

Date of policy:	Autumn 2015
Member of Staff Responsible:	Germaine Matthews/Trudi Lincoln
Review:	Autumn 2017

Introduction

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting children at the school with medical conditions.

Children with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of children have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

Implementation

The overall responsibility for the successful administering and implementation of this Policy is given to the Headteacher. He will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

The Business Manager, will be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside of the normal timetable and the SENCO / Class Teacher is responsible for the monitoring of individual medical plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this policy.

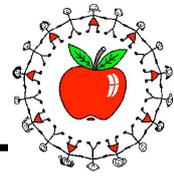
Definitions of medical conditions

- Short-term affecting their participation in school activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Procedures to be followed when notification is received that a child has a medical Condition

We will ensure that the correct procedures will be followed whenever we are notified that a child has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when child's needs change and arrangements for any staff training or support. For children starting at Orchard Primary, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Orchard Primary mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The School will ensure that arrangements give parents/carers and children confidence in Orchard's



ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

Where children are having a one off dose of medication e.g. paracetamol or anti-histamine this should be recorded on Appendix E. If a continuous course of treatment is required, Appendix C should be used so a consecutive record can be kept. The school will ensure that arrangements are clear and unambiguous about the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that children's health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support to children. In cases where a child'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/carers. Where parental requests conflicts with medical evidence/advice some degree of challenge may be necessary to ensure safeguarding and that the right support can be put in place.

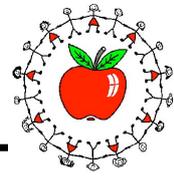
Following the discussions with stakeholders an Individual Medical Plan may need to be put in place. This should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have a Medical Plan) needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

The child's role in managing their own medical needs

If it is deemed, after discussion with the parents/carers, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Medical Plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the classroom (out of reach, to ensure that the safeguarding of other children is not compromised), children will know to ask for them. If the school holds a second medication it will be in the grab box stored in the office for use at playtimes. The school does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Medical Plan. Parents/carers should be informed, outside of the review, so that alternative options can be considered.

The following are the procedures to be followed for managing medicines

- Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- Staff should check that the medical instructions are aligned with the official medical instruction provided on the medication.



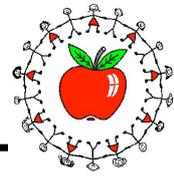
- No child under 16 should be given prescription or non-prescription medicines without their parents/carers written consent (see Appendix C). Written consent for non-prescription medicines will be sort of the child's induction to school (see Appendix G).
- All unused medication will be signed back to parents (see Appendix H)
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely in the Medical Room. Children should know 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 should be always readily available to children and not locked away; these will be stored in the classroom cupboards where both class teacher and child know how to access them or if we have a second medication in the office grab box for playtime. If a child requires asthma inhaler it is crucial that there is an inhaler in the school at all times.
- During school trips, the member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions.
- Staff administering non-prescription medicines should always ring the parent first to ensure a dosage has not already been given; they should then follow the instructions and guidance on the medicine for the age of child.
- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted. These records offer protection to staff and children and provide evidence that agreed procedures have been followed (see Appendix D & E).
- When no longer required, medicines should be returned to the parent/carer (see Appendix H) to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Individual Medical Plans

Individual Medical Plans will be written and reviewed by the SENCO but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

The plans will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, health care professional and parents/carers should agree, based on evidence, when a Medical Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an Individual Medical Plan is provided in Appendix A.

Individual Medical Plans will be easily accessible to all who need to refer to them, while preserving confidentiality (available in the medical room and with the SENCO). Plans will 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. This is important because different children with the same health condition may require very different support. Where a child has SEN but does **not** have an Education and Health Care Plan (EHCP), their SEN should be mentioned in their Medical Plan.



Medical Plans, (and their Review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Medical Plan must be completed by the Lead Professional (usually the SENCO) with support from parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Children should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school.

The school will ensure that Medical Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption.

Where the child has a SEN identified in an EHC plan, the Medical Plan should be linked to or become part of that EHC plan.

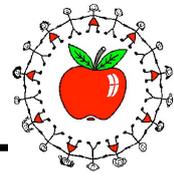
Appendix B provides a template for the Individual Medical Plan but it is a necessity that each one includes:

- the medical condition, its triggers, signs, symptoms and treatments.
- 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 and environmental issues e.g. crowded/noisy conditions, travel time between lessons.
- Specific support for the child's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions.
- 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 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.
- who in the school needs to be aware of the child's condition and the support required.
- arrangements for written permission from parents/carers for medication to be administered by a member of staff, or self-administered by the child during school hours.
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.
- where confidentiality issues are raised by the parents/carers or child, the designated individuals to be entrusted with information about the child's condition.
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Medical Plan prepared by their lead clinician that could be used to inform development of their Individual Medical Plan. The Emergency Medical Plan will not be Orchard's responsibility to write or review.

Unacceptable Practice

Although staff should use their discretion and judge each case on its merit with reference to the child's Medical Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- assume that every child with the same condition requires the same treatment.
- ignore the views of the child or their parents/carers; or ignore medical evidence or opinion, (although this may be challenged).

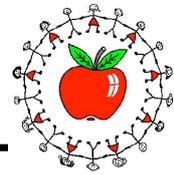


- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- send them to the school office or medical room unaccompanied if the child becomes ill.
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- require parents/carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including with toileting issues.

