

FELSTED PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

MARCH 22



Nurturing today's minds for tomorrow's challenges

- Be Respectful
- Be positive
- Be the best you can be
- Save our world!

Date Policy was formally adopted	
Review Date	
Chair's Name	
Chair's Signature	

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1. STATEMENT OF INTENT

Felsted Primary School aims to ensure that children with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's guidance released in 2014 – "Supporting children at school with medical conditions".

2. KEY ROLES AND RESPONSIBILITIES

2.1. **The Local Authority (LA) is responsible for:**

2.1.1. Promoting cooperation between relevant partners and stakeholders regarding supporting children with medical conditions.

2.1.2. Providing support, advice and guidance to schools and their staff.

2.1.3. Making alternative arrangements for the education of children who need to be out of school for fifteen days or more due to a medical condition.

2.2. **The school is responsible for:**

2.2.1. The overall implementation of Supporting children with Medical Conditions Policy and procedures of Felsted Primary School.

2.2.2. Ensuring that the Supporting children with Medical Conditions Policy, as written, does not discriminate on any grounds.

2.2.3. Handling complaints regarding this policy as outlined in the school's Complaints Policy.

2.2.4. Ensuring that all children with medical conditions are able to participate fully in all aspects of school life as far as possible.

2.2.5. Ensuring that any training is delivered to staff members who take on responsibility to support children with medical conditions.

2.2.6. Guaranteeing that information and teaching support materials regarding supporting children with medical conditions are available to members of staff with responsibilities under this policy.

2.2.7. Keeping written records of any and all medicines administered to children.

2.2.8. The day-to-day implementation and management of Supporting children with Medical Conditions Policy and procedures of Felsted Primary School.

2.2.9. Making staff aware of this policy.

2.2.10. Liaising with healthcare professionals regarding the training required for staff.

2.2.11. Making staff who need to know aware of a child's medical condition.

2.2.12. Developing Individual Healthcare Plans (IHCPs).

2.2.13. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.

2.2.14. Contacting the school nursing service in the case of any child who has a medical condition.

2.3. Staff members are responsible for:

2.3.1. Taking appropriate steps to support children with medical conditions.

2.3.2. Where necessary, making reasonable adjustments to include children with medical conditions in lessons.

2.3.3. Undertaking training to achieve the necessary competency for supporting children with medical conditions, if they have agreed to undertake that responsibility.

2.3.4. Familiarising themselves with procedures detailing how to respond when they become aware that a Child with a medical condition needs help.

2.3.5. All trained staff are responsible for administering injections.

2.4. School nurses are responsible for:

2.4.1. Notifying the school when a child has been identified with requiring support in school due to a medical condition.

2.4.2. Liaising locally with lead clinicians on appropriate support.

2.5. Parents and carers are responsible for:

2.5.1. Keeping the school informed about any changes to their child/children's health.

2.5.2. Completing a parental agreement for school to administer medicine form before bringing medication into school.

2.5.3. Providing the school with the medication their child requires and keeping it up to date.

2.5.4. Collecting any leftover medicine at the end of the course or year.

2.5.5. Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the school.

3. DEFINITIONS

3.1. "Medication" is defined as any prescribed or over the counter medicine.

3.2. "Prescription medication" is defined as any drug or device prescribed by a doctor.

3.3. A "staff member" is defined as any member of staff employed at Felsted Primary School.

4. TRAINING OF STAFF

4.1. Teachers and support staff will receive regular and ongoing training and any additional training as deemed necessary.

5. INDIVIDUAL HEALTHCARE PLANS (IHCPS)

5.1. Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the Child, parents/carers, school and medical professionals.

5.2. IHCPs will be easily accessible whilst preserving confidentiality.

5.3. IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

5.4. Where a Child has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.

5.5. Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

6. MEDICINES

6.1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the Child to take them outside of school hours.

6.2. Any administering of medication will involve adults employed by the school.

6.3. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

6.4. No child will be given medication containing aspirin without a doctor's prescription.

6.5. Medicines MUST be provided in a measured dose labelled, and time to be given must be clear. Medicines which do not meet these criteria will not be administered.

