

Emmanuel Church of England School



Supporting Pupils with Medical Needs Policy

1. Mission Statement, Aims and Objectives

1.1 Mission statement

At Emmanuel Church of England School, broad opportunities are provided for individuals to develop their full potential and allow them to be healthy, happy and secure. We follow UNICEF's principles of a Rights-Respecting School (RRS), based on the United Nations Convention on the Rights of the Child (UNCRC), where each member of the school community has rights.

Building on our Christian ethos and in partnership with the whole school community, we provide a stimulating and caring environment where individuals are valued and nurtured morally, spiritually and academically. We stress the fundamental principle;

“Always treat others as you would like them to treat you” Matthew 7:12

1.2 Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is the Inclusion Leader.



2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical needs. They will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical needs during school hours is not the sole responsibility of one person. All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. Members of staff, however, are encouraged to take on the voluntary role of administering medication wherever this is needed and with the precondition that adequate training is provided.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.



3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical needs to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

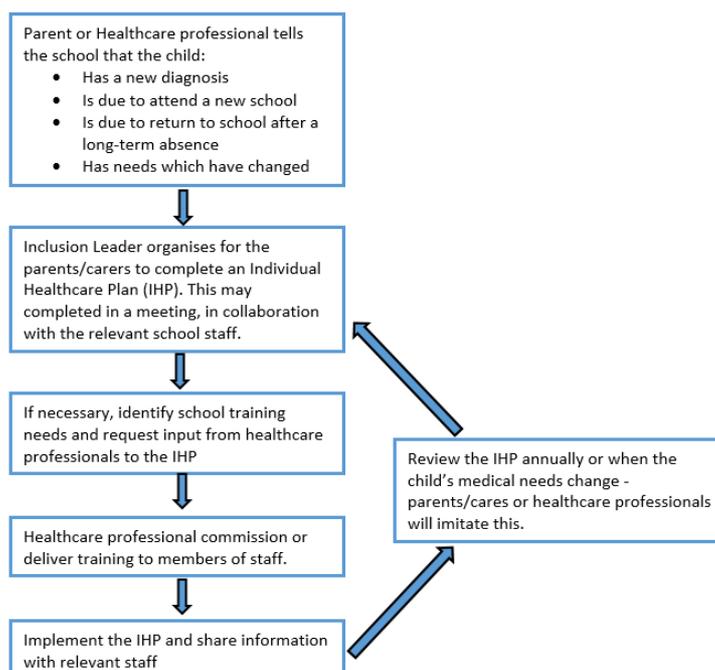
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical needs are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.





6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Inclusion Leader.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of an education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN may be mentioned in the IHP if relevant.

The IHP for each child is kept in a clearly identified and accessible place, so that it can be consulted in an emergency. A copy of the IHP will also accompany the pupil on any school trip or off-site outing. The IHP will accompany the pupil should they need to attend hospital, and includes parental permission for sharing it within an emergency setting.

Master copies all IHP plans are held in the Inclusion Office and information on pupils' medical needs is displayed in prominent locations where required.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and Inclusion Leader will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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 and environmental issues, e.g. crowded corridors, travel time between lessons
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Arrangements for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.



Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist
- Have a Administration of Medication form completed with instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely in the medical room or in the class medical bags. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Parents are asked to collect all medications/equipment at the end of each school term, or as soon as they are about to expire, and to provide new and in-date medication whenever necessary or at the start of each new term. Out-of-date medication will be returned to the parent for safe disposal.

The school collects and disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child, wherever necessary, on off-site visits.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs. These pupils may be allowed to carry their own medicines and relevant devices on occasion, for example when taking part in a sporting event.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary



- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures and Accidents

8.1 Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

8.2 Accidents

All staff have access to a First Aid Kit and a kit is taken on all school trips.

Children attend the first aid area after any significant accident. Wipes are used to clean cuts and grazes, and ice-packs are used for bumps and bruises.

During breaktimes, a specified member of staff is available to administer First Aid. Children in the playground may be sent by a supervising adult to the First Aid area to receive treatment or further appraisal. Children will always be supervised in this area.

Any child who suffers an accident that involves First Aid being administered or involving a head injury will be given a slip to take home at the end of the day in order to inform parent(s) or carer(s). Duplicate copies of these slips are retained by the school.

Accident/Medical slips are kept in the medical room, each classroom and in each playground and all accidents are recorded.

8.3 Sending children home due to illness

The class teacher and office staff will make a decision (sometimes in consultation with the parent) as to whether a child should be sent home, and the office will then contact a parent or carer and arrange for the child to be collected.

