



PROSPECT SCHOOL

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MEDICINE SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

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1. GENERAL STATEMENT

Prospect aims to be an inclusive school that supports and welcomes all students.

This includes students with medical conditions who should be supported to have full access to educational school trips and physical education.

Arrangements are in place to support students through Individual Health Care Plans (IHCP's).

The school will actively consult with other professionals, parents and students to ensure that the needs of students with medical conditions are effectively supported.

Prospect recognizes its duties under section 100 of the Children and Families act 2014, statutory guidance for Governing Bodies of Maintained Schools and Academies 2014. The governing body will review the policy and its effectiveness annually.

2. DEFINITION OF MEDICAL NEEDS

Pupils' medical needs may be broadly summarised as being of two types:

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

3. DEFINITION OF MEDICATION

- "Medication" is defined as any prescribed or over the counter medicine.
- "Prescription medication" is defined as any drug or device prescribed by a doctor.

4. KEY ROLES AND RESPONSIBILITIES

Collaborative working arrangements are in place to enable the stakeholders listed below to work in partnership to ensure that students' needs are met effectively.

The Governing Body is responsible for:

Ensuring arrangements are in place to support pupils with medical conditions In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Prospect School.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided is delivered to staff.
- Ensuring that information and teaching support materials to support pupils with medical conditions are made available, subject to budgetary constraints.

- Keeping written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the correct level of insurance is in place in relation to the level of risk.

The Headteacher will be responsible for:

- The implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Prospect School.

The Delegated Member of staff responsible for monitoring the policy

- Delegated authority for the day to day implementation of the policy from the Headteacher.
- Taking responsibility for ensuring that IHCPs are devised in partnership with the School Nurse, parents and where appropriate, students.
- Consulting the student, parents and the students' healthcare professional to ensure the effect of the student's medical condition on their schoolwork is considered.
- Making alternative arrangements, with Welfare staff and other professionals, for the education of students who need to be out of school for fifteen days or more due to a medical condition.
- To identify suitable training for school staff to support pupils with medical conditions to ensure that IHCPs can be delivered effectively.
- As part of the admissions process, the Admissions Officer will notify The Delegated person and school staff of any new or potential child requiring support due to a medical condition identified at the Admissions meeting.

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

The School Nurse's role:

As part of the process the school staff will liaise with School nurse to seek

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Providing the school with background information on the condition.
- Liaising locally with lead clinicians on appropriate support.
- Providing support and training on the administration of any medicines.
- Working with the school, parents and pupil and the development of the Individual Healthcare Plan (IHCP) and a Care Plan if required.

Parents and Carers are responsible for:-

- Keeping the school informed about any changes to their child/children's health.
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Asking the pharmacist to supply any medication in a separate container, containing only the quantity required for school use, with the prescription and dosage typed or printed clearly on the outside.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication and explaining the importance of compliance to their child.
- Notifying the school if their child's medication changes or is discontinued, or the dose or administration method changes.
- Attending Health care plan meetings
- Ensuring they or another nominated adult are contactable at all times in case of medical emergencies.

Pupils:

- Pupils must be fully involved in discussions about their medical support needs and contribute as much as possible towards the development of, and compliance with, their individual care plan.
- Where possible and considered appropriate, pupils will be given responsibility for administering their own medicines under the supervision of school staff.

5. STAFF SUPPORT AND TRAINING

The school is responsible for ensuring that staff have appropriate training to support children with medical needs.

- As part of induction training, all staff are made aware of how and where to find information on pupils with medical conditions (within teacher view on SIMS).
- Staff are made aware of the most common serious medical conditions and what to do in an emergency at the beginning of each academic year and of any new conditions that arise throughout the year.
- All staff are aware that there is no contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. However, in an emergency situation, staff are required, under common law duty of care to act like any reasonable parent . This may include administering medication.
- Specific training and staff awareness sessions will be held for children with highly individual needs. Every effort is made to ensure that arrangements are in place to support pupils with medical conditions; prior to them joining the school, during their time with the school and throughout their academic career. Arrangements are made with appropriate agencies to update staff training on a regular basis.
- Records will be kept of training will be kept by the school (see Appendix 5).
- Training is given to all staff members who agree to administer medication to pupils, where specific training is needed.
- If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent or carer arrives. A copy of the IHCP will be sent to the hospital with them.

