

Supporting Children with Medical Needs

Bonneygrove and Millbrook Primary School Federation



All medication given is with loco parentis responsibility

Subject:	Supporting Children with Medical Needs
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Approved by:	Shen Hasekilerden (Chair of Governors) and Jane Acreman (Vice Chair of Governors)



BONNEYGROVE AND MILLBROOK PRIMARY SCHOOL FEDERATION

1. Introduction

Bonneygrove and Millbrook Primary School Federation is welcoming and supportive of pupils with medical needs. We provide children with medical conditions the same opportunities and access to activities (both school-based and out of school) as other pupils. No child will be denied admission or be prevented from taking up a place in this school and arrangements for their medical conditions will be made.

We recognise our duties in Section 100 of the Children and Families Act 2014. Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or 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 policy should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils with medical conditions at their school. This policy sets out our arrangements.

We aim to ensure that all children with medical conditions in terms of physical and mental health are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Bonneygrove and Millbrook Primary school works with health professionals and other support services to ensure that children with medical conditions receive a full education. In some cases, this will require flexibility and involve programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the SENCO.

2. Roles & Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work cooperatively with other agencies to ensure that the needs of pupils with medical conditions are met effectively.

The Head Teacher:

- Has overall responsibility for the implementation of this policy and will ensure that it is implemented.
- Will ensure that all staff are aware of this policy and understand their role in its implementation.
- Will ensure that new staff are fully informed about this policy.

- Will ensure that relevant staff are informed about a child's medical condition
Will ensure that sufficient staff are suitably trained and available. (Additional staff will be trained in order to cover staff absence or staff turnover).
- Has overall responsibility for the development of Individual Healthcare Plans (IHCPs).
- Will decide on the placement of children with specific needs.

The SENCO:

- Will work closely with the Head Teacher to ensure that new staff are fully informed about this policy.
- Will work closely with the SENCO in the day-to-day monitoring of pupils with medical conditions.
- Will identify staff training needs and will liaise with the SENCO to arrange for external professionals to visit the school.
- Will work closely with the school nurse in developing IHCPs.
- Will identify any training needs necessary during the development or review of IHCPs.
- Will liaise with external agencies to assess staff training needs.
- Will arrange for external professionals to train staff.
- Will support staff in carrying out their role.
- Will liaise with the Head Teacher to commission training.

Administrative Staff:

- Must not give prescription medicines or undertake health care procedures without appropriate training.
- May be asked to provide support to pupils with medical conditions, including the administering of medicines.
- Will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Pupils:

- Should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, their IHCP.
- Will be encouraged to take responsibility for managing their own medicines and procedures if, following discussions with their parent/carer, it is agreed that they are competent.
- Who refuse to take medicine or carry out a necessary procedure will not be forced to do so but the procedure in the IHCP should be followed and parent/carers must be informed so that alternative options can be considered.

Parent/Carers:

- Should ensure that their child is fit enough to attend school.
- Should keep any child who is acutely unwell at home.
- Should provide the school with sufficient and up to date information about their child's medical condition and any treatment and special care needed at school.
- Should be involved in the development and review of their child's IHCP and may be involved in its drafting.
- 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.
- Should ensure that medicines kept in school are not past their expiry date.
- Should remind the class teacher of the need to take the relevant medicines on all school trips.

Class Teachers/Teaching Assistants:

- Will ensure that they are aware of the children within their class with medical needs (e.g., asthma, allergies).
- Will ensure they have appropriate medications such as Epi-pens (where applicable) stored in class in yellow bags labelled with the child's full name and class.
- Will brief supply teachers on any child with medical conditions in their class.
- Will refer pupils with medical conditions who are finding it difficult to keep up academically to the SENCO, who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

Senior Leadership Team:

- IHCPs will be reviewed on an annual basis. This will be instigated by the SENCO.

3. Managing Medicines on School Premises

- Medicines should be prescribed in dose frequencies, which enable them to be taken outside of school hours. We will therefore only administer medicines when absolutely necessary. If a parent/carer feels it is absolutely necessary for a child to receive medication during the school day, the parent/carer is always welcome to come into school to administer the medication where possible.
- Children we are likely to agree to administer medicines to include children with long term medical needs including diabetes, epilepsy, asthma, severe allergies and occasionally medicines prescribed by GPs that have to be given during the daytime and when parent/carer is unable to come in to administer them.
- Children will not be given medicines without their parent/carer's **written** consent, which gives permission for school staff to administer the medication acting in loco parentis.

