



# **Cramlington Village Primary School**

**Supporting pupils at school  
with medical conditions  
&  
Managing Medicines in School**

**December 2019**



<b>Policy Title</b>	Supporting pupils at school with medical needs
<b>Policies that interrelate</b>	Safeguarding Policy Accessibility Plan / Equalities Action Plan SEND Information Report Admissions Policy Health and Safety Intimate Care Policy
<b>Legal and Statutory documents linked</b>	SEND Code of Practice 2015 Equality Act 2010: advice for schools DfE Feb 2013 Children and families act 2014 Section 3 of Children and families act 2010 Statutory Guidance on Supporting pupils at school with medical conditions December 2015 Children Act 2004, 1989 Education Act 2002 Accessibility The DDA, as amended by the SEN and Disability Act 2001 NHS Act 2006 Section 2 Health and Safety at work 1974 Misuse of Drugs Act 1971 Medicines Act 1968 Regulation 5 of the School Premises Regulations 2012
<b>Governor Committee responsibility</b>	Education Committee
<b>Date of last review</b>	February 2016 December 2019
<b>Reviewer name and position</b>	Mrs Amanda Milligan Vice Principal / SENCo
<b>Date of next review</b>	December 2021 (unless any significant DfE changes are suggested sooner)
<b>Date approved by Governors</b>	
<b>Audit file updated (date and name)</b>	



## Key Points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

## Introduction

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in Cramlington Village Primary School (CVPS) so that they can play a full and active role in school life, remain healthy and achieve their academic potential. CVPS ensures that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child.

Most pupils will, at some time, have a medical condition that may affect their participation in school activities. For many this will be short-term: perhaps finishing a course of medication. Other pupils have a medical condition that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Children with complex medical needs are able to attend school regularly and, with support from CVPS, can take part in all school activities. However, CVPS staff must take extra care in planning activities to make sure that these pupils, and others, are not put at risk.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend a school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at CVPS to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that CVPS will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, CVPS will aim to establish relationships



with relevant local health services to help them. It is crucial that CVPS receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), will be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case CVPS governing body must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability code of practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

Children and young people 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 can be denied admission or prevented from taking up a place in CVPS because arrangements for their medical condition have not been made. However, in line with CVPS safeguarding duties, the governing body should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. CVPS therefore 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.

CVPS ensures all staff understand their duty of care to children and young people in the event of an emergency and that staff are well supported and feel confident in knowing what to do in an emergency. We are aware that some medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood. We understand the importance of medication being taken as prescribed. We are committed to ensuring that staff understand the medical conditions that affect children that they are working with and the common medical conditions that affect children across the school. There is a significant commitment to ensuring that staff receive training on the impact that medical conditions can have on pupils and how to manage these.

There are clear procedures in place for all children in the event of a medical emergency. These measures include:



- A whole school procedure in the event of paramedics being called to school which includes systems for the admin and premises teams and clear roles for all those involved.
- First Aiders on site who will manage emergencies in the first instance.
- Clear protocols for emergencies for individual children whom have Individual Healthcare Plans (IHPs).
- Staff trained appropriately to manage emergency situations when offsite.
- CPR training for staff who may administer emergency first aid.
- Systems for supporting families when their children are taken to hospital.
- Systems to ensure that relevant documents such as IHPs are sent to the hospital with a child as a matter of course.
- If a child needs to be taken to hospital, a member of CVPS staff will always accompany them and will stay with them until a parent arrives. CVPS will aim to ensure that the staff member will be one the pupil knows.
- In some situations, where an ambulance is not deemed necessary and as a result of consultation between the CVPS SLT and parents, alternative arrangements can be put in place in the best interests of the child. These may include taking the child home with a member of staff who knows them well or taking the child to the local hospital day clinic.
- All staff at CVPS are aware of the most common medical conditions and needs at the school.

## **Procedure to be followed when notification is received that a pupil has a medical condition**

For children starting at CVPS, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to CVPS mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's 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. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

## **Reintegration**

Where a child has been absent for a significant period of time due to medical needs discussions will take place with parents before they return so that any changes in their condition, support and additional staff training can be addressed and the possible need for a gradual phased return planned. The child's IHP can also be amended to reflect the changes.



## Transition

When a child with a medical need is leaving CVPS the transition discussions will include discussing the child's IHP and the IHP will be shared with the new school. CVPS will openly provide any advice and support in explaining how best to support the child.

## Managing medicines on school premises

At CVPS we strive to promote the good health of all the children in our care, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill. When dealing with medication of any kind in school, strict guidelines will be followed.

