Holy Family

Catholic Primary School

Managing Medical Conditions and Medicines Policy

Approved February 2019

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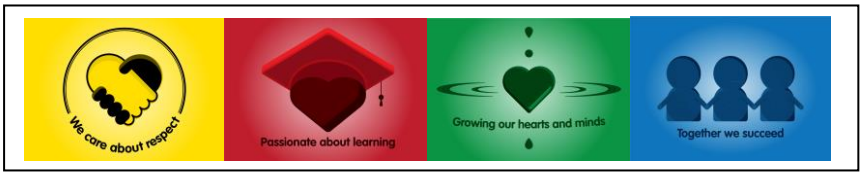
HOLY FAMILY CATHOLIC PRIMARY SCHOOL

MANAGING MEDICAL CONDITIONS AND MEDICINES POLICY

Mission Statement and School Values

At Holy Family we grow, learn and succeed in the footsteps of Jesus.



1. Introduction

At Holy Family Catholic Primary School, we are an inclusive community that aims to support and welcome pupils with medical conditions, so that they are able to have full access to the curriculum and all educational opportunities. We strive to ensure that children with medical conditions, in terms of both physical and mental health, are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

2. Rationale

Local authorities and schools have a responsibility for the health and safety of pupils in their care. Pupils with medical conditions may require special arrangements or individual procedures in order to ensure their health and safety in school.

The Children and Families Act (2014) places a duty on schools to make arrangements for children with medical conditions. Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency situation. This duty also extends to teachers leading activities taking place off the school site. This duty could extend to a need to administer medicine.

This policy also complies with the most recent statutory guidance and takes into account advice offered by the Department for Education's document "Supporting Pupils at School with Medical Conditions" (2014).

3. Definitions

When reading this policy, it is important to bear in mind these definitions:

- ***Medical Conditions*** – the Department for Education (2014) does not provide a definition of 'medical conditions' or a list of conditions that would be classified as such. We therefore consider a 'medical condition' to be any physical or mental health issue, either long-term or short-term in nature, which may impact on the child's learning or their ability to participate in any school activities. Whilst there is no requirement that a medical condition is formally diagnosed or not in order for the child to be supported in

school, when the type of support required involves any medication or an intervention that would affect an otherwise healthy child, we would require proof of the condition and the intervention required from a qualified medical/health professional.

- ***Special Educational Needs (SEN)*** – According to the SEN Code of Practice (2014): "A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her". They define special educational provision as: "educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools". A child is considered to have a learning difficulty or disability if he/she "has a significantly greater difficulty in learning than the majority of others of the same age" or "has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age".

- ***Disability*** – We refer to the definition provided by The Equality Act (2010): "A person is considered to have a 'disability' under the Disability and Equality Act 2010 if they have a physical or mental impairment; and the impairment has a substantial and long-term effect on their ability to perform day-to-day activities."

Whilst there may occasionally be some overlap in these definitions (e.g. a child may have a medical condition as a result of a disability, or SEN as a result of a disability), we consider these definitions mutually exclusive (i.e. a child with a medical condition does not necessarily have SEN or a disability).

4. Procedure & Individual Healthcare Plans (IHPs)

When a child has been diagnosed with a medical condition or has complex health needs that are being investigated, it is the responsibility of the child's parents to inform the Head teacher, whether or not they feel that the needs would impact directly on the child's learning (as they may have an unforeseen indirect impact on the child). We do not have to wait for a formal diagnosis of a condition before providing support to a pupil, but may ask for evidence that the child is undergoing investigation (e.g. an appointment letter from a specialist, a letter from the child's GP).

Once the Headteacher has been notified, if it is felt that the child's medical condition or health needs will not have an impact on their learning or ability to access the curriculum and will not pose a health and safety risk to the child in question or other pupils and staff, the Headteacher will inform the necessary staff of the child's health needs and any action that may be required.

