



Swavesey Primary School

Supporting Pupils with Medical Conditions Protocol

Aims

- To ensure that pupils with medical conditions, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.
- To ensure that staff have a clear understanding of the needs of our pupils with medical conditions through consultation with the health and social care professionals involved.
- To ensure staff have the appropriate training to be able to support/carryout medical protocols as set out by the health professionals.
- To provide a system for the development of effective Individual Health Care Plans (IHPs)

1. Roles and responsibilities

1.1. The headteacher is responsible for:

- Ensuring that all staff are aware of this protocol and understand how to fulfil their role.
- Ensuring that staff are trained and available to deliver against IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nursing team where a pupil with a medical condition requires support that has not yet been identified.

1.2. School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

1.3. Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date medical information about their child's medical needs, including protocols and relevant documentation provided by medical practitioners.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

1.4. Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

1.5. Healthcare professionals, including nursing teams, GPs and paediatricians, are responsible for:

- Notifying the school when a child has been identified as having a medical condition that will require support at school.
- Providing necessary medical protocols.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.
- Supporting staff to implement IHPs and providing advice and training.

1.6. Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school and other healthcare professionals, and participating in local outreach training.

2. Notification procedure

- 2.1. When the school is notified that a pupil has a medical condition that requires support in school, medical professionals will inform the headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil where appropriate, with a view to discussing the necessity of an IHP.
- 2.2. For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution.
- 2.3. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

3. Staff training and support

- 3.1. Any staff member providing support to a pupil with medical conditions will receive suitable training.

- 3.2. Staff will not undertake healthcare procedures or administer medication without appropriate training.
- 3.3. Training needs will be assessed through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives.
- 3.4. Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.
- 3.5. A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.
- 3.6. Parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

4. Self-management

- 4.1. Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.
- 4.2. Where possible, pupils will be allowed to carry their own medicines and relevant devices.
- 4.3. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily.
- 4.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.
- 4.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken.

5. IHPs

- 5.1. The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.
- 5.2. The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process if appropriate.
- 5.3. IHPs will include the following information:
 - The medical condition, along with its triggers, symptoms, signs and treatments.

- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues.
 - The support needed for the pupil's educational, social and emotional needs.
 - The level of support needed, including in emergencies.
 - Whether a child can self-manage their medication.
 - Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
 - Cover arrangements for when the named supporting staff member is unavailable.
 - Who needs to be made aware of the pupil's condition and the support required.
 - Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
 - Separate arrangements or procedures required during school trips and activities.
 - Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
 - What to do in an emergency, including contact details and contingency arrangements.
- 5.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.
- 5.5. IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved.
- 5.6. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 5.7. Where a pupil has an EHC plan, the IHP will be linked to it or become part of it.
- 5.8. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.
- 5.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

