



CROWLAND PRIMARY SCHOOL
Medical Policy and Guidance:

Last updated: March 2021

Signed off by Governing Body

Review Date: March 2022

Crowland School Medical Policy Statement

The school has a duty under Section 100 of the Children and Families Act 2014 to make arrangements for supporting pupils at school with medical conditions. The governing body will ensure that arrangements are in place to support pupils with medical conditions in doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. The governing body 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 governing body will ensure that arrangements give parents and pupils confidence in the school'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. They will ensure that staff are properly trained to provide the support that pupils need.

PURPOSE

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission (see School Admissions Code 2014) or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governors do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

GENERAL GUIDELINES

When the school is notified that a child has a medical condition procedures are in place to cover any transitional arrangements between schools and arrangements for any staff training or support. School does not have to wait for a formal diagnosis before providing support to a pupil. In cases where pupils 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. The School's medical policy is in line with up to date government legislation in this area.

INDIVIDUAL HEALTHCARE PLANS

Individual Healthcare Plans (IHP) will help school effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. (See Appendix A and also Appendix B- Haringey Schools Healthcare Plan proforma).

Plans will be drawn up in partnership between school, parents and a relevant healthcare professional e.g. School or Specialist Nurse. Pupils will be involved whenever appropriate.

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

Where a child has a special educational need identified in a statement or Educational Health and Care Plan (EHC), the individual Healthcare Plan (IHP) will be linked to, or become part of that statement or EHCP.

Points considered when developing an IHP

- The medical condition, its triggers, signs, symptoms and treatments
- Specific support for the child's educational, social and emotional needs eg 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 Health 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 and the Head teacher, or delegated person, for medication to be administered by a member of staff or self-administered by the child during school hours
- Separate arrangements or procedures for school trips or other school activities outside of the normal school timetable that will ensure that the child can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent of a 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

ROLES AND RESPONSIBILITIES

Supporting a child with a medical condition during school hours is not the sole responsibility for one person. School will work in partnership with healthcare professional, social care professionals, Local Authorities, Parents and Pupils

Governing Body

The governing body will make arrangements to support children with medical conditions in school and ensure that a policy is developed and implemented. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions

Headteacher

The Head teacher will ensure that:

- the school's policy is developed and effectively implemented with partners
- all staff are aware of the policy and understand their role in its implementation
- all staff who need to know are aware of the child's condition
- there are sufficient trained numbers of staff available to implement the policy and deliver against all IHPs including in contingency and emergency situations

School Staff

Staff may be asked to provide support to children with medical conditions, including administration of medicines (although they cannot be required to do so) and dealing with self-care and hygiene.

Staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions. After School Club staff will be made

aware of children who have an Adrenaline Pen (Epi-pen) and will need to have them during the after school classes. Teaching staff are to arrange this with after school staff. After school staff are to return them to the appropriate class room/s.

School Nurse

Every school has access to Haringey School nursing services.

They are responsible for:

- notifying the school when a child has been identified as having a medical condition which will require support in school
- liaising with lead clinicians locally on appropriate support for the child and associated staff training needs
- providing advice and liaising with staff on the implementation of a child's IHP

Other Healthcare Professionals including GPs and Paediatricians

- They should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes)

Children

- Will be fully involved in discussions about their medical support needs and contribute, and comply with, their IHP as appropriate

Parents

- Will provide the school with sufficient and up to date information about their child's medical needs
- Will be involved in the development and review of their child's IHP
- Will provide medicines and equipment and ensure they, or another nominated adult, are contactable at all times

Local Authority

The Local Authority should provide support, advice and guidance to support children with medical conditions to attend full time. Where children would not receive a suitable education at Crowland Primary School because of their health care needs the LA has a duty to make other arrangements.

Providers of Health Services Providers of Health Services should co-operate with school in providing valuable support, information, advice and guidance.

Staff training and support

- The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained. However, school may wish to choose to arrange training and ensure these remains up to date.
- Training will be sufficient to ensure that staffs are competent and have confidence in their ability to support children. This includes an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. A record of the staff training will be kept by the school.
- Staff will not give prescription medicines or undertake healthcare procedures without appropriate training – the training will be updated to reflect any IHP

A first-aid certificate does not constitute appropriate training in supporting children with medical needs.

- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine
- School will have arrangements in place for whole school awareness training regarding supporting children with medical conditions (e.g. non-pupil day, induction arrangements) to help ensure that all medical conditions affecting pupils in the school are understood fully, this includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs
- The family of a child will be key in providing relevant information to school staff about how their child's needs can be met

THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

- The governing body will ensure that arrangements are made, for children who are competent, to manage their own health needs and medicines. This should be reflected in their IHP
- Wherever possible children will be allowed to have access to their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Some children may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, 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 will not force them to do so. Parents will be informed when the medication has not been administered for this reason

MANAGING MEDICINES ON SCHOOL PREMISES

- 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 will be given prescription or non-prescription medicines without their parent's written consent. Forms are available from the office for parents wishing to give consent.
- No child will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum doses and when the previous dose was taken. Parents will be informed when the dose was given
- 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 (exception to this is insulin, which must still be in date but may be available inside an insulin pen or a pump, rather than in its original container)

- It is helpful, where possible that medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. Medicines that need to be taken 3 times a day can be managed at home. Parents should be encouraged to ask the prescriber about this. If medicine is to be administered 4 or more times daily, then parents will be asked to fill in the 'Parental consent for school to administer medication form' (Appendix C)
- All medicines will be stored safely. Children will be informed where their medicines are and be able to access them immediately. Medicines and devices such as asthma inhalers, adrenaline pens (Epi-pens), antihistamine and blood glucose testing meters will always be readily available to children in their class. Emergency Adrenaline Pens (Epi-pens) will be kept in a centralised place – **in the medical room on a high shelf.**
- If the medication must be kept refrigerated proper arrangements should be implemented to ensure that it is both secure and available whenever required.
- School will keep controlled drugs that have been prescribed for a pupil securely stored and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any dosage used and the amount of the controlled drug held in school
- School staff may administer a controlled drug to whom it has been prescribed in accordance with the prescriber's instructions. 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 will be noted
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharp boxes will always be used for the disposal of needles and other sharps.

NB: Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Schools should never accept medicines that have been taken out of the container nor make changes to dosages on parental instruction.

In all cases it is necessary to check:

- Name of child
- Name of medicine and dosage
- Written instructions provided by prescriber
- Expiry date

RECORD KEEPING

PARENTS OF ALL CHILDREN SHOULD COMPLETE THE RELEVANT PAPERWORK WITH THE WELFARE ASSISTANT MRS KILDUNNE. THIS INFORMATION WILL THEN BE SHARED WITH THE CLASS TEACHER. CHILDREN WILL THEN BE SENT TO THE MEDICAL ROOM TO RECEIVE THEIR MEDICATION

Written records will be kept of all medicines administered to children (Appendix D). Parents will be informed if their child has been unwell in school.

EMERGENCY PROCEDURES

- Where a child has an IHP this will 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 needs to be taken to hospital, staff should stay with the child until the parent arrives or accompany a child to hospital in an ambulance

When local emergency services are called staff will give precise details of which entrance to use (See Appendix F)

DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

The Governing body will ensure that arrangements are clear and unambiguous about the need to support actively children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. School will make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician states that this is not possible. A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included (refer to guidance on school trips).

POINTS FOR CONSIDERATION

- School does not assume that every child with the same condition requires the same treatment
- School will not send children with medical conditions home frequently, or prevent them from staying for normal school activities, unless this is specified in their IHP
- If a child becomes ill, they will not be sent to the school office or medical room unaccompanied
- School take into consideration hospital appointments when monitoring attendance however parents are encouraged to book appointments outside school hours when possible.
- School does not prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- School will not require parents, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No parent will have to give up working because the school is failing to support their child's medical needs.
- School will not prevent children from participating in any aspect of school life, including school trips, by requiring parents to accompany them to administer medicines/carry out medical procedures.

LIABILITY AND INDEMNITY

School has an Insurance Policy that provides liability cover relating to the administration of medication.

Any parents of pupils dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved parents may make a formal complaint via the school's complaints procedure

The Head teacher will have overall responsibility that this Policy is implemented and that risk assessments for school visits are undertaken.