However, following notification by the parents, if it is felt that the child's medical condition or health needs will have an impact on the child's learning, ability to access the curriculum or their health and safety in school (i.e. give rise to the child having special educational needs), the Head teacher will liaise with the School's SENCO (SEN Coordinator) and it may be deemed necessary to construct an IHP.

It may be necessary for the SENCO to seek advice and recommendations regarding the child's health needs or medical condition from the Physical and Medical Team at Trafford's

Special Educational Needs Advisory Service (SENAS) and/or the school nurse. Prior to discussing a child with any external service, it is essential for the SENCO to gain permission from the child's parents and written/verbal consent will be sought.

If it is felt necessary for the child to have an IHP, the SENCO will then arrange a multi-disciplinary meeting, comprising of the SENCO, Headteacher, relevant school staff, SENAS representative (if necessary), school nurse, any relevant health professionals, the child's parents and the child themselves (if it is deemed appropriate). In this meeting, an IHP will be agreed in order to meet the health needs of the child in school, or the SENCO and Headteacher may request further advice from those present if agreements cannot be reached within the meeting, following the Department for Education's (2014) advice:

> *"In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place."*
>
> Department for Education (2014:9)

If consensus cannot be reached, the Headteacher is best placed to make final decisions, taking into account all the evidence and advice that has been provided by all the relevant parties.

Once all the relevant parties have been consulted and contributed their advice towards the IHP (either via the multi-disciplinary meeting or thereafter), the SENCO will write a draft version of the IHP for the child. A template for an IHP can be found in Appendix A. The IHP provides clarity about what needs to be done to effectively support a child with a medical condition, when and by whom. The IHPs designed to capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

It is important that the IHP considers the following points:

- The child's medical condition: it's triggers, signs, symptoms and treatments;
- The pupil's resulting needs, e.g. medication (dosage, side effects, storage), facilities, equipment, access to food and drink to manage their condition, dietary requirements, etc.
- Specific support for the pupil's educational, social and emotional needs, e.g. management of absences, effect of their condition upon their emotional wellbeing, impact on friendships, etc.
- Arrangements for administration of medication (if a child is able to self-manage medication, this should be stated clearly with appropriate arrangements for monitoring)
- Who will provide support, cover arrangements, training needs, etc?
- Who in the school needs to be aware of the child's condition;
- Separate arrangements required for off-site visits to ensure the child can participate (e.g. risk assessments)

- Where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child's condition should be clear

- The emergency protocol, if required.

The draft version of the IHP is then passed to the Headteacher, the child's parents and any relevant medical professionals (if necessary) for their approval or amendments. Once all relevant parties have approved the IHP, it will then be copied and distributed to the child's parents, the child's class teacher, any staff who support or work directly with the child and copies kept in the SENCO's file and a central reference file on CPOMS; schools online monitoring system in line with the school's data retention policy.

If the IHP outlines emergency procedures for the child or if the Headteacher deems that all staff need to be vigilant and aware of the child's medical condition or health needs, then staff will be notified of these in a staff meeting at their earliest convenience, chaired by either the Headteacher or SENCO. It might be appropriate at times for the child's parents, the school nurse, other health professional or the child themselves to be present at this meeting (at the school's discretion). If needs be, emergency protocols/procedures relating to individual children are then displayed in the school as easy reference points for staff, e.g. staffroom, school office, child's classroom (please refer to 'Emergency Procedures' section for further information).

The governing body should ensure that plans are in place to review the IHPs annually or earlier if evidence is presented that a child's needs have changed. It is the responsibility of the child's parents to inform school when changes arise in their child's medical condition or health needs. If no changes or only minor changes are required to the IHP (i.e. that do not have a significant impact on the child's learning or their health and safety), these can be arranged between the SENCO, Headteacher and the child's parents. When significant changes to the IHP are required, it may be necessary to invite the school nurse and any other relevant health professionals to contribute to the updated IHP. The SENCO then ensures that the updated IHP is distributed to all those involved in the IHP.

