

Bishop Henderson Church of England Primary School



Supporting Pupils with Medical Needs Policy

Review			
Review Cycle	Date of Current Policy	Author(s) of Current Policy	Review Date
Annual	September 2021	Headteacher	September 2024

Ratification			
Role	Name	Signature	Date
Chair of Governors	Martyn Day		
Head Teacher	Chris Lane		

Vision Statement

At Bishop Henderson Church of England Primary School, we are committed to equality of opportunity in line with the Equality Act of October 2010. We endeavour to make a positive contribution to the whole community by demonstrating qualities such as respect, co-operation and valuing differences while celebrating cultural diversity. This commitment applies to our work in the classroom, our pupil support systems, our recruitment and retention of staff and our work in the local and wider community. We promote the principles and practices of equality and justice throughout the school and we aim to be a school where everyone:

- is respected and respects others
- takes part in the life of the school
- achieves to their potential
- develops skills essential to life

Appendices

- 1(i) Individual Health care plan - Medical Needs
- 1(ii) Individual Health care plan - Severe Allergy
- 2 School Procedures on being informed of a medical need
- 3 Emergency Planning
- 4(i) Parental Agreement for school to administer medicine
- 4(ii) Record of medication issued in school
- 4(iii) Request for child to carry his/her medicine
- 4(iv) Pupil Medical Information Request Form

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

Review date

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Family Contact Information

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

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

--

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

Appendix 1(ii)

Healthcare Plan for a Pupil with a Severe Allergy

Surname:

Forename:

Sex: M / F

PHOTO

Date of Birth:

NHS No:

Address:

Name of School: Bishop Henderson c of E Primary School

Class:

Date completed:

Date 1st Review:

Date 2nd Review:

Emergency Contact 1

Name _____

Relationship _____

Tel No (home) _____

Tel No (mobile) _____

Tel No (work) _____

Emergency Contact 2

Name _____

Relationship _____

Tel No (home) _____

Tel No (mobile) _____

Tel No (work) _____

GP Name & Tel Number

ALLERGIC TO:

MEDICATION:

Name:

DOB:

NHS No:

Severe Reaction (rare)

Symptoms (Please delete or add as appropriate as symptoms may vary):

Wheeze, difficulty in breathing or a choking feeling

Swelling of the tongue or throat

Floppiness, collapse or deteriorating consciousness.

Treatment:

Send someone to call for an ambulance immediately

(Dial 999). Tell the operator this is an emergency case of anaphylaxis.

2. If there is collapse or severe difficulty breathing give the adrenaline pen injection (also called epinephrine)

Pull off grey safety cap

Place black tip onto side of thigh, at right angles to the leg

Press hard into the thigh until you hear the pen click

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/young person must always go to hospital.

Any additional instruction's e.g. asthma care:

Please note that it is the parent/carers responsibility to ensure that the adrenaline pen is not out of date

Name:

DOB:

NHS No:

Mild or Moderate Reactions (very common)

Possible symptoms: (Please delete or add as appropriate as symptoms may vary).

Itching skin, rash, tickly throat, mild swelling (such as face or lips)

Medication:

Antihistamines.....syrup/tablets (delete as appropriate)

Syrup give.....5ml spoonful 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 of this Healthcare Plan. Please send a copy to the School Office to be put in the Child Health records. Any necessary revisions will be between the school and parents.

Agreed and Signed:

Parent _____ Date _____

Head Teacher _____ Date _____

1st Review:

Parent _____ Date _____

Head Teacher _____ Date _____

2nd Review:

Parent _____ Date _____

Head Teacher _____ Date _____

Appendix 2

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/epi-pens) 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.

Appendix 3

EMERGENCY PLANNING

Request for an Ambulance:

Dial 999, ask for ambulance and be ready with the following information.

Speak clearly and slowly and be ready to repeat information if asked.

Your telephone number: 01373 812557

Give your location as follows: Bishop Henderson C of E Primary School, Farley Dell, Coleford, Radstock, Somerset BA3 5PN

Give your name _____

Give child's name and age _____

Give brief description of pupil's symptoms/known medical condition/current condition reason for emergency

Inform Ambulance Control of the best entrance and state that the crew will be met and taken to patient.

Ensure school records and IHCP on child are available to emergency team.

Ensure parents are informed immediately and stay with child until parents arrive.

If child goes to hospital take IHCP and pupil details with you. Take a mobile telephone.

Appendix 4(i)

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 takes 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****

Bishop Henderson C of E Primary School & Puffins Nursery

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

Email: bishophenderson-coleford@educ.somerset.gov.uk
Tel: 01373 812557



Headteacher: Mr Chris Lane

Learning for life in all its fullness

Pupil Medical Information

Pupil Name: _____

Class: _____

D.O.B: _____

NHS Number: _____

Please indicate if your child suffers from any of the below medical conditions and provide further information.

The school is able to administer **prescribed medication only** to pupils during the school day. Parents will need to complete the relevant form which can be obtained from the school office.

Parents are responsible for ensuring the appropriate medication is handed to the school office with the completed form. It is essential that the required dosage and time the medication is due to be taken is completed accurately.

MEDICAL CONDITIONS

- Asthma
- My child uses a brown preventative inhaler at home
- My child uses a blue reliever inhaler when he/she becomes breathless.

How often does your child use their inhalers?

Has your child **ever** been admitted to hospital or placed on a nebuliser? Please give details below:

- Diabetes. Type: _____
- Other medical condition. Please specify _____

If you have answered yes to any of these questions please provide further details in section 7.

ALLERGIES

- Allergy to animals/pet hair / dust. Please specify _____
- Hayfever
- Wasp/Bee stings.
- My child carries an EpiPen

If you have answered yes to any of these questions please provide further details in section 7.

Please continue overleaf →

DIETARY

5. Please specify if your child has any dietary needs below. These must pertain only to known allergies/intolerances. Dislikes should not be included.

- | | |
|---|---|
| <input type="checkbox"/> Allergy/intolerance to Gluten | <input type="checkbox"/> Allergy/intolerance to Dairy |
| <input type="checkbox"/> Allergy/intolerance to Wheat | <input type="checkbox"/> Other Allergy/Intolerance |
| <input type="checkbox"/> Allergy/intolerance to Seafood/Shellfish | <input type="checkbox"/> Allergy/intolerance to Nuts |
| <input type="checkbox"/> My child carries an EpiPen | |

If you have answered yes to any of these questions please provide 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 medical condition/allergy or diet below. Please also include any medication your child takes on a regular basis in the event of an emergency this information may need to be shared with emergency services or other professionals:

8. My child has **NO** known medical conditions or allergies/intolerances.

Signed: _____ Parent/Guardian Date: _____

Print: _____