The Inclusion Leader and Head Teacher with the support of the School Nurse will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHP's are monitored.

Complied by Julia Fisher (Inclusion)

Model process for developing individual healthcare plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed



Head teacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided



School staff training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

School Health Care Plan

Photograph

Date of Birth:

Name:

School and Post Code:

Year group

Emergency Contact:

1.

2.

Parental Responsibility:

GP:	Address:	Tel:
Hospital consultant	Address:	Tel:

Medical Condition:

Treatment:

Signs and Symptoms of an Emergency:

What to do in an Emergency?

Location of Emergency Treatment

Members of staff trained to administer emergency medication:

Parental and Pupil Agreement

I agree that the medical information contained in this plan may be shared with individuals involved with my/my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed (Pupil):

Date:

Print name:

Signed (Parent/Carer):

Date:

Print name:

School Nurse Agreement

I agree that the information is up to date.

Signed:

Date:

Print name:

Job Title:

Permission for Emergency Medication

I agree that I/my child can be administered my/their medication by a member of staff in an emergency.

Name of medication:

Signed (Pupil):

Date:

Print name:

Signed (Parent/Carer):

Date:

Print name:

School Agreement

Signed:

Date:

Print name:

Job Title:



EDUCATION SERVICES

5.8.1.1 Annex 1: PARENTAL CONSENT FOR SCHOOL/CENTRE TO ADMINISTER MEDICATION (FORM AOM1)

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM, AND WHERE APPROPRIATE FORM AOM 1A WHICH SHOULD BE COMPLETED BY THE GP

Details of Pupil

Full Name: D.O.B:

Address:

Condition or illness:

Name/Type of Medication:

For how long will your child take this medication:

Date dispensed:

Full Directions of use

Dosage:

Timing:

Special Precautions:

Side Effects:

Self Administration:

Procedures to take in an Emergency:

Contact details:

Name:

Relationship to pupil:

Contact number:

Address:

I understand that I must deliver the medicine personally to the school and accept that this is a service which the school is not obliged to undertake

Date:..... Signature.....



EDUCATION SERVICES

**5.8.1.4 Annex 4: PUPIL RECORD CARD – DETAILS OF MEDICATION GIVEN
TO PUPILS (FORM AOM2A)**

Name of Pupil:

Class:

PRESCRIBED MEDICATION RECORD

Date	Time	Name of Medication	Dose Prescribed	Dose given to pupil	Signature	Signature of Staff observing invasive treatment

Contacting emergency services

Request an ambulance – 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.

1. It's an emergency involving a child suffering from anaphylaxis (ANA-FIL-AX-IS)
2. School location – Crowland Primary School, Crowland Road, London. N15 6UX
3. Provide the name of the child and a brief description of their symptoms
4. School telephone number – 0208 800 4553

Appendix F

Administering medicines at Crowland Primary School- a summary for staff

A first-aid certificate does not constitute appropriate training in supporting children with medical needs

- 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 will be given prescription or non-prescription medicines without their parent's written consent.

-PARENTS should complete the relevant paper work with the Welfare Assistant Mrs Kildunne. Class teacher will be informed and the child will sent to the medical room to receive their medication

- No child will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum doses and when the previous dose was taken. Parents will be informed when the dose was given.
- 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 (exception to this is insulin, which must still be in date but may be available inside an insulin pen or a pump, rather than in its original container)
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will be informed when the medication has not been administered for this reason
- Parents should be encouraged to ensure that medication be prescribed in dose frequencies which enable it to be taken outside of school hours. E.g. medicines that need to be taken 3 times a day can be managed at home. If Medicine is to be administered 4 or more times daily, then parents need to be advised to fill in the 'Parental consent for school to administer medication' form.
- All medicines will be stored safely. Children will be informed where their medicines are and be able to access them immediately. Medicines and devices such as asthma inhalers and blood glucose testing meters will always be readily available to children in their classes. Adrenaline pens (Epi-pens) and antihistamine medicine is kept in a centralised place – **High shelf in the Medical Room.** (consideration of this will be taken when off school premises e.g. school trips)
- If the medication must be kept refrigerated proper arrangements should be implemented to ensure that it is both secure and available whenever required.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharp boxes will always be used for the disposal of needles and other sharps.
-