
• Ensuring the level of insurance in place reflects the level of risk.
• Handling complaints regarding this policy as outlined in the school’s Complaints Policy.

The Senior Leadership Team are responsible for:

• Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
• The day-to-day implementation and management of the Supporting Pupils with Medical Needs/Conditions Policy and Procedures of Vaughan Primary School.
• Liaising with healthcare professionals regarding the training required for staff.
• Identifying staff who need to be aware of a child’s medical condition.
• Developing Individual Healthcare Plans (IHPs).
• Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
• If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
• Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
• Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
• Ensuring confidentiality and data protection.
• Assigning appropriate accommodation for medical treatment/ care.
• Considering the purchase of a defibrillator.
• Voluntarily holding ‘spare’ salbutamol asthma inhalers for emergency use for children who already use inhalers for a medically diagnosed condition.

Staff members are responsible for:

• Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
• Knowing where controlled drugs are stored and where the key is held.
• Taking account of the needs of pupils with medical conditions in lessons.
• Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
• Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.
Welfare Staff are responsible for:

- Collaborating on developing an Individual HealthCare Plan in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the Head teacher in identifying training needs and providers of training.

Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children’s health.
- Updating the school with contact details.
- Participating in the development and regular reviews of their child’s IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

Pupils are responsible for:

- Providing information on how their medical condition affects them.
- Contributing to their IHP.
- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

Training of staff:

- Suitable training should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

- The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

- Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

- A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The school’s policy should additionally set out arrangements for whole-school awareness training so that all staff are aware of the school’s policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should be included. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child’s needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition (updated to reflect any individual healthcare plans) and signed off as competent. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

Health Care Plans (HCP):

- Individual Health Care Plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

- Healthcare plans must be drawn up for any child with a medical condition that needs management. A Health Care Plan will include detailed instructions on day-to-day management on the condition together with procedures to be followed in an emergency and the level of support required. However, not all children will require an individual healthcare plan. Some children can have a group plan if they have a common medical condition and the same treatment/management of the condition. The school, healthcare professional and parent should agree, based on evidence, whether an individual or group healthcare plan would be appropriate.

- Health Care Plans will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality.

- Where a pupil has an Education, Health and Care plan or special needs statement, the Health Care Plan will be linked to it or become part of it.

- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the provider and school is needed to ensure that the Health Care Plan identifies the support the child needs to reintegrate.

- The School Nurse may provide advice and support to the school, parents and healthcare professionals in formulating the Health Care Plan. The school nurse may deliver any necessary training, in conjunction / consultation with other agencies. The School Nurse may also deliver refresher training annually, or as required.
• Individual Health Care Plans will be kept in a file on the school network. This will be accessible to the Head Teacher and Senior Leadership Team, class teacher and the school’s First Aiders. These will be updated at least annually or earlier if there is evidence presented that the child’s needs have changed.

• Detailed medication administration sheets will be kept.

Medical conditions register /list:

• A medical conditions list should be kept, updated and reviewed regularly by the nominated member of staff. Each class teacher should have an overview of the list for the pupils in their care, within easy access. This is all kept electronically so staff can access information.

• Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

• For pupils on the medical conditions list, key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

Transport arrangements:

• Where a pupil with a Health Care Plan is allocated school transport, the school should invite a member of the Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the Health Care Plan will be copied to the Transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.

• For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition, this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil’s transport.

• When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.

• Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

Emergencies:

• Medical emergencies will be dealt with under the school’s emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.

• Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

• If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.
Day trips, residential visits and sporting activities:

- Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

- To comply with best practice, risk assessments should be undertaken, in line with Health and Safety Executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day Individual Health Care requirements for the school day.

- All staff supervising visits should be aware of any medical needs and relevant emergency procedures. Where necessary individual risk assessments should be conducted. It may be necessary for an additional teacher, parent or another volunteer to accompany a particular child on a 1:1 basis.

- It should be ensured that a member of staff who is trained to administer any specific medication (e.g. epi-pens) accompanies the child and that the appropriate medication is taken on the visit.

- Medicines should be kept in their original containers (an envelope is acceptable for a single dose - provided this is very clearly labelled).

- When accompanying children on residential trips, all medicines must be stored in a locked, secure container.

Administration of Medicines:

There is no legal duty that requires schools to administer medicines, however we have a duty to make arrangements to support pupils with medical conditions. We propose to administer, after appropriate training, prescription medication to assist children with medical needs.

- Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours. Medicines should only be administered at school when it would be detrimental to a child’s health or school attendance not to do so.

- Any staff giving medication of any kind would be doing so voluntarily and supported by the school with training if required. All volunteers will be indemnified by the Council's Liability Insurance for any claims made against them provided that they have received training, taken any necessary refresher training, followed the Health Care Plan and used appropriate protective equipment.

- We propose to work with local authorities, health professionals and other support services to ensure that children with medical conditions receive a full education.
• Schools should only accept prescribed medicines if these 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 schools inside an insulin pen or a pump, rather than in its original container.

• All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. In Junior School, inhalers are kept with the Year Group Leader in a locked cupboard in their classroom. A green cross indicates where the medicine is kept. Each time the inhaler is administered, a member of staff is to complete the paperwork and give a letter to the parents to inform them that their child has used the inhaler. In Infants all inhalers are kept in welfare. Welfare staff will complete the appropriate paperwork. Emergency medicines are kept with the class teacher. This includes blood glucose testing meters and adrenaline pens. Again, a green cross indicates where the medicine is kept.