Staff at CVPS will only administer medication when asked to do so by a parent and when it would be detrimental to a child's health or school attendance not to do so. Staff will **obtain written prior permission for each and every medicine (prescribed and non-prescribed) from parents before any medication is given**, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. This is unlikely at CVPS with it being a primary school. Medication must be handed to a member of staff at the main office to be locked in the designated cabinets (except where storage in a fridge is required) and not left in children's bags (apart from where previously agreed and part of a child's IHP).

### Prescription medication – provided by parent/carer

- Prescription medicine can only be given to the person named on the bottle for the dosage stated
- CVPS staff may administer a controlled drug to the child for whom it has been prescribed.
- Medicines should be in their original containers, clearly labelled, and in date. They must include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- The medicine administration procedure should be followed from point 1 below.

### Non-prescription medication - provided by parent/carer

- CVPS will administer non-prescription medication, for a period of three days, dependent on the medication or the condition of the child, for pain and fever relief. After this time medical attention should be sought. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be consulted.
- If CVPS feels the child would benefit from medical attention rather than non-prescription medication, we will advise parents to seek medical attention from a medical practitioner.



- Non-prescription medication is administered using the medicine administration procedure outlined below.

### **Non-prescription creams – provided by parent/carer**

- For any non-prescription cream for long term skin conditions e.g. Sudocrem; an IHP must be completed with details of triggers, symptoms and application method. The onus is on the parent to provide this cream which should be clearly labelled with the child's name.
- As with any kind of medication, staff will ensure that the parent is informed of any non-prescription medicines given to the child whilst at school, together with the times and dosage given. These will be recorded in the class medicine log.

### **Medicine administration procedure**

- 1) The parent/carer of any child requiring medication should allow a staff member to note the details of the administration onto the medicine log at the front desk, including the time and dosage. The staff member will also note whether the child has already been given medicine that day including the time and dosage. Another member of staff should check that the details are complete and then the parent/carer should sign the log to confirm that the details are correct and to give their permission. The medicine needs to be in date.
- 2) Each medicine must have a separate entry into the medicine log.
- 3) Medication brought in by parents/carers should not be kept overnight on the premises however, on occasion, if required, permission for this may be sought from the Business Manager.
- 4) CVPS will not administer a dosage that exceeds the recommended dose on the instructions unless accompanied by a doctor's letter.
- 5) At the time when the medicine is due to be given, a member of staff will check the dosage and parent authorisation. Another member of staff, will administer it. The staff member who administers it will record the time that the medicine is given and will also sign the medicine log as the medicine is administered.
- 6) At the time of administering the medicine a member of staff will ask the child to take the medicine, or offer it in a manner acceptable to the child at the agreed time and in the agreed form as stated in the medicine log. (It is important to note that staff working with children are not legally obliged to administer medication.) This should take place in a private and not public area. **Any side effects of medication must be logged and shared with parents.**
- 7) If the child refuses to take the appropriate medication then a note will be made in the medicine log but the child will not be forced. Where medication is "essential" or may have side effects if not taken, discussion with the parent should take place as soon as possible to establish the appropriate response.



- 8) At collection time the parent/carer will be shown confirmation of the times and dosage in the medicine log and they will sign to show that they have been informed. Those parents who do not collect their child will be contacted by text/ phone / messenger and a screen shot of the log shared for parents to acknowledge receipt of it.
- 9) This procedure must be followed daily for as long as medication is required.
- 10) If the medicine has been brought to school as a precautionary measure then the medicine log will still be completed as above with the note 'if needed'. If the medicine is not needed at the recommended times then the staff member will write 'not needed' to confirm that medicine was not administered.
- 11) Wherever possible the school will ask parents to request that GPs prescribe the least number of doses per day, i.e. three x daily, rather than four x daily.

## **Injections, pessaries, suppositories**

As the administration of injections, pessaries and suppositories represents intrusive nursing, they should not be administered by any member of staff unless appropriate medical training is given to each member of staff caring for this child. Training should be specific to the individual child concerned. See Intimate Care Policy.

## **Staff medication**

Staff are responsible for storing their own medication in the school office or locked classroom cupboard. It should not under any circumstances be left in bags in the classrooms.

## **First Aid supplies**

First aid boxes should only contain items permitted by the Health and Safety (First Aid) Regulations Act 1981, such as sterile dressing, bandages, and eye pads. No other medical items, such as paracetamol should be kept in the first aid box.

## **Storage**

All medicines should be stored safely. All medication for children must have the child's name clearly written on the original container and kept in a closed box, which is out of reach of all children and under supervision at all times. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children **and not locked away**. This is particularly important to consider when outside of school premises, e.g. on school trips.

Any antibiotics requiring refrigeration must be kept in an area inaccessible to children.