The school follows National Health Service Guidance [<http://www.nhs.uk>] on the length of time a child is required to stay home after a contagious illness.



9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

Many members of staff are trained in First Aid. When their First Aid qualification expires, arrangements are made for that member of staff to attend a refresher course.

All staff are familiar with normal precautions for avoiding infection and follow basic hygiene with spillages of blood and other body fluids.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Inclusion Leader. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

Other school staff, including temporary, supply and support staff, are made aware of the IHP for any child in their care and are told where they can access a copy. All children with allergies or other medical needs are identified to their class teacher, and supply staff are always given this annotated register.

11. Sporting activities and off-site trips, including residential visits

11.1 Planning for off-site trips and residential visits

The school actively supports the fullest possible participation of children with medical conditions in all school trips and visits.

Well in advance of any overnight, residential or extended day trip, the school may seek to gather additional information about a pupil's medical condition (if appropriate), from their parent(s) or carer(s), and/or the specialist nurse and/or other relevant healthcare professional in order to conduct a timely risk assessment and discuss plans for care requirements that are likely to arise. Health and Safety Executive guidance applies.

The agreed arrangements are then recorded alongside the pupil's IHP, which will accompany them on the visit/trip. Nearer the time, a more specific set of instructions regarding medication dosages



and other arrangements, signed by the school and parent/carer, will also accompany the child where necessary.

The school will do all it can to meet a child's overnight medical care needs during residential trips. If this proves impossible, however, it may be appropriate for parent(s) or carer(s) to accompany the child in order to meet those needs, and families will be assisted to meet any reasonable costs arising from this necessity.

11.2 Physical Education and other sporting activities

The school places great importance on all pupils taking part in physical activity and ensures that staff, especially our specialist PE/sports teachers, make reasonable adjustments so that activity sessions are accessible to all pupils. This includes school clubs and team sports. Pupils with medical conditions are actively encouraged to take part in these.

All relevant staff know that pupils should not be forced to take part in activities when they are unwell. They are aware of pupils who have been advised to avoid particular activities or who should take special precautions during an activity.

We ensure pupils with medical conditions have any necessary medication, equipment and/or food with them during physical activity.

Our specialist PE/sports staff know what action to take in an emergency, including any individual emergency instructions in a child's IHP.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Inclusion Leader in the first instance. If the Inclusion Leader cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every three years.

Policy reviewed	November 2018
Agreed review schedule	3 yearly
Next review due	November 2021
Reviewed by (signature)	

Flick Rea, Chair of S&HR

Kathryn Fitzsimmons, Head Teacher

Date: 2-/11/18



Emmanuel Primary School
INDIVIDUAL HEALTH CARE PLAN
CONFIDENTIAL

Name:		Date of birth:
<u>People contributing to this plan:</u>		
<u>Date of plan:</u> (today's date)		
<u>Medical condition:</u>		
<u>Details of medication:</u>		<u>Expiry date of medication:</u>
<u>Child's personal symptoms:</u>		
<u>Daily care requirements:</u>		
<u>What constitutes an emergency for the child?</u>		
<u>What action should be taken in an emergency?</u>		
<u>Any follow-up care:</u>		
<u>Emergency contacts:</u>		
Name:		Relationship:
Phone/Mobile Number:		
Name:		Relationship:
Phone/Mobile Number:		
<u>Clinic/Hospital contact:</u>		
Name:		
Phone Number:		

Parent/Carer Signature: _____ Date: _____

Appendix II: Administration of Medication



Emmanuel Church of England School

ADMINISTRATION OF MEDICATION

Parent/Carers Authorisation Form

Pupils name

Year group

Today's Date

Telephone number in the event of a query regarding administration.

Details of administration of medicine

End date for medicine to be taken

Name of parent/carer (please print)

Signature of parent/carer

Staff member receiving this form

Date	Time	Name of staff that has supervised administration



Emmanuel CE Primary School 0207 431 7984				Accident/Incident/ Illness Slip	
Pupil's Name:					
Date		Time		Location	
HEAD INJURY	IMPORTANT PLEASE CONSULT DOCTOR OR HOSPITAL IF YOUR CHILD SUFFERS ANY DROWSINESS, VOMITING OR EXCESSIVE PAIN AFTER RETURNING HOME.				
Bump/Bruise		Wound cleaned		Well enough to remain in school after First Aid – monitored by staff	
Cut/Graze		Cold Compress applied		Parents contacted	
Headache/High Temperature		Dressing applied		Unable to contact parents, left a message	
Stomach pains/tummy upset		Saw a First Aider		Collected from school	
Vomiting/Nausea		Member of staff:			
Additional information/Details of treatment					