

Supporting Pupils at School with Medical Conditions Policy

Date reviewed	July 2015
Next review date	July 2018

Roles and Responsibilities

The Children and Families Act 2014 requires Governing Bodies to ensure that arrangements are in place to support pupils with medical conditions. This policy has been written with regard to the DfE guidance, "Supporting pupils at school with medical conditions" (April 2014), which can be found via the following link

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. The Head Teacher is responsible for implementing this policy.

St Mary & All Saints CE Primary School ensures the administration of medicines and supporting children with complex health needs is adequately managed.

Individual Health Care Plan

Individual Health Care Plans (IHCP) can help to ensure that schools effectively support pupils with medical conditions. They 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

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 Special Educational Needs (SEN) but does not have a statement or an Education, Health and Care (EHC) plan, their special educational needs should be mentioned in their IHCP.

IHCP's, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, 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. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. The Governing Body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed 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 well-being and minimises disruption. Where the child has a SEN statement, or an EHC plan, the IHCP should be linked to or become part of that statement or plan.

See Appendix A for a flow chart for identifying needs and developing an IHCP.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition) schools will need to work with the Local Authority (Cranbury College) and

education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively. See attached link;

Cranbury College Education for Children with Medical Needs

When deciding what information should be recorded on IHCP's, St Mary & All Saints CE Primary School includes:

the medical condition, its triggers, signs, symptoms and treatments;

the pupil'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 corridors, travel time between lessons;

specific support for the pupil's educational, social and emotional needs – for example, 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

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 and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil 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, eg risk assessments;

where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHCP.

Health Care Plans are the pivotal means through which responsibility holders communicate and record information acknowledging this through signing off the document. This provides a high level of assurance that information has been understood and agreement on actions reached. This will also facilitate, setting review dates, recording any changes introduced and also lends itself to future auditing.

(See Appendix B for an IHCP template – to be adapted as needed.)

Where children have allergies and have been prescribed an Epi-pen or Jext Pen, parents will need to complete the Allergy Action Plan form provided by Berkshire Healthcare NHS Trust. (See Appendix C)

Occasional Routine Administration of Medication

There will be many cases where administration of medicines is routine and straightforward (prescribed painkillers, such as Calpol, antibiotics, inhalers, etc. In these cases professional training may not be necessary. If there is any doubt, staff will contact the School Nursing Team. However, medication can only be given if the parent has completed a consent form (see Appendix D).

Non- Routine Administration of Medication

Some children require non-routine administrations. This could be injection, administration of buccol midazolam, assistance with catheters, etc. Before the school accepts any commitment, professional training and guidance must be provided by the School Nursing Team or appropriate medical professionals. The training requirements and specific details must be included in the Individual Health Care Plan signed off by the Parent and Head Teacher.

Storage of Medication

Medication is stored in the Medical room, either in the relevant class locker or in the locked fridge, as appropriate, unless otherwise specified on their IHCP.

Epi-pens or Jext pens are stored in a clear plastic wallet, which also contains a copy of the medication consent form and IHCP. A second set is stored in each child's classroom.

Medication Errors

Although staff take great care when administering medication, very occasionally a medication error may occur. A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include:

- administration of a medication to the wrong pupil,
- administration of the wrong medication to a pupil
- administration of the wrong dosage of medication to a pupil,
- administration of the medication via the wrong route,
- administration of the medication at the wrong time

Each medication error must be reported to the Head teacher and an Incident Report Form completed and copied to the Corporate H&S Team.

St Mary & All Saints CE Primary School has procedures in place to avoid any errors. Each pupil's medication and records are kept in a sealed bag which includes their name. Parents must sign a consent form (see Appendix D) for staff to administer prescribed medicines. All staff record the medication administered on an Administration of Medication Record (see Appendix E).

Training

Staff who manage the administration of medicines and those who administer medicines receive suitable training and support from a qualified health professional.

The school nurse provides regular training for all staff and this is recorded.

Any action taken by a person undertaking support activities should be limited to the training given. This training should communicate clearly the serious risks entailed by undertaking activities outside those for which they have been formally trained.

St Mary & All Saints CE Primary School has sufficient numbers of trained staff to cover for school visits, staff sickness, and compassionate leave or for any other reason for absence from school. If there are any changes to the agreed care plan for example changes to dose or type of medication, staff changes etc. then a new care plan should be provided and new training by a health professional will be required.

Where equipment is involved sufficient "hands on training" is essential. This will allow trainees to become fully familiar with equipment operations. This will give confidence particularly when first dealing with equipment in live situations. It is also recommended that update training after a break, e.g. due to school holidays, long sickness absence or other, is carried out.