All medications should be in their original containers or they will not be given. All prescription medications should have the pharmacist's details and notes attached to show



the dosage needed and the date the prescription was issued. This will all be checked, along with expiry dates, before staff agree to administer medication.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year and that new supplies are sent to school in a timely way. School staff are responsible for informing parents in good time when supplies are running out. Out-of-date medication is also sent home with parents for them to dispose. This means that they are aware when new medication is needed and school are not keeping out of date medication. The expiry dates for all medication stored at school are checked routinely as part of administration routines overseen by the school Business Manager. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

Sharps boxes should always be used for the disposal of needles and other sharps.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. As CVPS is a primary school we believe that prescribed controlled drugs should be centrally stored in the office safe and only named staff have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held on long term medication logs kept in the classroom for the specific child.

## **Administration – emergency medication**

### **Asthma Inhalers**

CVPS holds an asthma inhaler for emergency use and follows the Department of Health published protocol. Parents of pupils with asthma will be asked to sign a consent form for the use of the emergency inhaler when completing their child's IHP. The consent form includes whether or not the parent / carer wants to be contacted before the inhaler is administered or not. If staff believe the delay would cause significant risk to the child's health and possibly life threatening the decision may be made to administer. Once the emergency inhaler has been used a form explaining this must be completed and a copy given to the parents and a copy kept in school. Blank copies of the form are kept with the emergency inhaler which is located in the Business Manager's office. The inhaler should also be cleaned so that it is ready to be used again.

### **Defibrillators**

CVPS has a defibrillator as part of its first-aid equipment. It is located in the main office. Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

Staff members appointed as first-aiders have been trained in the use of CPR, including the use of a defibrillator.



## **Enrolment forms**

New parents are asked if their child has any health conditions or health issues as part of the new starter pack, which is filled out at the start of each school year. Subsequently, home visits or planned visits with the members of the CVPS team will allow fuller discussion and greater detail to be acquired. These take place as a matter of course when a child has medical needs.

## **Individual Healthcare Plans (IHP)**

CVPS uses IHPs for all pupils with long term medical conditions. Medical needs are clarified on enrolment and if necessary an Individual Healthcare Plan (IHP), accompanied by an explanation of why and how it is used, is sent to parents / carers to complete and return. IHPs are reviewed annually. Alterations can also be made at any time should significant changes in the child's medical condition arise. The focus should be on the needs of each individual child and how their medical condition impacts on their school life.

The IHP is used to record important details about individual children's medical needs at CVPS, their triggers, signs, symptoms, medication and other treatments. It is then used to inform the appropriate staff about the individual needs of a pupil with a medical condition in their care. Further documentation / advice from medical professionals can be attached to the IHP if required. Parents and members of the school staff complete the IHP. The school nurse follows up with the parents any further details required or if permission for administration of medication is unclear or incomplete. The plans are finalised by the Vice Principal / SENCo who is responsible for their development and in supporting pupils at school with medical conditions.

The IHP should be developed with the child's best interests in mind and ensure that the risks to the child's education, health and social wellbeing are assessed and managed, and minimises disruption. It will 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. CVPS, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal is best placed to take a final view.

Parents are supported to update their child's IHP if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change. Every pupil with an IHP has their plan discussed and reviewed at least once a year. Parents are provided with a copy of the pupil's current agreed plan.

IHPs are kept in a secure central location at the main office. A scanned electronic copy is also located on the drive. The school ensures that all staff protect pupil confidentiality.



IHPs (and their review) may be initiated, in consultation with the parent, by a member of the school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between CVPS, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, 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 CVPS should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with CVPS.

Where the child has a special educational need identified in an EHC plan, the individual healthcare plan should be linked to or become part of that EHC plan. **Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.**

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), CVPS will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The format of CVPS IHPs follows the DFE guidelines and covers:

- 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 principal 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, e.g. 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 IHP.

## **Physical environment**

CVPS is committed to providing a physical environment that is accessible to pupils with medical conditions. The school's commitment to an accessible physical environment includes out-of-school visits and this is taken into consideration as a routine part of planning for any off site visit. The physical environment is taken into account when writing pupils IHPs as necessary.

## **Social interactions**

CVPS ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and extended school activities

All staff at CVPS are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

## **Exercise and physical activity**

CVPS understands the importance of all pupils taking part in sports, games and physical activities. We ensure all PE teachers, classroom teachers, assistant teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions.

CVPS ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities

CVPS ensures that children are never forced to take part in an activity if they feel unwell. Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities when exercising and how to minimize these triggers. These details are included on the child's IHP.

CVPS ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed. This is recorded and shared with parents.