6.6. A daily dose of the medication must be provided to the school at one time.

6.7. Medications will be stored in the fridge in the classroom or in the school office.

6.8. Written records will be kept of any medication administered to children.

6.9. Any medication administered will be witnessed by an adult employed by the school. Both members of staff will sign the records to confirm the dose and the child's identity.

6.10. Felsted Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

7. EMERGENCIES

7.1. Medical emergencies will be dealt with under the school's emergency procedures.

7.2. Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

7.3. children will be informed in general terms of what to do in an emergency, such as telling a teacher.

7.4. If a Child needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

8. AVOIDING UNACCEPTABLE PRACTICE

8.1. Felsted Primary School understands that the following behaviour is unacceptable:

- Assuming that children with the same condition require the same treatment.
- Ignoring the views of the child and/or their parents.
- Ignoring medical evidence or opinion.
- Sending children home frequently or preventing them from taking part in activities at school unless absolutely necessary
- Sending the child to the school office alone if they become ill
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

9. COMPLAINTS

9.1. The details of how to make a complaint can be found in the Complaints Policy and Procedure documents

10. Appendix 1 - Individual healthcare plan template

Name _____ Date of Birth _____ Age _____

General Information:

Diagnosed Conditions

Level of Support Needed and by who

Allergies

Special Dietary Requirements

Routine Medication

Drug _____ Dose _____ Time _____

Drug _____ Dose _____ Time _____

Drug _____ Dose _____ Time _____

Information on how to give medication

Activities that should be avoided

Activities that require special precautions

Other treatments/Times/Facilities/Testing/Access to Food and Drink where used to manage condition

Support for Educational/Social Emotional Needs (how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions)

Specific Care:

Possible Triggers for Seizure

Warning signs that seizures might be about to happen

Description of typical seizures

Action to be taken during/after seizures

Seizures normally last _____ minutes.

Emergency medication should be given if the seizure has not stopped after _____ minutes or if

The emergency drug to be given is _____

The dose to be given is _____

It should be given orally

rectally

into the buccal cavity (between the cheek and teeth)

Circumstances when emergency medicine should NOT be given

Circumstances when a second dose of emergency medication may be given

The second emergency drug to be given is _____

The dose to be given is _____

It should be given orally

rectally

into the buccal cavity (between the cheek and teeth)

Named individuals who may give emergency medication

1.

2.

3.

4.

You should call an ambulance/doctor if

Please call _____ if the following situation occurs

This plan has been agreed and consent is given for emergency treatments by:

Child/young person/parents/guardians/prescribing doctor

Name _____ (Prescribing doctor) and

Signature _____ Date _____

Name _____ (Child/young person) and

Signature _____ Date _____

Name _____ (Parent/Guardian) and

Signature _____ Date _____

Name _____ (Member of School Staff) and

Signature _____ Date _____

Date this plan needs to be reviewed _____

Additional Information/instructions

11. Appendix 2 - Parental agreement for a school to administer medicine template

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Child's Name	
Class	
Address	
Condition/Illness	
Name/Type of Medication	
No of days to administer medication	
Date treatment started	
Frequency of dosage at school	
Timing	
Additional Instructions (before/after food)	
Storage Instructions	
Possible side effects	

EMERGENCY CONTACTS

Child's name	
Name	
Relationship to Child	
Telephone Nos	

I understand that I must deliver the medicine personally to the school office. I accept that the school has a right to refuse to administer medication.

Name:.....

Relationship to child:.....

Signed:.....**Date:**.....

13. Appendix 4 - Contacting emergency services

Request an ambulance - dial 9 for a line then dial 999, ask for an ambulance and be ready with the information below.

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

- Your telephone number – **01371 820215** ● Your name.
- Your location as follows: Felsted Primary school, Watch House Green, Essex CM6 3EB
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this information by the phone.

14. Appendix 5 - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting children at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each child needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, children, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for **xx/xx/xx**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include **add details of team**. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I **or add name of other staff lead** would be happy for you contact me [them] by email or to speak by phone if this would be helpful. Yours sincerely,

Bryony Collins

Headteacher