Records of training

Records of training are retained by the school. (See Appendix F for individual training record.)

Induction Training

All staff receive Induction Training upon joining the school. This training includes:

- what the school's policy is on the administration of medicines

- where it can be found

- how to respond in an emergency

Audit

During school inspections the Office for Standards in Education (Ofsted) must evaluate and report on how well schools ensure pupils' care, welfare, health and safety. Ofsted will look to see whether administration of medicines follows clear procedures.

The school carries out a health & safety audit each year and will include the management of medicines, including staff training records in the audit programme.

Staff Indemnity

Reading Borough Council fully indemnifies its staff against claims for alleged negligence providing they are acting in good faith within the scope of their employment. This indemnity would include all School Governors and any volunteers assisting the school in their business activities. The Council's liability insurance provides indemnity for the administration of most oral medication and most pre-assembled, pre-dosed medications. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means that the Council and not the employee

will meet the costs of any damages if a claim for alleged negligence be made. Please refer to the Risk Management Medical Malpractice Decision Tree and Treatment Table in Appendix 1 which gives further information and details procedures/activities that are currently included within our insurance policy. Please contact the Insurance Section if you require any advice on insurance cover for healthcare procedures.

School Trips

St Mary & All Saints CE Primary School Governing Body ensures that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school takes additional safety measures for visits and considers arrangements for taking any medication. Staff supervising visits should always be aware of any medical needs and relevant emergency procedures.

Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils on the visit, they should seek advice from the pupil's GP/Consultant. For further information on school trips, see the Offsite & Hazardous Activities Manual.

The Schools Offsite Activities insurance will provide an indemnity for any emergency medical assistance required for pre-existing medical conditions. Insurers require all those travelling with pre-existing conditions obtain written consent from their GP or Consultant that they are medically fit to travel. If further advice on this matter is needed, the school will contact the Insurance Section at Reading Borough Council.

Sporting Activities

Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

Employee's Medicines

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

Staff Protection

Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment. Practical and common sense hygiene precautions will minimise the risk of infection where contact with blood or other body fluid is unavoidable.

Emergency Procedures

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation.

All staff are aware of the likelihood of an emergency arising in a pupil with medical needs, whom to contact and what action to take. Back-up cover is arranged for when the member of staff is absent or unavailable.

Where a child is in distress or has a need for an intervention and no one in the school feels confident to undertake it then the parent/guardian and a qualified health professional will be called immediately.

Staff are trained to use the telephone and know how to call the emergency services. (See Appendix A member of staff should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until his/her parents arrive.

Generally staff should not take pupils to hospital in their own car. However, if after discussion with the 999 service, it is recommended that the child is taken direct to hospital in a member of staff's car, then checks must be made to ensure car insurance for business use is in place. It is also recommended that an additional person accompanies the member of staff to and from the hospital. In an emergency the best possible action is to call an ambulance.

The Headteacher is responsible for overseeing the implementation of this policy.

Arrangements for monitoring and evaluation

This policy will be reviewed on a triennial basis by the governing body and will be amended in line with any subsequent guidance from the Department for Education.

Appendix A: MODEL PROCESS FOR DEVELOPING IHCP's

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

Headteacher 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.

Appendix B: St Mary & All Saints CE Primary School - Individual Health Care Plan

Child's name	
Group/class	
Date of Birth	
Home address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Parent/carer name	
Relationship to child	
Phone number (home)	
Mobile number	
Work number	
Parent/carer name	
Relationship to child	
Phone number (home)	
Mobile number	
Work number	

Medical Contacts

Hospital/clinic	
Consultant	
Phone number	
G.P.	

Phone number	
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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:

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
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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

Allergy Action Plan

CHILD'S NAME _____

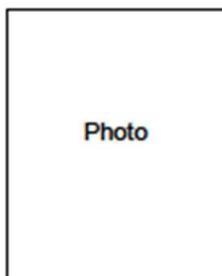
ESTABLISHMENT _____

HAS THE FOLLOWING ALLERGIES: _____

Child's date of birth

NHS Number (if known)

____ / ____ / ____



Emergency contact number

Alternative emergency number
if parent / guardian unavailable

CONSENT I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS). I will notify school / EYS staff if there are any changes to my child's medication and personal details as above. I will ensure that the above medication is kept in date and replaced if used.

Your name (Print)

Your signature

Please circle Parent / Carer.

Date _____

EMERGENCY TREATMENT

Name of adrenaline auto injector _____

How many adrenaline auto injector been prescribed for use in school? _____

Name of antihistamine (medicine for allergies). _____

Refer to label for dosage instructions

Name of inhaler (if prescribed) _____

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Give antihistamine
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.