## **Education and learning**

CVPS ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.



If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, CVPS understands that this may be due to their medical condition and will work with parents and the school nurse to improve the situation where possible. This may involve supporting rapid access to services that can help.

When families are in crisis because of a child's medical condition, when children are acutely unwell or when children are hospitalized for extended periods of time, CVPS will put into place measures to ensure that children and families are well supported and that close communication is maintained.

## **Day trips, residential visits and sporting activities**

CVPS actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and do not prevent them from doing so.

Teachers and Assistant Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. CVPS makes arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible and the child would be at risk.

CVPS will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. CVPS carry out risk assessments so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included and risk is reduced as much as possible. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. The Health and Safety Executive (HSE) guidance on school trips will also be referred to.

## **Residential visits**

All parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's IHP, emergency protocols and other details.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent which gives staff permission to administer medication at night or in the morning if required.



## **School Medical Needs Register**

CVPS holds a centralised register of pupils with medical needs which is reviewed annually. It can however be updated at any time that a change in medical need is alerted to school staff. This includes if the child has an IHP. A copy is held on the secure drive and a paper copy is stored securely in the Medical Needs File in the main office. Parents are responsible for updating school with any changes to their child's medical needs immediately. School staff are responsible for keeping up to date with any changes which may affect children in their care.

## **Other Record keeping**

CVPS keeps an accurate record of each occasion an individual pupil is given or is supervised taking medication. Details of the administering staff members (at least 2 where possible), pupil, dose, date and time are recorded. This information should be shared with the parent / carer and a signature obtained when the child is collected. Older children who are not collected from school will have parents contacted to share this information and the date / time of the conversation will be recorded. (This is not needed when the medication is a regularly daily prescribed drug which has been previously agreed e.g. ADHD medication.) These records are monitored routinely by the Site Manager with responsibility for Health and Safety and the Business Manager and which are stored securely with the medicines. (They must be stored securely each evening.) These will provide evidence that agreed procedures have been followed and alert staff to any additional training needs.

A log of staff training is also kept on this document and the Business Manager has a log on those trained in First Aid and dates for renewal.

Staff are also expected to monitor and record any other significant medical events. Parents should be informed if their child has been unwell at school.

Parents / carers may sign in and out occasional prescribed medication (such as antibiotics) daily at the office. This will be stored in the servery fridge.

## **Staff Training and Support**

CVPS provides a range of training for staff to support them in carrying out their role to support pupils with medical conditions. This includes general training (e.g. first aid) and specific training on an individual pupils needs (e.g. VI, HI) and on general conditions such as asthma, epilepsy and use of autoinjectors for anaphylactic shock. Training needs are identified in a child's IHP as appropriate, and staff who will provide this support will be included in discussions. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

CVPS provides whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. As part of their induction arrangements, new staff are informed of children with



medical needs and additional training is provided as necessary. The relevant healthcare professional should be able to advise on training that will 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 school business manager monitors staff compliance with first aid and ensures certificates are renewed in a timely manner. However, a first-aid certificate does not constitute appropriate training in supporting children with medical conditions and additional training may be required.

Training will be provided by appropriately qualified professionals (school nurse, school nursing team, Sensory Support, First Aid Providers). The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

If a child is due to start CVPS with unique medical needs for which no one is trained they will be unable to start school until staff are fully trained. Training should be accessed as soon as is physically possible so that the child can attend school with the minimum amount of delay, within two weeks if possible. CVPS should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans (IHPs).

The Governing body ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They also ensure that any CVPS staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

## **Roles and Responsibilities**

CVPS works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.



## **Role of Employer / Governing Body / Trust**

The employer has a responsibility to:

- ensure the health and safety of their employees and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- ensure health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions
- make sure the medical conditions policy is effectively monitored and evaluated and regularly updated
- provide indemnity for staff who administer medication to pupils with medical conditions.

## **Role of Principal**

The Principal has a responsibility to ensure that the schools policy is developed and effectively implemented. This includes:

- ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- ensure that all staff who need to know are aware of the child's condition. This includes making sure any supply staff are aware of the medical needs of children in their care although CVPS ensure there is always a permanent member of staff in every class who know all the children well
- having overall responsibility for the development of individual healthcare plans (IHPs).
- maintain an exemplary standard of collaborative working
- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including pupils, parents, all school staff, pastoral support/welfare officers, school nurses, governors, the school health service, the local authority, doctors and medical professionals, clinical commissioning groups and local emergency care services
- ensure the policy is put into action, with good communication of the policy to all
- ensure every aspect of the policy is maintained
- ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' IHPs
- ensure pupil confidentiality
- assess the training and development needs of staff and arrange for them to be met, ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all IHPs, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose
- ensure all supply teachers and new staff know this policy
- monitor and review the policy as necessary, with input from pupils, parents, staff, school nurse and external stakeholders
- update the policy according to review recommendations and recent local and national guidance and legislation
- report back to all key stakeholders about implementation of the medical conditions policy.