• Children in year 6 may carry their own asthma inhalers in school subject to parental consent and completion of permission forms. This will be decided on an individual basis by a member of the Senior Leadership Team (SLT.) Any other prescription medication must be kept in the welfare office.

• When no longer required, medicines should be returned to the parent to arrange for safe disposal.

• Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Examples include morphine, pethidine and methadone. A child 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.

• Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.

• Schools should 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 should be noted in school and parents informed.

• Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
• Except for year 6, children will not be allowed to carry medication whilst in school.

• Welfare staff will administer non-prescription and prescription medicines subject to the usual permissions during the school day. A medicine permission form must be completed and given with the medication and handed in by the parent to welfare staff. Do NOT send medication to school with the child. For children who are required to carry medication to school i.e. school transport, then a signed medicine’s form must be completed and transported with the medication. The parent must contact the school to say that the child will be arriving with medicine at school that day.

• All prescribed medication must be pharmacy labelled and contain name, dosage and time to be given. Following a medicine being administered a written label will be sent home with the child stating what has been given, dosage and time.

• Calpol is only administered with a parent’s consent. Please do not send a child to school with a temperature as this will spread infection to staff and children. It is preferred that children stay at home until they are free from temperature for 24 hours while not taking any fever reducing medications.

• No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

• No child under 16 years of age will be given medication containing aspirin without a doctor’s prescription.

• Medicines **MUST** be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

• A maximum of six weeks’ supply of the medication may be provided to the school at one time.

• Medications will be stored in the welfare office.

• Any medications left over at the end of the course will be returned to the child’s parents.

• Written records will be kept of any medication administered to children.

• Pupils will never be prevented from accessing their medication.

• Emergency salbutamol inhaler kits may be kept voluntarily by school

• Vaughan Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

• Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.
When administering medicines staff must:

- Ensure they wear protective clothing if necessary
- Ensure they complete an ‘individual child administering medicines record’ after each dose
- Ensure medication is kept in the medications fridge or appropriate location after each dose.

_No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber._

Procedures for administering medicine during residential trips:

1. Parents wishing staff to administer medicines during residential trips must put request in writing prior to trip departure.
2. Requests will be considered by a member of SLT, and staff accompanying children on the trip will be asked to volunteer to administer medicines.
6. Once a member of staff has agreed to administer medicines, parents or carers can bring the medication to school. This should not be done on the day of departure for the trip but should be done in advance when possible. Staff administering medicines must complete an initial ‘administering medication check’ form before giving any medication and verify:
   - Name of child on medication
   - Name of medicine
   - Dosage is specified
   - Written instructions provided by prescriber
   - Expiry date
   - Number/amount of medication provided
   - All medicines must be kept in secure, locked containers throughout the duration of the trip.
   - One identified person is responsible for administering each child’s medicines on the trip. (For example, adult A administers child A’s medicine.)

When administering medicines staff must:

- Ensure they wear protective clothing if necessary
- Ensure a member of staff witnesses them administering the medication
- Ensure they complete an ‘individual child administering medicines record’ after each dose
- Ensure medication is stored safely after each dose.
- At the end of the trip all medicines must be returned to parents.

HYGENE AND INFECTION CONTROL

- All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.
- Staff will have access to protective disposable gloves and should take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.
- All staff will be familiar with the Health Protection Agency guidelines for responding to children who are ill or infectious.
Avoiding unacceptable practice:

Each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable at Vaughan Primary School:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Our Pupil Illness Policy explains the school's procedures for making decisions about when to send a child to school and when school may send a child home.

Insurance:

- Staff who undertake responsibilities within this policy will be assured by the Head teacher that are covered by the LA/school's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

Record keeping:

- Governing Bodies should ensure that written records are kept of all medicines administered to children.

Complaints:

- All complaints should be raised with the school in the first instance.
- The details of how to make a formal complaint can be found in the School Complaints Policy.
Definitions:

- ‘Parent(s)’ is a wide reference not only to a pupil’s birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.

- ‘Medical condition’ for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being ‘unwell’ and common childhood diseases are not covered.

- ‘Medication’ is defined as any prescribed or over the counter treatment.

- ‘Prescription medication’ is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

- A ‘staff member’ is defined as any member of staff employed at Vaughan Primary School.

MONITORING:

- This Policy will be reviewed annually by the Governors Premises Health And Safety Committee as part of their review of the School’s Health and Safety Policy. This Policy should be read in conjunction with all other relevant policies and guidelines.
Supporting Pupils with Medical Conditions

1. Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

2. Headteacher or delegated SLT member co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the pupil.

3. Meeting held to discuss and agree on the need for IHP to include key school staff, child, parent and relevant healthcare professionals and other medical/health clinician as appropriate (or to consider evidence provided by them).

4. Develop IHP in partnership. Agree who leads on writing it. Input from healthcare professionals must be provided.

5. School staff training needs identified.

6. Healthcare professional commissions and/or delivers training. Staff signed off as competent - review date agreed.

7. IHP implemented and circulated to all relevant staff.

8. IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate.