



Supporting Pupils with Medical Conditions

Communicating Love; Inspiring our
Community to Flourish

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Introduction

St Gabriel's CofE Academy fully recognises the responsibility it has with regard to supporting children with medical conditions at school. This policy outlines how we meet the requirements of the statutory guidance 'Supporting pupils at schools with medical conditions' (DfE, 2015).

The guidance states:

"Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education".

We strive to ensure that all children at St Gabriel's who have medical conditions are able to play a wholly active role in school life, and to achieve their full potential.

While focusing on children's individual needs, parents and pupils should be confident that St Gabriel's will provide effective support in the knowledge that their child's health will not deteriorate whilst at school.

We are committed to working alongside the families and specialists concerned to achieve this, whilst meeting the statutory requirements of section 100 of the children and families act 2014, and also fulfilling our duty as a governing body to make appropriate arrangements for children who require medical support in school.

Roles and Responsibilities

Governors are responsible for:

- Monitoring arrangements put in place to fully support children with a medical condition;
- Defining and reviewing an effective policy with clearly defined roles and procedures; with which the head teacher and staff are up to date;
- Ensuring there is no discrimination within the policy;
- Ensuring that all staff training is relevant and up to date;
- Monitor written records regarding the administration of medicines;
- Ensuring emergency procedures are in place;
- Ensuring that insurance covers appropriate levels of risk;
- Implementing the St Gabriel's complaints procedure, in the case of complaints regarding support on healthcare.

The Head teacher is responsible for:

- Ensuring this policy is effectively implemented;
- Ensuring all staff are aware of this policy and procedure, and have a clear understanding of their role;
- Ensuring all staff know which children in school are supported under this policy;
- Ensuring appropriate training is up to date;
- Ensuring that all healthcare plans are up to date and reviewed annually;
- Ensuring confidentiality and data protection;
- Assigning appropriate accommodation for medical care.

Staff are responsible for:

- Understanding and implementing this policy;
- Providing full support to children with medical conditions;
- Attending necessary training;
- Informing the head teacher of any previously unidentified children, who are in need of medical support;
- Undertaking appropriate risk assessments for trips and visits;
- Knowing where medicines are stored and ensuring they have access to them;
- Correctly recording the administration of medicines.

The Local Authority is responsible for:

- Promoting good communication between all concerned in the children's well-being;
- Providing support, advice and guidance, enabling Healthcare plans to be delivered effectively;
- Enabling children with medical conditions to attend school full time, otherwise making suitable alternative arrangements once it is clear that a child will be away from school for 15 days or more due to health needs.

Parents and Carers are responsible for:

- Notifying the school at the earliest possible opportunity of any medical conditions;
- Keeping the school up to date on their child's medical needs;
- Involvement in the writing and reviews of healthcare plans, and then carrying out actions pertaining to them;
- Providing up to date medicines and equipment;
- If at all possible, administering the first dose of a new medicine to a child at home, before it is administered by staff in school;
- Remaining contactable at all times in case of emergency;
- Completing a consent form, enabling administration of medicines.
- **Children are responsible for:**
 - Where appropriate, contributing to their healthcare plan;
 - Providing information on how their medical condition affects them;
 - Informing an adult immediately if they feel unwell;

Managing Medicines

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

School staff may, at their discretion, administer non-prescription medicine, in circumstances that would otherwise be detrimental to a child's health or attendance.

Families are encouraged to administer medicines wherever possible.

- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept prescribed medicines that are in-date, labelled (including the child's name), 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 to schools inside an insulin pen or a pump, rather than in its original container.
- Instructions must be recorded on the school's official form (see Appendix 1) which must also be signed and dated by the parent.
- If at all possible, the first dose of a new medication should be given by the parent at home so that they are able to ascertain if the child has any difficulties taking the medication or experiences any adverse reactions.

- All medicines should be stored safely. Members of staff should know where the medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and pens should always be readily available and not locked away.
- This is particularly important to consider when outside of school premises, e.g. on school trips.
- Medication that must be stored in a fridge will be placed in the designated fridge located in the Kitchenette.
- Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed.
- Staff administering medicines should do so in accordance with the prescriber's instructions.
- Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. This information will be recorded on the school's official form which is also used by the parent.
- Any side effects of the medication to be administered at school should be noted and parents informed immediately.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps and the boxes must be supplied and disposed of through an approved company.