When the child transfers to a new class or new school, it is essential for those responsible for the child's support to meet with the teacher of the new class (or SENCO at the new school), ideally with the child's parents, and pass on the IHP and any other relevant information relating to the child's medical condition in line with the schools data protection policy. This ensures a smooth transition for the child, helps to facilitate the correct provision in the new setting and minimises any anxiety that may be felt by the child, their parents and any new staff working with the child.

5. Roles & Responsibilities

At Holy Family Catholic Primary School, we work in partnership with all relevant parties including the school's governing body, school staff, community healthcare professionals, Trafford local authority advisors, parents and pupils to ensure that this policy is implemented and maintained successfully.

The following roles and responsibilities apply and are understood at our school:

- **Governors:**

- Ensure the health & safety of staff, any visitors to the school premises and pupils. This responsibility extends to any staff and pupils involved in off-site activities (e.g. visits, outings, field trips);

- Ensure the school's health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and are reviewed regularly;

- Ensure that the school's Medical Conditions and Medicines policy is effectively implemented, monitored, reviewed and updated to account for changes in legislation;

- Ensure that the school has clearly defined and efficient systems for dealing with medical emergencies and critical incidents at any time when pupils are on site or as much as possible on out-of-school activities.

- **The Headteacher:**

  - Ensures that the school is inclusive and welcoming and that the Medical Conditions and Medicines policy is in-line with statutory requirements and local and national guidance;

  - Ensures that the policy is put into action, with good communication of the policy to all staff, parents/carers and governors;

  - Ensures every aspect of the policy is maintained;

  - Reports back to governors about implementation of the Medical Conditions and Medicines policy;

  - Ensures that through consultation with the governors that the policy is adopted and put into action;

  - Ensures that all staff have received the necessary training in order to fulfil the roles and responsibilities outlined in this policy.

- **SENCO (Special Educational Needs Coordinator):**

  - Writes the policy and is responsible for its updating at timely intervals or when dictated to by changes to legislation or local/national guidance;

  - Ensures that all staff in the school are aware of the contents of the Medical Conditions and Medicines policy and that a copy of the policy is readily available to all staff in the school;

  - Knows which children have special educational needs as a result of their medical condition;

- In agreement with the Head teacher, coordinates the support staff required for children with complex physical/medical needs that would otherwise impact on their learning (i.e. the children therefore has special educational needs), potentially giving rise to the need for an Education, Health & Care (EHC) Plan;

- Coordinates the application for an EHC Plan, where necessary and appropriate;

- Coordinates the provision and resources required for children whose medical conditions potentially impact on their learning;

- In conjunction with the child, their parents, relevant school staff, the school nurse, local healthcare providers and Trafford advisors (when necessary), arranges meetings to discuss the medical, health and safety needs of an individual child and to put in place an individual healthcare plan (IHP), if required;

- Writes and updates IHPs and ensures that all relevant staff are aware of the plans and have access to them;

- Maintains a centrally-located file of children's IHPs and emergency procedures for individuals;

- Ensures that when a child with a medical condition which requires intervention (e.g. adult support or medication) transfers to their next class/to a new school, the new staff are provided with all the information that they require in order to have the correct provision in place for the child;

- Ensures that the necessary arrangements are in place if a pupil needs special consideration or access arrangements in exams.

- **All school staff:**

  - Read and understand the school's Medical Conditions and Medicines policy;

  - Know which pupils in their care have complex health needs, are familiar with the pupil's IHP and adhere to the commitments of these plans;

  - Be aware of (and act accordingly to) the potential triggers, signs and symptoms of the medical conditions of children in their care;

  - Know who are the school's registered first aiders and how/where assistance can be sought in the event of a medical emergency;

  - Call an ambulance if required in a critical emergency situation;

- Follow universal hygiene procedures when attending to children who are unwell or in need of first aid assistance;

- Ensure that children in their care have access to the appropriate medication and are permitted to take it when needed;

- Seek advice from the school's first aiders when a child presents themselves as feeling unwell and they are uncertain as to how they ought to proceed.

