BISHOP HENDERSON C OF E PRIMARY SCHOOL



Supporting Pupils With Medical Needs Policy

Date updated	September 2021
Governor review date	September 2024

Appendices

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INTRODUCTION

Most children will have at some time a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication.

Other children have medical conditions that, if not properly managed, could limit their access to education. Such children are regarded as having medical needs. Most children with medical needs are able to attend school regularly and with some support from school, can take part in most normal school activities. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

There will be some children whose access to the curriculum is impaired not so much by the need to take medication but that their condition brings with it a level of dependency on adult support to meet their personal needs. This policy seeks to include these children and their needs.

Parents or guardians have prime responsibility for their child's health and should provide school with the information about their child's medical condition. We encourage parents/carers to provide school with sufficient information about their child's medical condition and any treatment or special care needed at school, on admission, and keep us informed of any new or changing needs. If there are any special religious and /or cultural beliefs which may affect medical care that the child needs, particularly in the event of an emergency, we rely on parents/carers to inform us and confirm this in writing. Such information will be kept on the child's personal record. This policy provides information on our procedures for the storage and administration of medicines to children and the procedures for children who are able to self-administer.

* There is no legal duty which requires school staff to administer medication; this is a voluntary role however school should take all reasonable steps to ensure a child can attend school without interruption to their education. Staff who provide support for children with medical needs, or who volunteer to administer medication, should receive support from the head and parent, access to information and training, and reassurance about their legal liability. Staff should, whenever they feel it necessary, consult with their respective professional associations.

Good Practice

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. Pupils with a medical condition will not be denied admission or be prevented from taking up a place in school because arrangements for their medical condition have not been made.

POLICY

Students at Bishop Henderson C of E Primary School with medical conditions should be properly supported so that they can play an active part in school, remaining healthy and able to achieve their academic potential, with full access to education, including school trips and physical education.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, to make arrangements for supporting pupils at their school with medical conditions.

Definition of the term Medical Condition used in this context:

A medical condition that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances. Some children with medical conditions

may be disabled. Where this is the case the Governing Body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the Local Offer and the school's SEND Information Report, which is available on the school website.

Statement of Intent

All children attending the school with a medical condition (meeting the above definition) must have an Individual Healthcare Plan (IHP) (appendix 1(i) Medical Needs or 1(ii) Severe Allergy) which should be devised in conjunction with school, parents and where relevant, healthcare professionals.

RESPONSIBILITIES

It is important that responsibilities for children's safety is clearly defined and that each person involved with children's medical needs is aware of what is expected of them. Close co-operation between school, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

Local Authority

The LA is responsible under the Health and Safety at Work Act 1974, for making sure that a school has a Health and Safety Policy. This should include procedures for supporting children with medical needs, and managing medication. In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure that correct procedures are followed.

Where children 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. Please refer to the Local Offer for more details. 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.

Governors

The Governing Body must ensure that arrangements are in place in school to support children with medical conditions. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child.

The school, Local Authority, health professionals and other support services should work together to ensure that children with medical conditions receive a full education.

The Governing Body should ensure that the school's leaders liaise with health and social care professionals, children and parents to ensure that the needs of children with medical conditions are

effectively supported. The needs of each individual child must be considered and how their medical condition impacts on their school life.

The Governing Body should ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties. Policies should be reviewed regularly and be readily accessible to parents and school staff.

The Governing Body will ensure that:

The Headteacher implements this policy effectively.

The individual healthcare plans are devised, implemented and monitored by the Headteacher/Deputy Headteacher/SENDCO, working in partnership with the parents, child and relevant healthcare professionals.

Written records are kept of all medicines administered to children (appendix 4 (ii).

All Individual Healthcare Plans (IHPs) actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

That staff are properly trained to provide the support that students need.

That the school's policy sets out what should happen in an emergency situation.

That the appropriate level of insurance is in place and appropriately reflects the level of risk, with risk assessment being carried, when appropriate.

That the school provides parents with information about the Local Offer and the School Offer including information displayed on the school website.

That parents provide the school with sufficient and up-to-date information about their child's medical needs. This will be prompted with an annual data check.

Headteacher

The Headteacher:

Is responsible for implementing the Governing Body's policy in practice and for developing detailed procedures. (See Appendix 2)

Should ensure that good lines of communications exist between parents and all relevant education and healthcare professionals.

Should ensure that teachers who volunteer should receive proper training and support.