Process for developing Individual Healthcare Plans (IHP)

- Parent or Healthcare professionals inform the school that a child has been newly diagnosed, is due to attend new school, or is due to return to school after a long period of absence, or that needs have changed.
- Head teacher or senior member of school staff co-ordinates meetings to discuss medical support needs and identifies member of school staff who will provide direct support to pupil.
- Meeting to discuss and agree on need for IHP to include key school staff, child (as appropriate), parent, relevant healthcare professional and other medical health clinician as appropriate (or to consider written evidence provided by them).
- Work in partnership with healthcare professional. Agree who leads on writing the IHP.
- Identify school staff training required.
- Healthcare professional delivers or commissions training and staff signed off as competent.
- Review date then agreed.
- IHP implemented and circulated to relevant staff, parents and child (if appropriate).
- IHP reviewed annually or earlier if the condition changes. Healthcare professional, parent or Headteacher to initiate start of this process.
- IHP copies kept readily accessible for staff to use.
- A photograph of the child and a statement of their need and medication will be displayed in the classroom, and office.

Protocol or Action Plan

- If a child is issued with a protocol or action plan by a doctor, it will be implemented in the place of an IHP. The points made above regarding staff training, meetings etc. all still apply.
- A copy of the protocol will be kept with the medication at all times.
- A photograph of the child and a statement of their allergy/need and medication will be displayed in the classroom, office and food hall.
- IHP or and action plans that detail medication will have more than one member of staff trained in its administration.

Emergency action procedures

IHP's, protocols or action plans should all include an explanation of what to do in an emergency. All school staff will follow emergency procedures outlined on a plan. All staff receive updates on what to do in an emergency and this is regularly refreshed. Competent and trained first aiders are always on site and accompany all children who leave the site for an educational visit. If a pupil needs to attend hospital, the preferred option is to wait with the child for a parent to arrive and take them. If an ambulance is required a member of staff will accompany the child to hospital unless a parent has already arrived. In exceptional circumstances two members of staff will escort the pupil to hospital in a staff car but this is only if the parent and / or ambulance are unable to assist in time and specialist medical attention is urgently required.

The school has a stock of emergency insulin auto injectors and salbutamol inhalers which in exceptional circumstances may be administered without parent consent if staff feel it is essential to safeguard the child.

Working with families

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, St Gabriel's will support families by:

- Ensuring children can easily access their inhalers and medication and administering their medication when and where necessary;
- Listening to the views of the child or their parents; consider medical evidence and opinion (although this may be challenged);
- Aiming for maximum participation and attendance, working together to remove barriers to children participating in any aspect of school life, including school trips;
- Ensure pupils can drink, eat, take toilet or other breaks whenever they need to in order to manage their medical condition effectively;

Training

The school ensures sufficient numbers of staff are trained to meet the care needs of individual children (as well as basic and paediatric first aid) including the administration of medication. This includes numbers to provide cover for absence, turnover and other contingencies. Training is refreshed in consultation with the school nursing team and other medical professionals.

Environment

The school is committed to providing a physical environment accessible to pupils with medical conditions. The school pays careful consideration to medical conditions in the planning of school activities (including PE), extended activities and residential trips. Staff are aware of the potential social difficulties that pupils with a medical condition may experience and we actively promote inclusion through the school values. Specific needs are considered on risk assessments for activities.

Reintegration

The school recognises the need to work with pupils, parents, staff, healthcare professionals and the local authority to plan a reintegration that successfully meets

the needs of the pupil following a period of hospital education or alternative provision (including home education).

Attendance

The school recognises that the attendance of pupils with medical conditions may be affected. One of the main aims of the policy is to ensure as far as possible that the support offered for a medical condition facilitates maximum attendance. The school's approach to attendance is detailed in the attendance policy. If an attendance concern arises, it will be discussed with Warwickshire Attendance Service alongside medical professionals, the child and family.

Appendix 1 - Administration of Medication Consent Form

Administration of Medication Consent Form

Child's Name:

Class: Date of Birth:

Parent/Carer's Name:

Home Telephone Number:

Work Telephone Number:

Mobile:

I consent to my child receiving the following medicine in school:

Medicine:

Dose:

Time:

Starting on:

Finishing on:

Where should the medication be stored?:

The medication is for the following condition(s):

Additional instructions:

I undertake to ensure that this medication(s) supplied by me, and prescribed by my child's doctor is correctly labelled, in date, with storage details attached and that the school will be informed of any changes. I undertake to ensure that the school has adequate supplies of this medicine(s) for my child.

In the case of 'over the counter' medication, I will label the container with my name, date, and signature.

I understand that the medication will be given by a nominated member of staff.

(Administration Team/Head Teacher/Deputy Head Teacher/Teacher/Teaching Assistant).

Signed..... Date.....

For school use. Record of medication administered:

Date:

Time:

Dosage:

Name and signature of person administering medication:

Comments:

Appendix 2. IHP template

Individual Healthcare Plan

1 CHILD/ YOUNG PERSON'S INFORMATION

1.1 CHILD/ YOUNG PERSON DETAILS

Child's name:
Date of birth:
Year group:
Nursery/School/College:
Address:
Town:
Postcode:
Medical condition(s): Give a brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.