- **Teachers** - in addition to the responsibilities outlined under 'All school staff', have a further responsibility to:

  - Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, in liaison with the SENCO;

  - Liaise with parents/carers and SENCO if a child's medical condition is having an impact on their learning;

  - Maintain effective communication with parents/carers, including informing them if their child is unwell and needs to be collected from school, has felt unwell during the school day or has had an minor accident or head injury which required entry into the school's accident book;

  - As the leader in an out-of-school trip, ensure that the commitments of any pupil's IHP can be carried out safely off-site, and ensure that all pupils who routinely require medication in school have access to their medication when off-site;

  - Ensure that the pupils with medical conditions in their class are able to access all the educational opportunities that are offered to the children in their class, including those off-site (and seek advice accordingly from the SENCO and Headteacher);

  - Ensure that pupils who have been absent from school through ill health or as a result of their medical condition are not greatly disadvantaged when they return to school, and reasonable efforts are made to help the child catch up on their learning;

  - Ensure that any new staff or volunteers working with their class are aware of the health needs of the children in their class;

  - Be aware of pupils with medical conditions who may be experiencing negative attitudes or bullying from their peers, or need additional social support.

- **First-aiders** - as members of our staff, first-aiders have the same responsibilities as listed under 'all school staff', but also have an additional responsibility to:

  - Give immediate, appropriate help to children with injuries or illnesses;

- When necessary, ensure that an ambulance is called;
- Inform a child's class teacher if a child that they have tended to is feeling unwell or has been injured;
- Whilst tending to a child's injury the first aider will continue to monitor the child until the child is well enough to return to class or the child's parent has collected them.
- Record any (potentially) serious injuries in the school's accident book and report these to the Headteacher;
- Ensure that their first aid training is up-to-date and liaise with the Head teacher if they feel that they require further training.

- **School Nurse and Healthcare Professionals**:
  - At the school's request, provide updates and training for school staff in managing a child's medical condition;
  - Provide information about where the school can access other specialist training;
  - The school nurse can provide the parents/carers with help and advice on a child's medical condition;
  - Assist in updating IHPs in liaison with the school staff and parents/carers.

- **Parents:**
  - Tell the school if their child has a medical condition or complex health need;
  - Cooperate and liaise with the school in order to create an IHP if their child has a complex health need;
  - Liaise with the school SENCO if there are any changes to their child's medical condition or health needs, which could potentially result in making amendments to their child's IHP;
  - Inform their child's class teacher if their child is feeling mildly unwell or has recently suffered an injury (yet is still sufficiently well to attend school);
  - Inform the school about the medication their child requires during school hours (*please refer to the 'Medication' section for further information*) and any medication that may be required on an off-site visit, including residential stays;
  - Keep the school fully informed about any changes to their child's medication and provide documentation a health professional, if required;

- Inform the school of any changes to their child's medical condition;
- Ensure that their child's medication and/or any medical devices are brought to school and are clearly labelled with the child's name;
- Ensure that their child's medication is within expiry dates;
- Keep their child at home if they are not well enough to attend school (*Please refer to 'short-term illnesses' section for details*);
- Do not provide their child with medication to use themselves within school, but consult and seek permission from the child's class teacher;
- Support their child in helping them to catch up on any work that they have missed;
- Take responsibility for ensuring that their child's medical condition is regularly reviewed by their doctor or specialist healthcare professional.

- **All pupils**:
  - Treat all pupils with or without a medical condition equally;
  - Tell the nearest staff member when they are feeling unwell (or inform their parents prior to the start of the school day);
  - Tell the nearest staff member if another pupil is feeling unwell or has been injured;
  - Do not bring any medication to school without permission from their parents and ensure any medication that they have in school is given to a member of staff;
  - Do not consume any medication without adult permission;
  - Know how to access their medication in an emergency situation (if it has been agreed that the child can self-administer medication);
  - Ensure a member of staff is called in any emergency situation.