6. Emergency procedures

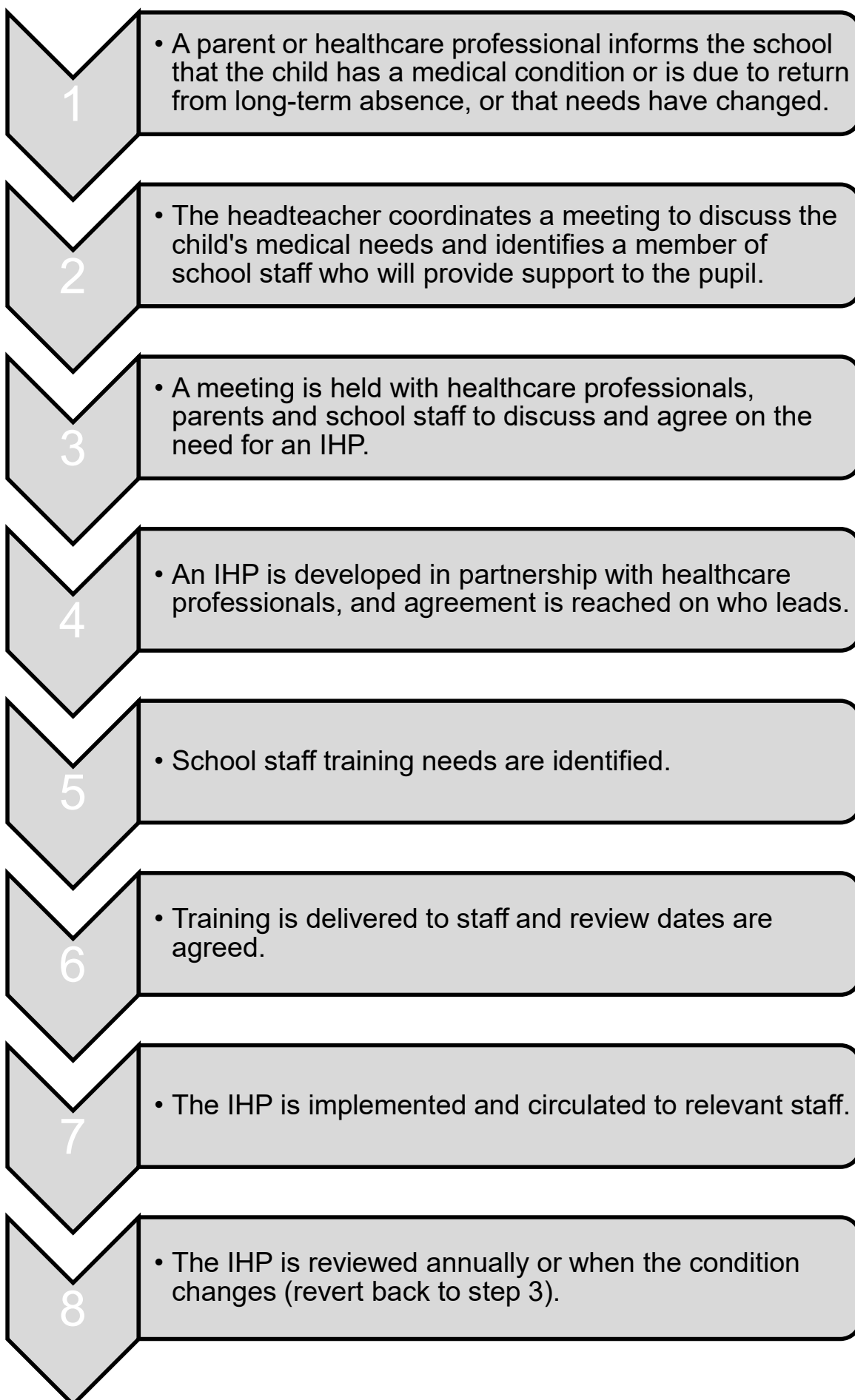
- 6.1. Medical emergencies will be dealt with under the school's emergency procedures.
- 6.2. Where an IHP is in place, it should detail:

- What constitutes an emergency.
 - What to do in an emergency.
- 6.3. Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.
- 6.4. If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive.
- 6.5. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

7. Day trips, residential visits and sporting activities

- 7.1. Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.
- 7.2. Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals.
- 7.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

Individual Healthcare Plan Implementation Procedure



Individual Healthcare Plan

Pupil's name:

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Group/class/form:

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Date of birth:

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Pupil's address:

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Medical diagnosis or condition:

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Date:

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Review date:

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Family contact information

Name:

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Relationship to pupil:

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Phone number (work):

--

(home):

--

(mobile):

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Name:

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Relationship to pupil:

--

Phone number (work):

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(home):

--

(mobile):

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Clinic/hospital contact

Name:

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Phone number:

Child's GP

Name:

Phone number:

Who is responsible for providing support in school?

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices, environmental issues, etc.:

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by staff member/self-administered with/without supervision:

Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits and trips:

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Other information:

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Describe what constitutes an emergency, and the action to take if this occurs:

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Responsible person in an emergency (state if different for off-site activities):

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Plan developed with:

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Staff training needed or undertaken – who, what, when:

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Form copied to:

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Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Administration of medication form

Date for review to be initiated by:

Name of child:

Date of birth:

Group/class/form:

Medical condition or illness:

Medicine

Name and/or type of medicine
(as described on the container):

Expiry date:

Dosage and method:

Timing:

Special precautions and/or other
instructions:

Any side effects that the school needs
to know about:

Self-administration – Yes/No:

Procedures to take in an emergency:

NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

Contact details

Name:

Daytime telephone number:

Relationship to child:

Address:

I will personally deliver the medicine to:

Name and position of staff member

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature _____

Date