Is responsible for the day to day decisions on administering medication.

Must share information with relevant staff to ensure the best care for the child after seeking parental agreement to do so.

Should ensure that wherever possible the parent is not inconvenienced from work in order to support the pupil or administer medication at school.

Parents & Guardians

Parents, as defined in the Education Act 1944, are a child's main carers. They are responsible for making sure that their child is well enough to attend school.

Parents should:

Provide the Headteacher with sufficient information about their child's medical condition and treatment to allow the appropriate arrangements to be put in place in school.

Reach agreement jointly with the school on the school's role in helping with their child's medical needs.

Share information to ensure the best care for the child.

School

The school will:

Ensure that children with medical conditions are identified as they transfer to the school and through the ongoing annual data check process.

Send out a Pupil Medical Information Request Form (Appendix 4(iv)) at the start of each year to ensure its records are up to date. This will be stored in the school office.

Arrange for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff (see Appendix 4 (i), or self-administered by the child during school hours (see Appendix 4 (iii),

Have arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.

Designate individuals to be entrusted with information about a child's condition; where confidentiality issues are raised by the parent/child.

Have an identified key worker trained to specifically meet the needs of students with a statement of SEN / Education Health and Care Plan linked to a medical condition.

Always have a minimum of two members of staff available trained in first aid response with knowledge of the students with medical conditions and access to their IHCPs.

Be clear about what to do in an emergency, including who to contact, and contingency arrangements. (Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan.)

Make all staff working directly with children aware of the children in the school with medical conditions, through regular meetings and displays in staffroom.

Provide sufficient training for staff to meet the needs of children at the school with medical conditions.

Ensure that prescription medicines and health care procedures will only be given by staff following appropriate training from medical professionals.

School Staff

Staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan. Staff should make inhalers and medication easily accessible to children and administer their medication when and where necessary in line with the prescribed dosage.

Staff should give individual, personalised care to children even those with the same condition.

Staff should take the views of the children and their parents into account; act on medical evidence and opinion but challenge it when appropriate.

Staff should encourage children with medical conditions to remain in school for normal school activities, including lunch, unless this is specified in their Individual Healthcare Plans.

Staff should supervise children with medical conditions if they become ill and contact relevant care authorities.

Staff should not penalise children for their attendance record if their absences are related to their medical conditions e.g. hospital appointments.

Staff should encourage children to drink, eat and take toilet or other breaks whenever they need to in order to manage their medical condition effectively.

Staff will not force children to take medicines or have necessary procedures against their will. They will aim to follow the procedure agreed in the Individual Healthcare Plan and contact parents when alternative options may need to be considered.

Staff should support parents in meeting the medical needs of their child in school by accepting responsibility for the child's medical needs at school and encourage children with medical conditions to participate in all aspects of school life, including school trips.

Staff should record any concerns they have on a child's health and wellbeing and report these concerns to parents on the same day, for example through the use of 'Bumped Head' letters.

Staff will ensure that they have up to date asthma plans and medication for all of the children in their class and will keep a record of when medication is administered.

Staff will ensure that asthma plans are kept up to date, through consultation with parents, and ensure that a copy of the plan is stored centrally in the office.

Emergency Procedures (see Appendix 3)

In the event that an ambulance needs to be called any member of staff should:

Ring the emergency service stating the medical condition

Endeavour to make contact with the parent.

Accompany the child in the ambulance.

Take a copy of all medical details including medication.

Remain with the child until the parent arrives.

Generally staff should not take pupils to hospital in their own car. If it is required then the member of staff should be accompanied by another adult and have public liability vehicle insurance.

Individual Healthcare Plans (see Appendix 1)

The school, healthcare professionals and parents/carers should agree, based on evidence, when an Individual Healthcare Plan would be inappropriate or disproportionate. Where there is a discrepancy an appropriate healthcare professional should be asked to arbitrate.

Individual Healthcare Plans must:

Be clear and concise.

Be written in partnership with parents, child, healthcare professional and key staff.

Be reviewed annually or when there is a change in the condition of the child.

Be easily accessible whilst preserving confidentiality.

Securely stored by the Office.

Outline educational provision if the child is unable to attend school.

Contain details of the medical condition, its triggers, signs, symptoms and treatments.

Include relevant SEND information.

Provide details of the child's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between breaks and lessons.

Outline specific support for the child's educational, social and emotional needs – for example, how absences will be managed, changes to the school day and details of a personalised curriculum, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.