6. SPECIFIC ARRANGEMENTS FOR PUPILS WITH MEDICAL NEEDS

Enrolment:

Parents are asked if their child has any health conditions/issues on the Medical Data Form. This is sent out with the admissions pack once a child has been offered a place at the school. Parents are reminded to return the form during transition meetings held in June for pupils moving from Year 6 into Year 7.

The Medical Data Form is sent out to all parents on an annual basis. This is done by the Pastoral Secretaries at the beginning of the school year in September.

Educational Visits/Education off-site:

Every effort is made to encourage children with medical needs to participate in safely managed visits. Consideration is always given to the adjustments which need to be made to enable children with medical needs to participate fully and safely on visits.

Risk Assessments are carried out by the school prior to any out of school visit and medical conditions are considered during this process. Consideration is given to; the type of medical condition and its' triggers (if any); how all students will be able to access the activities proposed; how routine medication will be kept and stored; identification of any additional staff training needs; the action to take in an emergency and how to summon help. Consideration will also be given to the necessity for an additional member of staff, a parent or other volunteer to attend and accompany a particular child.

All staff on educational visits and out of school activities should be fully briefed on students' individual medical needs. They will have access to the IHCP and any necessary medication or medical equipment for the duration of the visit.

If there is any concern about whether the school is able to provide for a child's safety, or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service or the child's GP.

The party leader has to be satisfied that the medical condition is manageable and the presence of that child will not endanger the safety of other students.

Parents of children participating in residential trips will need to complete a consent/residential visits form (see appendix) giving details of all medical/dietary needs. Any medication that needs to be administered during the course of the visit should be handed directly to the Party Leader in accordance with the school's guidelines before leaving the school at the start of the trip.

Sporting Activities:

All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.

Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Reintegration after absence:

Where a child has been absent for a significant period, the school will work with parents and health care professionals where required to support the smooth integration back into class. This will be done on an individual basis.

7. INDIVIDUAL HEALTHCARE PLANS (IHCPs)

Where a child has a medical need which will impact on their condition, their participation in school activities, their access to education or require the school to administer emergency or life threatening medication, parents/carers need to alert the school immediately.

Where necessary, an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Headteacher, school staff, Special Educational Needs Coordinator (SENCO) and medical professionals. See Appendix 1.

The IHCP records important details about individual student's medical needs at school, their triggers, signs, symptoms, medication and other treatment. IHCPs are used to create a centralised register of students with medical conditions and are kept in a central location at school

Individual risk assessments will also be undertaken where special evacuation procedures may be required in the event of an emergency or special care arrangements are required for the children moving around the building.

- Every pupil with an IHCP at this school has their plan discussed and reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
Where a pupil has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it
- Where a child is returning from a period of hospital education or alternative provision or home tuition, the school will work with the LA and relevant agencies to ensure that the IHCP identifies the support the child needs to reintegrate successfully
- All staff have access to the IHCPs of all students in their care whilst preserving confidentiality at all times.

Copies of the Health Care Plans will be kept by the relevant year achievement leader in their office, where they are available for teaching and non-teaching staff in the event of an emergency. In addition, if the medical condition has the potential to be immediately life-threatening, a copy of the care plan with the emergency procedures to be taken may also be displayed on the Medical board in the staff room so it is clearly visible for all staff. Further copies will be held by the Designated person(s) and in C15. Information will also be available to access on the school electronic information system

8. ADMINISTRATION OF MEDICINES

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours (i.e. 1, 2 or 3 times per day so it can be given before / after school). Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for the school to administer medicine. A *Parental Agreement to Administer Medicine* form (Appendix 3) must be completed and signed for each medicine provided.

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

- **CONTROLLED DRUGS** - Controlled drugs may only be brought onto school premises by the parent / carer of the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy . This is also the arrangement on any off-site or residential visits. Controlled drugs that have been prescribed for students are securely stored in the medicine cabinet in C15.

9. EMERGENCIES

Medical emergencies will be dealt with under the school's emergency procedures. Where an Individual Healthcare Plan (IHCP) or Care Plan is in place, it should detail:-

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

Pupils will be informed in general terms of what to do in an emergency - such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive. A copy of the IHCP will be sent to the hospital with them.