6. Management of Medicines

At Holy Family Catholic Primary School, we are agreeable to administering medicines on the school premises (or off-site in the case of a planned school visit), when it would be a detrimental to the child's health or school attendance not to do so. Whether a medicine has been prescribed for a child or is non-prescription medication, we will not administer any medication to a child without their parent's written consent. A parental permission form for administering medication is available from our school's office (see Appendix B).

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours, and should only be administered in school when necessary. All medication must be in-date. In the case of both prescribed and non-prescribed medication, we will only administer the dose stated on the prescription label (or

as recommended for the child's age in the manufacturer's guidelines, in the case of non-prescription medication). We will not administer any other dosage to a child, unless we have a recent written request (signed and on letter-headed paper) from the child's doctor or other qualified health professional.

i. Prescribed Medication

When a medication has been prescribed for a child, it must be clearly labelled with the child's name. We will not administer any prescription medication to a child if it is not labelled with the child's name or is labelled with another name. Prescribed medication must be provided in the original container dispensed by the pharmacist and include instructions for administration, dosage and storage.

ii. Non-prescription Medication & Painkillers

We will administer non-prescription medication at the parent's request only if it is considered that it would be detrimental to the child's health or attendance not to do so (e.g. cough medicine, antihistamines, Calpol). When handing in non-prescription medication to the school office, please ensure it is securely packaged and clearly marked with your child's name and their class.

Administration of non-prescription medication is only at the parent's specific request and permission (as granted by the parental permission form). We will not retain medication in school for use on an 'ad hoc' basis. For example, in the case of a child who suffers from hay fever, we would not keep antihistamines in school "just in case" they are required. Ultimately, the decision as to whether a child should receive any medication lies with the child's parent and not with staff (unless in an emergency situation).

When staff are unclear as to whether or not a child should be administered medication, they will not give any medication until the child's parents have been contacted and permission is granted (given that a permission form has already been completed).

Painkillers will only be administered in school when a child has been genuinely unwell (but is sufficiently well to be in school) and it would be detrimental to their health or attendance not to do so. Again, parental permission and clear instructions as to their administration need to be provided by the parents. We will not retain any painkilling medication for pupils to be administered simply "as and when needed", unless we have specific instruction from the child's doctor regarding a medical condition (in such instances, it would most likely be necessary for the child to have an IHP in place).

We will not administer any medication containing aspirin unless it has been prescribed by a doctor.

iii. Inhalers

Inhalers must be readily available to the children who require them and are therefore kept in an unlocked central place where they can be accessed easily by staff or the child themselves (in case of emergency). Inhalers must be clearly labelled with the child's name and kept in school at all times in the central area provided (i.e. rather than kept in the child's bag). It is not unreasonable to request a child's doctor to provide them with a second inhaler (i.e. one for home use and one for school use). It is the parent's and child's responsibility to ensure that their inhaler medication is in-date and has not run out.

It is essential that the parent of a child who requires an inhaler completes a parental consent form (see Appendix C), which is available from the school office. This form details

how often your child might need to use their inhaler, what dosage is required (i.e. how many puffs) and helps to avoid any confusion.

In case of an emergency, staff have access to an emergency blue Salbutamol inhaler. This will only be used by children whose parents have consented to its use (via the inhaler parental consent form) when they do not have their own inhaler in school. This should only be used in case of an emergency and is not to be considered to be a substitute to the child's usual inhaler.

A record of how often a child has used their inhaler is kept alongside their inhaler in the central place, in order to ensure that the child is not using their inhaler excessively. This record can be accessed at a parent's request. The staff member who is present with the child when they use their inhaler needs to complete this record.

iv. Safe Storage of Medicines (excluding inhalers)

It is essential that all medications are stored safely and out of the reach of other children. All prescription and non-prescription medications are locked away in the school's office, the keys to which are kept by the Office Manager and Head teacher. Children with medication stored at school should know where their medication has been stored and who has access to their medication when it is required.