Outline the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.

State who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.

State contingency plan and plan of action in the event of an emergency.

Complaints

Parents/carers' concerns about the support provided for their child with a medical condition should be directed, in the first instance, to the Headteacher, Mrs Tonie Scott. Where parents/carers feel their concerns have not been addressed, they should contact Mr Karl Bevin, Chair of Governors, to make a formal complaint via the school's complaint procedure.

Supporting documents:

Equality Act 2010

SEND Code of Practice

SEN Local Offer

Supporting Children at school with Medical Conditions-DfE April 2014

Children and Families Act 2014 Section 100 Duty on Governors (in force from September 2014)

Guidance on the use of emergency salbutamol inhalers in school DfE September 2014

Health and Safety at Work Act 1974

Individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
<u>Date</u>	
Review date	
Family Contact Information	
Talling Contact morniation	
<u>Name</u>	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinia (Hannital Contact	
Clinic/Hospital Contact	
<u>Name</u>	

Phone no.	
<u>G.P.</u>	
Name	
Phone no.	
Who is responsible for providing support in school	
Describe medical needs and give details of chi equipment or devices, environmental issues e	ld's symptoms, triggers, signs, treatments, facilities, tc
Name of medication, dose, method of administered by/self-administered	stration, when to be taken, side effects, contradd with/without supervision
Daily care requirements	
Specific support for the pupil's educational, so	ocial 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

Healthcare Plan for a Pupil with a Severe Allergy

Surname:	Forename:	Sex: M / F		
РНОТО				
Date of Birth:	NHS No:			
Address:				
Name of School: Bishop I	Henderson c of E Primary School	Class:		
Date completed:	Date 1st Review:	Date 2nd Review:		
Emergency Contact 1	Emergency	Contact 2		
Name	Name	Name		
Relationship	Relationship	Relationship		
Tel No (home)	Tel No (hon	Tel No (home)		
Tel No (mobile)	Tel No (mol	Tel No (mobile)		
Tel No (work)	Tel No (wor	k)		
GP Name & Tel Number				
ALLERGIC TO:				
MEDICATION:				

Name:	DOB:	NHS No:	
<u>Severe</u>	e Reaction (rai	<u>re)</u>	
Symptoms (Please delete or add as appropria	te as sympton	ns may vary):	
Wheeze, difficulty in breathing or a choking fe	eeling		
Swelling of the tongue or throat			
Floppiness, collapse or deteriorating consciou	isness.		
Treatment:			
Send someone to call for an ambulance imme	ediately		
(Dial 999). Tell the operator this is an emerge	ncy case of an	aphylaxis.	
2. If there is collapse or severe difficulty breat epinephrine)	thing give the a	adrenaline pen injection (also called	
ершерште			
Pull off grey safety cap			
Place black tip onto side of thigh, at right angle	les to the leg		
Press hard into the thigh until you hear the pe	· ·		
Hold in place for 10 seconds			
Massage injection site for 10 seconds			
Place in recovery position if appropriate			
Do not allow to stand up			
3. If the adrenaline pen is used the child/your	ng person mus	t always go to hospital.	
Any additional instruction's e.g. asthma care:			
Please note that it is the parent/carers respon	nsibility to ens	ure that the adrenaline pen is not out o	of
date			

Name:	DOB:	NHS No:
Nati	d ou Madausta Daastians (van	
	d or Moderate Reactions (ver	-
Possible symptoms: (Please dele	ete or add as appropriate as sy	ymptoms may vary).
Itching skin, rash, tickly throat,	mild swelling (such as face or l	lips)
Medication:		
Antihistamines	syrup/tablets (delete as ap	propriate)
Syrup give5ml spoonfu	l immediately OR	
Tablets give mg tablet	immediately	
Any additional instructions e.g.	asthma medication	
Agreement and Conclusion:		
Both school and parents should	hold a copy or this Healthcare	e Plan. Please send a copy to the School
	alth records. Any necessary rev	visions will be between the school and
parents.		
Agreed and Signed:		
	Dato	
Parent		
Head Teacher	Date	
1st Review:		
Parent	Date	
Head Teacher		
2nd Review:		
Parent	Date	
Head Teacher	Date	

School Procedures on being informed of a medical need

Healthcare professional or parent informs school of medical needs on admission, or if newly diagnosed, or that needs have changed.

First Aid, SENDCo and teachers to identify those children needing an Individual Healthcare Plan (IHCP) with a high level of medical need e.g. diabetes, severe allergic reaction (epi-pen users), and epilepsy.