- If we agree to administer any medicine, the parent/carer must complete form **'Med 1' (Appendix 2)**
A copy is available from the office. Children should not bring any medicine into school with them - this includes cough sweets.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Children will never be given medicine 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.
- We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which may be inside an insulin pen or pump rather than its original container.
- All medicines will be stored in an appropriate place. This may be the teacher's classrooms for medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will not be locked away. They may also be kept in the school office (KS2) and locked away if appropriate.
- On school trips the children should know where their medication is at all times.
- Controlled drugs will be stored in a non-portable container and named staff will have access.
- Staff administering medicines should do so in accordance with the prescriber's instructions.
- When no longer required, medicines will be returned to the parents/carers to arrange for safe disposal.

4. Managing Medicines on School Trips including Residential

- Visit leaders will liaise with the SENCO to carry out risk assessments for school visits, holidays and other school activities outside of the normal timetable.
- The school will carry out a risk assessment to take account of any steps needed to ensure that pupils with medical conditions are supported to participate in school trips and visits wherever possible.
- The school will consider what reasonable adjustments can be made to enable children with medical needs to participate fully and safely on visits.
- The school will consult with parents/carers and take advice from the relevant healthcare professional to ensure that the child can participate safely.
- During residential school journeys, we will administer medicines prescribed by the GP. We will not administer other medication unless there are exceptional circumstances for the request. Permission must therefore be sought from the Head Teacher well in advance of any trip if any non-prescribed medicine (for example, travel sickness tablets, hay fever medication) is required to be administered. A **Med 1 form** will have to be completed and agreement reached from the staff who are being asked to administer this medication. After consultation with the parent, we will administer non-prescription

medication, such as Calpol or travel sickness pills, only on residential school journeys, after completion of a **Med 1 form**.

5. Record Keeping

- This school has a centralised register of IHCPs, and the Admin team has responsibility for this register.
- IHCPs are regularly reviewed at least once a year or whenever the pupil's needs change. This is done in consultation with the school nurse where appropriate.
- Copies of the IHCP are kept in the school office and classrooms.
- A Summary page of IHCP is kept in the office.
- A record must be kept of all medicines administered to individual children, stating what, how and how much was administered and by whom. Any side effects of the medication should be noted.
- Two members of school staff will be present when prescribed medicines are administered to children.
- A record will be kept of any doses of a controlled drug used and the amount of the controlled drug held in school.
- Parent/carers are responsible for informing the school about any change to their child's condition.

6. Procedure to be followed when notification is received that a pupil has a medical condition

- Parent/carer or healthcare professional informs the school that the child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.
- SLT informs the Head Teacher and SENCO.
- A meeting is arranged between the SENCO/ Head of School/SLT member as appropriate, the parent/carer, child and relevant healthcare professional (or to consider written evidence provided by them) to ascertain the child's medical support needs. A member of staff is identified to provide support to the child.
- At the meeting, a discussion will take place to agree on the need for an IHCP.
- The school will liaise with the healthcare professional in order to develop and write the IHCP.
- The SENCO will identify any training needs.
- The SENCO commissions/delivers training and staff are signed off as competent. Review date is agreed.
- The IHCP will be signed by the parent/carer, Governor, SLT and school nurse.
- The IHCP will be implemented and circulated to relevant staff.
- The IHCP will be reviewed annually or when the condition changes. (Parent/carer or healthcare professional to initiate)
- In the case of a new diagnosis or children moving to the school mid-term every effort will be made to ensure that arrangements are put in place within two weeks.

7. Transition Arrangements

When a child transfers to Bonneygrove and Millbrook Primary School federation, the previous setting will be contacted by the SENCO and a request will be made for any paperwork to be transferred.

If a child transfers to another school, the SENCO will contact the new school to share information about the child. The School Office will send the child's school records to the receiving school on the child's last day at the school so that documentation is in place for the start of the next term.

8. Individual Healthcare Plans

Individual Healthcare Plans (IHCPs) can help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom.

Healthcare plans may be initiated, in consultation with parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The school, healthcare professional and parent/carer will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

A healthcare plan will be essential in cases where:

- a condition fluctuates
- there is a high risk that emergency intervention will be needed
- a medical condition is long term and complex

The healthcare plan will be drawn up in partnership between the school, parent/carer and a relevant healthcare professional who can best advise on the particular needs of the child.