Emergency medicines and devices such as blood glucose testing meters, insulin and adrenaline pens should not be locked away and need to be readily available to staff and the children who require them. For children who require emergency medicines and devices (excluding inhalers), an IHP is required and the safe storage of their medicine/device will be clearly detailed in their plan.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the safe disposal of needles and other sharps.

v. Procedure for Administering Medication

When it is absolutely necessary for a child to take medication during school hours, parents need to obtain and complete a permission form from the school office. The medication then needs to be handed in to the school office, clearly labelled and packaged (according to the guidelines outlined earlier in this section). It will be safely stored in a locked container (see 'safe storage of medicines' earlier in this section) throughout the school day. When the child needs to take their medication, they will be taken to the school office by a designated member of staff to take their medication.

Once the child has completed their course of medication (as outlined in the parental permission form), it will be returned to the child's parents for its safe disposal.

vi. Record-keeping

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. When a child has been administered their medication (according to the instructions outlined on their parental permission form or in their IHP, in the case of children with on-going medical conditions), the date, time and dosage is recorded, along with any important comments. If their child has been unwell at school or experienced any side effects of their, parents should be informed either at the end of the school day, or immediately if it is felt that the medication is having a serious effect on the child's health.

Inhaler use is monitored on a separate record which is kept in the central location alongside the inhalers.

In the case of both inhalers and medication, it is the parent's responsibility to ensure that the medication is in-date and there is a sufficient quantity available in school.

vii. Staff medication

All members of staff are entitled to keep and self-administer medication in school. All staff have a responsibility to ensure that their medication is stored in a safe location which is not accessible to children.

7. Emergency procedures

In case of an emergency, the staff member responsible for the child at the time will immediately approach one of our designated members of staff who are trained to provide first aid. If it is felt that the child needs urgent medical attention, any member of staff can dial 999 for emergency paramedics. A second member of staff will also notify the child's parents and request their immediate attendance at school. If a first-aider considers the child to require non-urgent hospital attention, a member of staff will call the child's parents in the first instance, who will make the decision whether or not to take their child to hospital. At all times, the designated first-aider should remain with the child in an emergency situation and other staff members should take responsibility for contacting parents and emergency services.

Should an ambulance be required, the first-aider should stay with the child until their parent arrives to take them to hospital. If we have been unable to contact the child's parent or if paramedics indicate it is in the child's best interest to immediately transfer to hospital, the designated staff member (as indicated by the Head teacher) will travel to hospital with the child, acting in loco parentis.

Although acting in loco parentis, no member of staff is responsible for making decisions about a child's healthcare. In an emergency situation, it is the responsibility of the medical professionals to make decisions about the child's healthcare in the absence of the parents. In any situation where a child has been taken to hospital without their parent's consent, we will endeavour to find alternative ways of informing the child's parents as our immediate priority.

Where a child has an IHP, this will clearly define what constitutes an emergency and explain what to do in case of an emergency. All staff who work alongside or support a child with an IHP are aware of the child's emergency symptoms and procedures and have easy access to their IHP. In case of an emergency, the child's IHP is readily available in an accessible file in our school's office.

Any incidents in school which require hospital treatment must be recorded accurately by a first-aider in the school's accident book. Head injuries must always be recorded in the accident book and the parents notified by way of a text for general head bumps and a phone call for more serious injuries such as bleeding. In addition to this a note handed over by the child's teacher, which details the incident and treatment given.

8. Day Trips, Residential Visits & Sporting Activities

Teachers should be aware of how a child's medical condition will impact on their participation in any off-site visits or sporting activities in school. As an inclusive school, our teachers have a responsibility to make reasonable adjustments to a visit/activity and

special arrangements in order to ensure that all pupils can participate according to their own abilities.