SENDCo to co-ordinate IHCP through partnership meeting with parents, child, healthcare professionals, key staff as appropriate.

Agreement reached on what support is needed, and who leads on writing the IHCP (guidance p10 DfE document)

IHCP implemented and circulated to all relevant staff. A copy of the IHCP can be found in a folder in the school office and another kept securely by the Headteacher.

ICHPs are reviewed annually or when conditions changes.

In summer term, letter is sent home to remind parents to make sure spare medicines (inhaler/epipens) kept in school are in date.

Record kept of all medicines administered by trained school staff.

Parent/carers must collect all unused medicines for disposal.

Risk assessments for school visits and activities off site include relevant medical information.

All consent forms include a request for medical information.

School staff training needs identified and actioned through Head teacher.

Collated information passed to SENDCo to for circulation to all staff at the start of the academic year.

EMERGENCY PLANNING

Bishop Henderson School

Parental Agreement for School to Administer Medicine

Name of child			
Class			
Date medicine provided by parent			
Quantity received			
Name and strength of medicine			
Expiry date			
Quantity returned			
Dose and frequency of medicine, including times to be administered whilst in school.			
Staff signature			
Parent signature			
It is agreed that	will receive		
every day at			
Will be given / supervised whilst he/she tak	es their medication by		
This arrangement will continue until			
Adult responsible for transportation of medicine will be			

Appendix 4(ii)



Record of medication administered in school

Pupil's Name:				Class:		
Date	Time	Name of medication	Dose given	Any reactions?	Signature of staff giving medication	Signature of witness

Notes:

Bishop Henderson c of E Primary School

Request for child to carry his/her medicine

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN

If staff have any concerns discuss this request with school healthcare professionals.
Name of child:
Class:
Address:
Name and strength of medicine:
Procedures to be taken in an emergency:
Contact Information
Name:
Contact Telephone No:
Relationship to child:
I would like my son/daughter to keep his/her medicine on him/her for use as necessary.
Signed: Date:
If more than one medicine is to be given, a separate form should be completed for each one
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Bishop Henderson C of E Primary School & Puffins Nursery

Farley Dell • Coleford • Radstock • Somerset • BA3 5PN www.bishophenderson.co.uk

Email: bishophenderson-cole for d@educ.somerset.gov.uk

Tel: 01373 812557

Headteacher: Mrs Tonie Scott







Learning for life in all its fullness

<u>Pupil Medical Information</u>			
Pupil Name:	Class:		
D.O.B:	NHS Number:		
Please indicate if your child suffers from	m any of the below medical conditions and provide further information.		
The school is able to administer prescr to complete the relevant form which ca	ribed medication only to pupils during the school day. Parents will need in be obtained from the school office.		
	e appropriate medication is handed to the school office with the completed osage and time the medication is due to be taken is completed accurately.		
MEDICAL CONDITIONS			
1. Asthma			
My child uses a brown	n preventative inhaler at home		
My child uses a blue i	reliever inhaler when he/she becomes breathless.		
How often does your child use the	eir inhalers?		
Has your child ever been admitted	d to hospital or placed on a nebuliser? Please give details below:		
2. Diabetes. Type:			
3. Other medical condition	on. Please specify		
If you have answered yes to any of	these questions please provide further details in section 7.		
ALLERGIES			
	hair / dust. Please specify		
Hayfever			
Wasp/Bee stings.	My child carries an EpiPen these questions please provide further details in section 7.		

Please continue overleaf

<u>Dietary</u>		
5. Please specify if your child has any dietary needs b	elow. T	hese must pertain only to known
allergies/intolerances. Dislikes should not be include	d.	
Allergy/intolerance to Gluten		Allergy/intolerance to Dairy
Allergy/intolerance to Wheat		Other Allergy/Intolerance
Allergy/intolerance to Seafood/Shellfish		Allergy/intolerance to Nuts
My child can	rries an F	EpiPen
If you have answered yes to any of these questions ple	ase prov	vide further details in section 7.
TRAVEL SICKNESS 6. My child suffers from travel sickness.		
ADDITIONAL INFORMATION 7. Please provide further details of your child's medic include any medication your child takes on a regular I may need to be shared with emergency services or other.	basis in t	the event of an emergency this information
8. My child has NO known medical conditio	ns or alle	ergies/intolerances.
Signed: Pare		
Print:		