- make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

## **Role of School Nurse**

Every school has access to school nursing services. At CVPS we employ our own school nurse one afternoon a fortnight to provide additional support. School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's IHP and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Responsibilities will also include:

- Coordinate the completion of healthcare plans alongside the SENCo
- Liaise with other professionals as necessary
- Maintain an exemplary standard of collaborative working with the school
- Be available to offer advice and support to pupils, parents and staff
- Monitor records
- Support the writing and review of this policy
- Help provide regular training for school staff in managing the most common medical conditions at school
- Provide whole class, small group and 1:1 sessions to support children with a range of medical needs covered through PHSE and SRE.
- Provide training for groups or individuals of staff
- Provide information about where the school can access other specialist training.

## **Role of School Staff**

Any member of CVPS 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. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. CVPS staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of CVPS staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

All staff at this school have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency



- understand this policy
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's IHP (and inform and supply staff as necessary)
- allow all pupils to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- understand the common medical conditions and the impact it can have on pupils
- ensure no pupil with medical conditions is excluded from activities they wish to take part in
- ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

Assistant Teachers and Teachers have a responsibility to:

- Maintain communication with families when children have been unwell
- be aware that medical conditions can affect a pupil's readiness for learning
- regularly record children's physiological need and medical events
- report concerns regarding medical needs on CPOMS asap

## **First Aider**

First aiders have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school
- when necessary, ensure that an ambulance or other professional medical help is called.

## **Local doctors and specialist healthcare professionals**

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse / SENCo when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing IHPs. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

They should also:

- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self-manage their condition
- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication



- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- understand and provide input into this policy

## Role of Local Authority

Local Authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

Local Authorities and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local Authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

Local Authorities should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

## Role of Clinical Commissioning Groups (CCGs):

Clinical commissioning groups commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to cooperate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities).

Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.



Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

## **Role of Providers of Health Services**

Providers of health services should cooperate with CVPS in supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at CVPS and this will be sought as necessary.

## **Role of Parents / Carers**

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. They should inform the school immediately of any changes to the child's medical needs and update the child's IHP as necessary.

Other responsibilities include:

- Ensure the school has a complete and up-to-date IHP for their child
- Provide school with copies of any medical diagnosis and advice
- Inform the school about the medication their child requires during school hours
- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- Tell the school about any changes to their child's medication, what they take, when, and how much
- Inform the school of any changes to their child's condition
- Ensure their child's medication and medical devices are labelled with their child's full name
- Update the school regarding information from appointments by providing copies of letters / appointment cards
- Ensure that their child's medication is within expiry dates and provide timely replacements
- Keep their child at home if they are not well enough to attend school
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional and provide verbal updates and where possible copies of written correspondence



## **The child's role in managing their own medical needs**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their IHP. Other pupils will often be sensitive to the needs of those with medical conditions.

CVPS is aware that some children will be competent to manage their own health needs and medicines if consent is given by parents / carers. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision, They should be encouraged to inform a member of staff that they have had to take their medication so that this can be monitored, logged and shared with parents at collection. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. When children are reliant on adults to have their medical needs met, relationships are trusting and the child feels secure.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

## **Unacceptable practice**

Although CVPS staff should use their discretion and judge each case on its merits with reference to the child's IHP, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;



- require parents, or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **Emergency procedures**

As part of general risk management processes, CVPS have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Where a child has an IHP, this should 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 pupils in 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, CVPS staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

## **Liability and indemnity**

26. In line with national guidance, academies are expected to ensure that they academy are members of the Department for Education's Risk Protection Arrangement (RPA). Cramlington Village Primary school is covered by the RPA programme and our certificate is renewed in August every year and stored in the school office.

RPA is a scheme provided specifically for academies.

## **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the CVPS team. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## **Evaluation**

In evaluating the policy, CVPS seeks feedback on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school and health settings.



## **Appendix**

### **Supporting Documents in Medical Needs Folder**

New 2019-2020 Medical Needs Data

CVPS Medication Logs

Guidance on the use of adrenaline auto-injectors in school

Guidance on the use of emergency salbutamol inhalers in school

Supporting Pupils at school with medical needs, Statutory Guidance from DfE 2015

New Nov 19 Individual Healthcare Plan

IHP Parent Letters 2019

IHP Annual Review Letter