Allergies:

Date:

Document to be updated:

1.2 FAMILY CONTACT INFORMATION

Name:
Relationship:
Home phone number:
Mobile phone number:
Work phone number:
Email:
Name:
Relationship:
Home phone number:
Mobile phone number:
Work phone number:
Email:
Name:
Relationship:
Home phone number:
Mobile phone number:
Work phone number:
Email:

1.3 ESSENTIAL INFORMATION CONCERNING THIS CHILD / YOUNG PERSON'S
HEALTH NEEDS

	Name	Contact details
Specialist nurse (if applicable):		
Key worker:		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/ school nurse:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Head teacher:		
Person with overall responsibility for implementing plan:		
Any provider of alternate provision:		

This child/ young person has the following medical condition(s) requiring the following treatments:

Medical condition	Drug	Dose	When	How is it administered?

Does treatment of the medical condition affect behaviour or concentration?

Are there any side effects of the medication?

Is there any ongoing treatment that is not being administered in school?

What are the side effects?

Any medication will be stored:

2. ROUTINE MONITORING (IF APPLICABLE) Some medical conditions will require monitoring to help manage the child/ young person's condition.

What monitoring is required?

When does it need to be done?

Does it need any equipment?

How is it done?

Is there a target? If so what is the target?

3. EMERGENCY SITUATIONS

An emergency situation occurs whenever a child/ young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?

What are the symptoms?

What are the triggers?

What action must be taken?

Are there any follow up actions (eg tests or rest) that are required?

4. IMPACT ON CHILD'S LEARNING

How does the child's medical condition effect learning? i.e. memory, processing speed, coordination etc.

Does the child require any further assessment of their learning?

5. IMPACT ON CHILD'S LEARNING

	Time	Note
Arrive at school		
Morning session		
Lunch		
Afternoon session		
School finish		
After school club (if applicable)		
Other		

Please refer to home-school communication diary -

Please refer to school planner -

6. CARE AT MEAL TIMES

What care is needed?

When should this care be provided?

How's it given?

If it's medication, how much is needed?

Any other special care required?

7. PHYSICAL ACTIVITY

Are there any physical restrictions caused by the medical condition(s)?

Is any extra care needed for physical activity?

Actions before exercise

Actions during exercise

Actions after exercise

8. TRIPS AND ACTIVITIES AWAY FROM SCHOOL

What care needs to take place?

When does it need to take place?

If needed, is there somewhere for care to take place?

Who will look after medicine and equipment?

Who outside of the school needs to be informed?

Who will take overall responsibility for the child/young person on the trip?

9. SCHOOL ENVIRONMENT

Can the school environment affect the child's medical condition?

How does the school environment affect the child's medical condition?

What changes can the school make to deal with these issues?

Location of school medical room

10. EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

Is the child/young person likely to need time off because of their condition?

What is the process for catching up on missed work caused by absences?

Does this child require extra time for keeping up with work?

Does this child require any additional support in lessons? if so what?

Is there a situation where the child/young person will need to leave the classroom?

Does this child require rest periods?

Does this child require any emotional support?

11. STAFF TRAINING

What training is required?

Who needs to be trained?

Has the training been completed? Please sign and date.

Training	Name	Signature	Date

	Name	Signatures	Date
Young person			
Parents/ carer			
Healthcare professional			
School representative			
School nurse			

Please use this section for any additional information for this child or young person.

Supporting children with medical needs in all education settings

Children with medical needs may receive education provision in a range of settings. They may attend school with some support. If they cannot attend school they may be educated in a medical alternative provision setting, or in a hospital school. Or they may intermittently attend school and receive education in a medical alternative provision setting, at hospital or at home.

The following diagram is designed to help schools identify the steps they should take to ensure children with medical needs receive the support that they need.

CHILD IS IN SCHOOL

School to consider developing an Individual Healthcare Plan (IHP)



School to consider whether Education Health Care Plan (EHCP) is needed if the child has SEN arising from medical condition. If so this must be coordinated with IHP



If the child has a disability, school to consider whether reasonable adjustments should be made



School to assess whether further staff training is needed

IF THE CHILD IS LIKELY TO BE ABSENT FOR 15 DAYS OR MORE

School should inform local authority and discuss arrangements for education in an alternative setting (for example hospital or home education)



The child must not be removed from school roll without parental or medical consent

CHILD IS IN MEDICAL ALTERNATIVE PROVISION/HOSPITAL SCHOOL/HOME

Local authority must make suitable full time education available (for example hospital or home education)



Communication should be maintained between the local authority, school and alternative education provider



When the child returns to school the local authority should ensure an individually-tailored reintegration plan is developed and implemented - this could be included within the IHP

CHILD RETURNS TO SCHOOL

School to cooperate with the local authority



School to update/develop IHP and this should include individually-tailored reintegration plan



School to assess whether further staff training is needed



School to consider whether Education Health Care Plan (EHCP) is needed if the child has SEN arising from medical condition. If so this must be coordinated with IHP



If the child has a disability, school to consider whether reasonable adjustments should be made