In the case of off-site visits, it is essential that any children with existing medical conditions are accompanied with the necessary medication and any devices that may be required, as outlined in their IHP (the IHP should also be carried by a staff member, detailing emergency procedures and contact details). The teacher responsible for an off-site visit will have already completed a risk assessment for the trip, but it is essential that they also take into account the medical needs of the children in their care. A basic first-aid kit is also taken with the visit leader on all trips.

For off-site visits, our procedures for administering medication and the use of inhalers (and related record-keeping) within school remain the same, with the exception that the medication and/or devices need to be kept with a designated staff member at all times (rather than locked away). The teacher responsible for the visit ensures that have access to a mobile telephone at all times, on which calls to the school, a child's parents or emergency services could be made, if deemed necessary.

In the case of sporting activities, the teacher responsible (in consultation with the Headteacher and SENCO) has a duty to ensure that all children in their care can participate, according to their ability, and reasonable adjustments must be made to any activity to ensure this. We feel that it is also important to listen to the wishes of the child for whom adjustments are being made, as well-intended inclusive measures could unwittingly cause embarrassment.

9. Short-term illnesses

It is the parent's responsibility to decide whether or not their child is sufficiently well enough to be in school. However, we have a duty to ensure the health and safety of our pupils, staff and any visitors to the school. Consequently, from time-to-time, it may be necessary to send children home who are feeling unwell or displaying signs or symptoms of contagious diseases. We follow the Health Protection Agency's most recent document 'Guidance on infection control in schools and other childcare settings' (2010, updated in 2014) to dictate whether or not a child who is unwell ought to be present in school or not. This can be accessed via the www.gov.uk website and a copy is kept in our school office.

In situations where the guidance is unclear or the child's symptoms are unclear, we will request the parent to take their child to seek medical advice to determine whether or not they pose any health risk to others.

10. Staff Training & Support

Any member of school staff who provides support to a pupil with medical needs should have required suitable training and are present at all meetings in which the child's IHP and healthcare needs are discussed, so they have the opportunity to make known their training needs. The lead healthcare professional present at an IHP review will be able to advise on the type and level of training required.

The Head teacher has a duty to ensure that all school staff have the appropriate level of training required to deliver support to pupils with medical conditions. Likewise, school staff have a responsibility to inform the Headteacher if they feel insufficiently trained in order to provide support for children with healthcare needs.

Training should be sufficient to ensure that staff supporting pupils with medical conditions feel confident and competent in being able to fulfil the requirements set out in the IHP. They will need an understanding of the child's specific medical condition, its implications and preventative measures. Staff who have not received the appropriate training relating to an individual child are not permitted to administer medication or undertake healthcare procedures. A first aid certificate does not constitute appropriate training in supporting children with medical conditions.

Where a child's medical condition requires the vigilance of all staff at all times, it is essential for all school staff to have received basic training in order to identify emergency signs and symptoms and understand preventative and emergency measures and procedures, so that all staff can recognise and act quickly should a problem occur. The Head teacher or SENCO can liaise with the school nurse (or another healthcare professional, where relevant) in order to arrange staff training.

The parents of a child (and often the child themselves) can be helpful in providing relevant information to staff about how a child's healthcare needs can be sensitively met, and parents must always be asked for their views. Whilst parents can provide specific, helpful advice, they should not be the sole trainer on their child's medical condition.

11. Unacceptable practice

We consider any practice in the administration of medication or the treatment of pupils with medical conditions that deviates from the contents of this policy, which does not first and foremost consider the health and safety needs of the child in question, to be unacceptable practice. Any incidences of perceived unacceptable practice need to be reported immediately to the Head teacher.