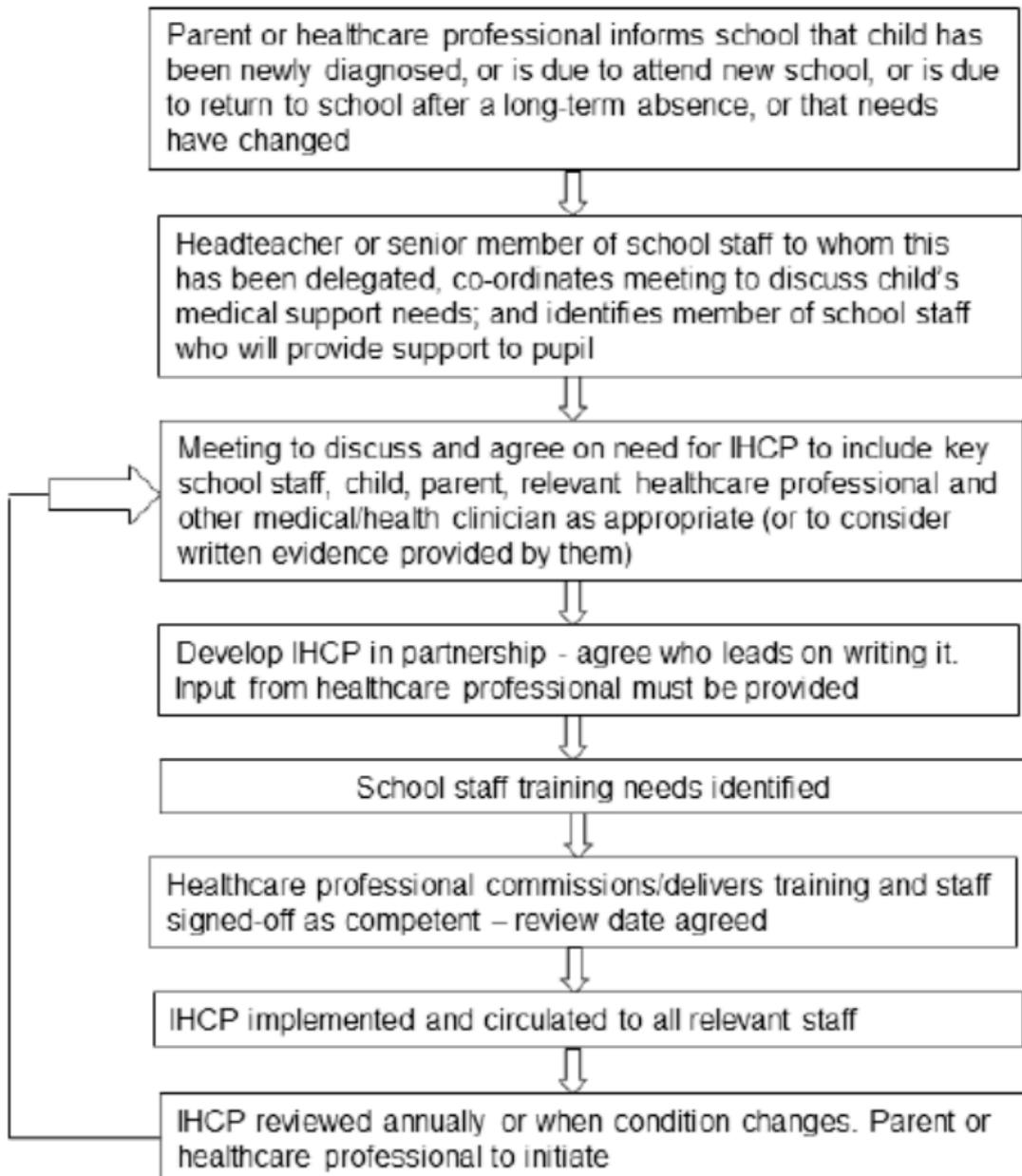
No parent/carer should have to give up working because the school is failing to support their child's medical needs; or prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child.

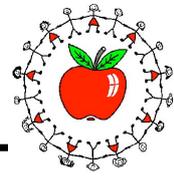
Complaints

Should parents/carers or children be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the school's Complaints Policy.



Appendix A – Model Process for Developing Individual Medical Plans





Appendix B – Individual Medical Plan

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

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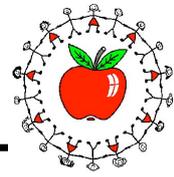
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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Daily care requirements



Specific support for the child's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

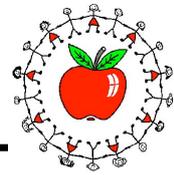
Describe what constitutes an emergency, and the action to take if this occurs

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 C – Parental agreement for Orchard to administer medicine

The school will not give your child medicine unless you complete and sign this form and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

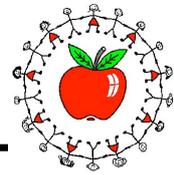
NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Relationship to child	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____



Appendix D – Record of medicine administered to an individual child

Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

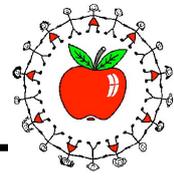
Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
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Name of member of staff			
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