Watch for signs of ANAPHYLAXIS

(Life-threatening allergic reaction):

Airway:	Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.
Breathing:	difficult or noisy breathing, wheeze or persistent cough.
Consciousness:	Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE of these signs is present:

1. Lie child flat. If breathing is difficult allow to sit.
2. Give adrenaline auto injector.
3. Dial 999 for an ambulance* and say ANAPHYLAXIS (ANA-FIL-AX-IS)
If in doubt give adrenaline auto injector.

After giving adrenaline auto injector

- 1 Stay with child; contact parent / carer
 2. If no improvement after 5 minutes, give a further adrenaline auto injector (if available for that child).
 3. If there are no signs of life, commence CPR
- *you can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Additional instructions

If feeling faint, lie the child down with legs raised.
If unconscious place child in the recovery position

Allergy action plan will be reviewed two years from consent date, unless school nurses are notified of any changes

Appendix D: St Mary & All Saints CE Primary School - parental agreement for setting to administer medicine

Date for review to be initiated by	
Name of child	
Date of birth	
Group/class/form	
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/setting 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	
Daytime telephone no.	
Relationship to child	
Address	
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/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting 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 F: Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____

Appendix G: Letter template for developing an IHCP

Dear Parent

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 pupils 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 the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, 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 on 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 involve [the following people]. 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 another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix H: Contacting emergency services - proforma

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.

Your telephone number

Your name

Your location:

State the postcode (please note that postcodes for satellite navigation systems may differ from the postal code)

Provide the exact location of the patient within the school setting

Provide the name of the child and a brief description of their symptoms

Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Put a completed copy of this form by the telephone.

Name of person who made the call: _____

Date: _____

Treatment Table

Acupuncture	No
Anal plugs	No
Apnea monitoring	Yes – in respect of monitoring via a machine following written guidelines. There is no visual monitoring
Bathing	Yes – following training and in accordance with written guidelines
Blood samples	Yes – but only by Glucometer following written guidelines
Buccal medazolam	Yes – following written guidelines
Bladder wash out	No
Catheters	Yes – following written guidelines for the changing of bags and the cleaning of tubes. for the insertion of tubes
Colostomy/Stoma care	Yes – following written guidelines in respect of both cleaning and changing of bags
Chest drainage exercise	Yes – following written health care plan provided under the direction of a medical practitioner
Dressings	Yes – following written health care plan for both application and replacement of dressings
Defibrillators/First Aid only	Yes – following written instructions and appropriate documented training
Denture cleansing	Yes – following appropriate training
Ear syringe	No
Ear/Nose drops	Yes following written guidelines
Enema suppositories	No
Eye care	Yes – following written guidelines for persons unable to close eyes
First Aid	Yes – Should be qualified first aiders and applies during the course of the business for all staff and others
Gastronomy tube – Peg feeding	Yes – cover available in respect of feeding and cleaning following written guidelines for insertion
Hearing aids	Yes – for assistance in fitting/replacement of hearing aids following written guidelines
Inhalers, and nebulisers	Yes – for both mechanical and held following written guidelines
Injections	Yes but only for the administering of pre-packaged doses on a regular basis pre prescribed and written guidelines
Medipens	Yes – following written guidelines with a preassembled epipen
Mouth toilet	Yes

Naso-gastric tube feeding	Yes - following written guidelines but cover is only available for feeding and cleaning available for tube insertion or reinsertion which should be carried out by a medical pr
Occupational therapy	No
Oral medication	Yes - subject to being pre-prescribed by a medical practitioner and written guidelines Where this involves children, wherever possible Parents/Guardians should provide th leaving home. A written consent form will be required from Parent/Guardian and this LEA procedure on medicines in schools etc Similar consideration should be given when asked to administer "over the counter" m
Oxygen – administration of	Yes – but only in respect of assisting user following written guidelines, i.e. applying a
Pessaries	No
Reiki	Yes
Physiotherapy	No
Pressure bandages	Yes – following written guidelines
Rectal medazalam in prepackaged dose	Yes – following written guidelines and 2 members of staff must be present
Rectal diazepam in prepackaged dose	Yes – following written guidelines and 2 members of staff must be present
Rectal Paraldehyde	No
Splints	Yes – as directed by a medical practitioner
Suction machine	No
Syringe drivers- programming of	No
Suppositories	No other than rectal diazepam and medazalam.
Swabs - External	Yes – following written guidelines
Swabs - Internal	No – other than oral following written guidelines
Toe nail cutting	Yes – following written guidelines
Tracheostomy	No – Cover is only available for cleaning around the edges of the tube only following Yes – following written guidelines
Ventilators	

Risk Management Medical Malpractice Decision Tree

