



Supporting pupils with medical conditions policy 2015

1. Introduction

Trinity First School aims to ensure that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance released in April 2014 'Supporting pupils at school with medical conditions'.

We aim to ensure that all children, including those with medical conditions can enjoy learning, friendships and play and have equitable access to education and the wider life of the school.

Parents/carers have the prime responsibility for their child's health and are required to provide the school (via the Headteacher) with information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need.

1. Key Roles And Responsibilities

1.1 The Local Authority (LA) is responsible for:

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.

1.2 Trinity First School is responsible for:

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Trinity First School.
- Ensuring that the Supporting Pupils with Medical Conditions Policy as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the School's Complaints Procedure.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities

under this policy.

- Ensuring the level of insurance in place reflects the level of risk and that the correct level of insurance is in place for staff who support pupils in line with this policy

1.3 The Head Teacher and SENCo are responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Trinity First School.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know, aware of a child's medical condition.
- Developing Individual Health Care Plans (IHCPs) in consultation with other professionals.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the commitments made in this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

1.4 Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

1.5 School nurses are responsible for:

- Notifying the school when a child has been identified as requiring support in school due
- Where necessary, developing an Individual Healthcare Plan (IHCP) for the child in collaboration with the SENCo, other staff members and healthcare professionals.
- Liaising locally with lead clinicians on appropriate support.

1.6 Parent/carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a 'parental/carer agreement for school to administer medication' form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in

collaboration with the SENCo, other staff members and healthcare professionals.

2. Definitions

- 2.1 "Medication" is defined as any prescribed or over the counter medicine.
- 2.2 "Prescription medication" is defined as any drug or device prescribed by a doctor.
- 3.3 A "staff member" is defined as any member of staff employed by Trinity First School including teachers, office staff, TAs and MDSAs.

4. Pupils With Short-Term Medical Needs

- If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition they should not be sent to school. If they become ill during the day, parent/carers will be contacted by the school office in order that the child can be taken home. Parent/carers will be informed as to the recommended period that the child should be kept away from school to avoid contagion, if applicable, according to the guidelines set by the Department of Public Health and displayed in the school office.
- Many children will need to take medication during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics. Where possible, doses should be given before or after school. However, medication may be brought into school if it would be detrimental to the child not to receive medication during the school day. Medication must be brought to school in the original containers with the labels attached and should be handed in person, to a member of the office team.
- Parents/carers must inform the school (using the form available from the school office) about the medication that their child needs to take and provide details of any further support required.

5. Administering Medication

- The school will ensure that there are sufficient members of support staff who are employed, appropriately trained and willing to manage medication. The type of training necessary will depend on the individual case. If they are in doubt about any procedure, staff will not administer the medication but will check with the parents/carers or a health professional before taking further action.
- No child will be given medication without written, parental consent except in exceptional circumstances.
- Medication 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. Medication that does not meet these criteria will not be administered.
- The School cannot be held responsible for side effects that occur when medication is taken correctly.

6. Storage Of Medication

- Pupils will never be prevented from accessing their medication.
- All emergency medication, such as asthma inhalers and adrenaline pens, will be safely stored in the child's classroom and will be readily available. They will not be locked away and where children are considered safely able to take care of their own medication, they will be supported to do so.
- Medication to be taken to a regular, prescribed schedule will be stored in a locked medical box in the medical room, unless they need to be kept refrigerated, when they will be kept in the medication fridge in the medical room.
- A maximum of four weeks supply of the medication may be provided to the school at one time.

- Any medications left over at the end of the course will be returned to the child's parents/carers.

7. Record keeping

- Staff will complete and sign a record each time they give medicine to a child. Records are filed with the medication permission form in a folder in the medical office.

8. Refusal To Take Medicine

- If a child refuses to take their medication, staff will not force them to do so, but will note this in the records and immediately inform parents/carers of the refusal so that alternative options can be explored.
- If a refusal to take medication results in an emergency, then the School's emergency procedures will be followed.

9. Absence From School For More Than 15 Days

- For children who attend hospital appointments or are admitted to hospital on a regular basis, special arrangements may also need to be considered. In such cases advice may be sought from Somerset County Council's Medical Panel or the Frome Area Panel for Excluded and Vulnerable Pupils (PEVP panel) who may offer additional support from the Link Education Centres.
- Children with medical needs may be unable to attend school for many reasons relating to their condition. In this event, the school will make arrangements to link the child to suitable learning opportunities and will facilitate their links with other children so that friendships are sustained.

10. Pupils With Long Term Or Complex Medical Needs

- Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will be made. The PIMS Team (Physical Impairment and Medical Support Team) and SENITAS (Special Educational Needs Information Technology Advisory Service) may be contacted to support any adaptations to the curriculum.
- In some cases this might take the form of dedicated adult support at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and/or the provision of specialist aids will need to be considered.

11. Individual Health Care Plans

- A written, Individual Health Care Plan will be developed where needed, to clarify for staff, parents/carers and the child, the support that will be provided and what training may be required.