APPENDIX 1 - INDIVIDUAL HEALTHCARE PLAN IMPLEMENTATION PROCEDURE



7

IHCP implemented and circulated

8

IHCP reviewed annually or when

APPENDIX 2 - INDIVIDUAL HEALTHCARE PLAN TEMPLATE

PROSPECT SCHOOL INDIVIDUAL HEALTH CARE PLAN

Child's name	
Class	
Date of Birth	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
Phone no. (home)	
Mobile	
Name	
Relationship to child	
Phone no. (work)	
Phone no. (home)	
Mobile	

Clinic / Hospital Contact

Name	
Position	
Phone no.	

GP

Name	
Phone no.	

Who is responsible for providing support in school

--

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

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Daily care requirements

--

Specific support required for the pupil's education, social and emotional needs

Arrangements for school trips / visits

Other information

Describe what constitutes an emergency, and what 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 3 - PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE - PROSPECT SCHOOL MEDICINE ADMINISTERING FORM

Prospect School will not give your child medicine unless you complete and sign this form, and the school has staff can are trained to administer such medicine.

Date of request	/ /
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name / type of medicine (as described on the container)	
Expiry date	/ /
Dosage and method of administration	
Timing / when to be given	
Special precautions / other instructions	
Are there any side effects the school needs to know about?	
Self administration	Yes / No (please indicate)
Procedures to take in an emergency	

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

Contact Details

Name	
Relationship to child	
Daytime phone no.	
Name and phone no. of GP	
I understand that I must deliver the medicine personally to	School Reception

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.

Parent's signature _____ Date: _____
 Print name _____

PLEASE NOTE: If more than one medicine is to be given a separate form should be completed for each one. Medicines will be returned at the end of the course of treatment or the end of the academic year.

APPENDIX 4 - RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD TEMPLATE

PROSPECT SCHOOL 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

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

Date

Time given

Dose given

Name of member of staff

Staff initials

APPENDIX 5 - STAFF TRAINING RECORD - ADMINISTRATION OF MEDICINES

PROSPECT SCHOOL STAFF TRAINING RECORD - ADMINISTRATION OF MEDICINES

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

I confirm that _____ (insert name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that training is updated _____ (please state how often)

Trainer's signature _____

Date _____

I confirm that I received the training detailed above

Staff signature _____

Date _____

Suggested review date _____

APPENDIX 6 - 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 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 each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, 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 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 (insert date) at (insert time). 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,

Name of Headteacher

APPENDIX 7 - COMMUNICABLE DISEASES

We work within the recommendations of the CCDC (Consultant in Communicable Disease Control). All the following conditions are reported to the CCDC in order to control further spread of a disease:-

DISEASE	EXCLUSION	NOTIFY
Chicken Pox	5 days from onset of rash	Pregnant staff
Food Poisoning	Until free of symptoms (48 hours for children under 5)	CCDC
Hepatitis A	For 5 days from onset of jaundice for children under 5, not justified in older children with good hygiene.	CCDC
Impetigo	Until lesions are crusted or healed	CCDC
Measles	For 5 days from onset of rash	Class parents and pregnant staff
Mumps	For 5 days from onset of swollen glands	CCDC
Ringworm	Do not exclude but ensure treatment by a GP	CCDC
Rubella	For 5 days from onset of rash	Pregnant staff
Scabies	Until day after treatment has commenced	CCDC
Scarlet Fever	For 5 days from commencing antibiotics	CCDC
Tuberculosis	For two weeks after treatment has started, CCDC will advise on action.	CCDC
Whooping Cough	For 5 days from commencing antibiotic treatment- Longer if antibiotics not started early.	CCDC

Immediate reporting of the following conditions is required by telephone to the CCDC:-

Diarrhoea and/or vomiting	Tuberculosis
Meningitis	Typhoid or Paratyphoid
Whooping cough	

A report form will be faxed to the CCDC of the following conditions:-

Chicken Pox	Mumps
Conjunctivitis (sticky eye)	Ringworm (scalp)
Parvovirus (Slapped cheek syndrome)	Rubella
Ringworm (body)	Measles
Hand, foot and mouth disease	Scabies
Hepatitis/ Jaundice	Scarlet Fever
Impetigo	

Protecting Staff, Other Pupils, Parents & Carers and Visitors

Special consideration needs to be given to anyone who is immune suppressed i.e. suffering from HIV or undergoing chemotherapy. If the school are aware of anyone who falls into these categories, advice should be taken from the CCDC on whether these people need to be alerted to any incidents of the above medical conditions.