We also consider the following to be noteworthy examples of unacceptable practice:

- Preventing children from accessing medication or inhalers when necessary;
- Making assumptions about a child based on their medical condition;
- Ignoring the views of the child, their parents or healthcare professionals (although this may be challenged if it was felt to be unreasonable);
- Preventing children with medical conditions from accessing visits or sporting activities;
- Preventing children with medical conditions from accessing all areas of the curriculum, normal school activities (unless this has been agreed in their IHP) or any other aspect of school life, including off-site trips;
- Leaving an unwell child unaccompanied or a child with a medical condition with someone unsuitable;
- Penalising children for poor attendance if their absences relate to their medical condition (e.g. hospital visits);
- Requiring parents to unnecessarily attend school to administer medication or provide medical support to their child, including assistance with toileting issues (although this may be challenged if the parental requests were felt to be unreasonable and not in compliance with this policy).

12. Complaints

If parents, children or staff were dissatisfied with the support provided, they should raise their concerns directly with the Head teacher in the first instance. If the issue were to remain unresolved following discussion with the Head teacher, the complainant may make a formal complaint via our school's complaint procedure. This would then move the complaint to the governing body.

In the rare circumstance that an issue continues to be unresolved, it is possible to make a formal complaint to the Department for Education. Making a formal complaint to the Department for Education should only occur if it falls within scope of section 496/497 of the Education Act (1996) and all other attempts at resolution have been fully exhausted.

13. Liability & Indemnity

Our school insurance policies provide liability cover relating to the administration of medication and individual cover is arranged for staff members who are involved in delivering healthcare procedures. Any requirements of the insurance (e.g. the need for named staff to be trained) should be made clear and be complied with.

14. Review of policy

This policy currently complies with the most recent statutory guidance from the Department for Education (2014) "Supporting Pupils at School with Medical Conditions". It ought to be reviewed in three years' time, or sooner if new legislation or statutory guidance is introduced, involving the management of medicines or pupils with medical conditions in schools.

Appendix A: Individual Healthcare Plan (IHP) template

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

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 B: Parental Permission Form for the Administration of Medicines.

Date:	
Name of child & Year group:	
Reason for medication:	
Name of medication:	
Has this medication been prescribed for your child?	**Yes / No** (please circle) *NB: In the case of prescribed medication, the medication should be clearly labelled with the child's name.*
Dosage:	
Time at which to take medication:	
Medication to be taken on (provide dates):	
Does your child have any known allergy to this medication?	**Yes / No** (please circle)
Your contact number (in case of a query regarding your child's health or this medication):	

The above information is correct and I agree to this medication being administered to my child according to the above instructions.

Name: _____ Date: _____

Signature: _____

Please note, we refuse to administer medication to children in the following instances:

- *In the case of prescribed medication, the label shows that the medication has not been prescribed for the child in question.*
- *The dosage exceeds that which is recommended for a child of their age (unless we have clear written evidence from the child's doctor to say otherwise).*
- *The medication is not recommended for a child of their age (unless we have clear written evidence from the child's doctor).*
- *There is a doubt as to whether or not the child may be allergic to the medication.*
- *The medication has passed his expiry date.*
- *The Headteacher has reasonable grounds to suspect that the medication may be detrimental to the child's health.*

Appendix C: Inhaler Use Parental Consent Form.

Date:	
Name of child & year group:	
Inhaler/device: (e.g. brown/blue inhaler, spacer, Salbutamol).	
Dosage required: (e.g. how many puffs).	
Frequency of use: (e.g. when and how often the inhaler should be used).	
Your contact number (in case of a query regarding your child's health or this medication):	

In case of an emergency, do you give permission for your child to use our school's emergency brown Salbutamol inhaler (according to your instructions above): **YES / NO** (please circle)

- I give my consent for my child to use their inhaler according to my instructions above.
- I understand that the inhaler will be kept in one central easily accessible place.
- I take responsibility for ensuring that my child's inhaler is kept in school.
- I take responsibility for checking that the inhaler medication is in-date and does not run out. The inhaler that I have provided for my child is clearly labelled and packaged.

Signed: _____ Name: _____