This will include:

- i. details of the child's medical condition
 - ii. any medication
 - iii. daily care requirements
 - iv. action to be taken in an emergency
 - v. parents/carers details including emergency contact numbers.
- Those who may contribute to an Individual Health Care Plan include:
 - i. the school nurse, specialist nurses, children's community nurses, the child's GP or other health care professionals (depending on the level of support the child needs)
 - ii. the parents/carers and the child, if appropriate
 - iii. the SENCO
 - iv. the class teacher, care assistant or teaching assistant
 - v. support staff who are trained to administer medicines or trained in emergency

procedures
vi. PIMS team.

- It is good practice to have a Health Care Plan endorsed by a healthcare professional and in many cases it is essential to do so.
- The school will agree with parents/carers how often they should jointly review a Health Care Plan. The timing of this will depend on the nature of the child's particular needs. In most cases this will take place at the start of each school year. However, some plans will need to be reviewed more frequently depending on individual needs.
- Health Care Plans and training are not transferable, even when children have the same condition.

12. Training Of Staff

- If school staff need to be trained to administer medical procedures or medication, the school will contact the relevant healthcare professional eg School Nurse, specialist nurse or children's community nurse. Parents/carers cannot be responsible for leading this training but parents/carers and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done.
- Parents/carers and school staff cannot cascade training that they have received when the training is specific to an individual child.
- School staff who have been trained are responsible for following and delivering the Health Care Plan and if the child's condition alters they will contact an appropriate professional and the parents/carers, making them aware of the change and requesting further training if needed or an alteration to the plan.
- School staff will request further training when needed, and professional updates at least once a year.
- Staff who have been trained in the child's care are responsible for following the procedures in children's care plans as they have been trained to do.
- The SENCo will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed.
- Individual staff are responsible for identifying and communicating any changes that they notice in the child's care needs. The SENCo will inform parents/carers and healthcare professionals in writing and discuss whether further training is needed.

13. Communicating Medical And Health Care Needs

- A folder containing Health Care Plans for individual children with medical needs, is available to all teaching and support staff. It is located in the Medical Room.
- Health Care Plans for individual children are also kept in the SEN files and in the classroom where they are accessible to all staff involved in caring for the child.
- Further copies are displayed in the main school office to ensure they are readily accessible in an emergency.

14. Educational Visits

- Visits and school residential trips will be planned so that pupils with medical needs can participate and reasonable adjustments will be made as appropriate to ensure that such pupils are not discriminated against. If a risk assessment indicates that it is not safe for the pupil to participate in part of the experience because of their condition, then reasonable

adjustments will be made and an alternative experience will be provided to ensure that they are enabled to join in the curriculum surrounding the trip.

- Staff supervising excursions and residential visits will always make sure that they are aware of any medical needs and relevant emergency procedures. Parents/carers of children participating in residential visits will need to complete required consent forms giving details of all medical/dietary needs. All medication or equipment that needs to be administered during the course of the visit should be handed directly to the named responsible adult, in accordance with the School's guidelines, before leaving the school at the start of the visit.
- A copy of Individual Health Care Plans will be taken on visits in the event of the information being needed in an emergency.
- Arrangements for taking any necessary medication will be made and if necessary an additional member of staff, or an appropriate volunteer might be needed to accompany a particular child. Children's parents/carers may be invited to accompany their own children on school trips, but they will not be required to do so.
- If there is any concern about whether the school is able to provide for a child's safety or the safety of other children on a visit, then parents/carers will be consulted and medical advice sought from the school health service or the child's GP.

15. Sporting Activities

- All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and wellbeing. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson, planning for all children to be included in ways appropriate to their own abilities.
- Any restrictions on a child's ability to participate in PE will be recorded in their Individual Health Care Plan. This will include a reference to any issues of privacy and dignity for children with particular needs.
- Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

16. Insurance

- Trinity First School is a maintained school. The governing body will ensure that an appropriate level of insurance is in place, which appropriately reflects the level of risk. We link to the local authority as employers who are responsible for insurance arrangements of LA schools and their employees.

17. Avoiding Unacceptable Practice

- Trinity First School understands that the following behaviour is unacceptable:
 - Assuming that pupils with the same condition require the same treatment
 - Ignoring the views of the pupil and/or their parents/carers
 - 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 if they become ill
 - Penalising pupils with medical conditions for their attendance record where the absences relate to their condition

- Making parents/carers feel obliged or forcing parents/carers to attend school to administer medication or provide medical support, including toilet issues
- Creating barriers to children participating in school life, including school visits
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

18. Management of Complaints

- We are always happy to talk to parents/carers and listen to any concerns they may have. If parent/carers have worries or concerns about the school or how we are providing for their child, they will be directed to the child's class teacher or to the SENCO. We will always do our best to respond to concerns raised with us.
- If parent/carers feel that their concerns are not being responded to, the school has a formal complaints procedure. Parent/carers can obtain a copy of this from the school website or by requesting a hard copy from the school office.