Where the child has a special educational need identified in a statement or EHC plan, the IHCP will be linked to or become part of the statement or EHC plan.

When a child returns to school following a period of hospital education or alternative provision, the school will work with the local authority to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

The IHCP will be made accessible to all staff and professionals who need to refer to it.

The IHCP will be reviewed on an annual basis or earlier if evidence is presented that the child's needs have changed.

9. Emergency Procedures

If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

10. Unacceptable Practice

It is unacceptable 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 parent/carer or ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently or prevent them from staying for normal school activities
- Send a child to the school office unaccompanied or with someone unsuitable if they become ill.
- 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
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips

11. Insurance Arrangements

Our public liability policy covers the school, school governing body, teachers, other employees and volunteers should a claim be made by a pupil who alleges they have sustained injury or damage to property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically or by tube and the application of appliance or dressings. This applies both to straightforward and complex conditions.

We would expect any guidance with the medication to be followed and that those administering the treatment to have received the appropriate training and that this is reviewed on a regular basis

12. Complaints

If parent/carers are dissatisfied with the support provided, they should discuss their concerns directly with the school. If this does not resolve the issue, they should make a formal complaint via the school's complaints procedure which is available from the

school office. This policy should be read in conjunction with the school’s safeguarding policies and procedures.

Children attending School / External Clubs before and after school

It will be the parents/carers responsibility to advise any current or subsequent clubs of any medical needs.

As at the date of writing this care plan the parent/carer confirms they have notified the following clubs of any medical conditions for their child and the treatment of the condition/s. Parents/carers will notify any additional clubs of any medication needs and treatments thereafter.

Club	Medical Condition	Treatment	Date notified
Knitting	Anaphylaxis	Epi Pen and Cetirizine Liquid	01/09/2022

Handover of Medication Sheet (if requested)

Club	Medical Condition	Treatment	Handover From	Handover To	Date
Knitting	Anaphylaxis	Epi Pen and Cetirizine Liquid	Joe Bloggs	Jim Red	01/09/2023

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BONNEYGROVE AND MILLBROOK PRIMARY SCHOOL FEDERATION

All Medication is given loco parentis Responsibility

CARE PLAN FOR USE WITH SPECIFIC MEDICATION / TREATMENT IN SCHOOL

Name of Pupil:

D.O.B:

Address:

Class:

Contact in emergency:

Relationship:

GP:

Tel:

Diagnosis	Symptoms	Medication to be given	Responsibilities	Review Date



BONNEYGROVE AND MILLBROOK PRIMARY SCHOOL FEDERATION

Individual Healthcare Plan

PROTOCOL ON THE MANAGEMENT OF WHO SUFFERS FROM A MEDICAL CONDITION

1. BACKGROUND

2. DETAILS OF THE MEDICAL CONDITION

Triggers:

Signs and Symptoms:

Treatment:

3. THE PUPIL'S RESULTING NEEDS

a) Medication

The school will hold, under secure conditions, appropriate medication, clearly marked for use by designated staff or qualified personnel and showing an expiry date.

The child's parent/carer will be responsible for checking the expiry date and being responsible for replacing any used medication.

-Name of medication:

-Dose:

-Side Effects:

-Storage:

b) Other Treatments

4. SPECIFIC SUPPORT FOR THE PUPIL'S EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS

5. THE LEVEL OF SUPPORT NEEDED

6. WHO WILL PROVIDE THE SUPPORT?

Class Teacher/ Teaching Assistant

7. WHO IN THE SCHOOL NEEDS TO BE AWARE OF THE CHILD'S CONDITION AND THE SUPPORT REQUIRED?

All relevant staff

8. REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

9. ARRANGEMENTS/PROCEDURES FOR SCHOOL TRIPS OR OTHER SCHOOL ACTIVITIES OUTSIDE OF THE NORMAL SCHOOL TIMETABLE

If there are any proposals which mean that the child may leave the school site, prior discussions will be held between the school and the child's parent/carer in order to agree appropriate provision and safe handling of her/his medication. Risk assessments will be carried out by the member of staff leading the activity.

10. WHAT TO DO IN AN EMERGENCY:

- In the event of the child showing any physical symptoms for which there is no obvious alternative explanation, her/his condition will be immediately reported to the Head of School or to the Deputy/Assistant heads.
- On receipt of such a report the Head of School or Deputy/Assistant Head of School will instruct a staff member to contact in direct order of priority:
AMBULANCE 999

And then (*his parent/carer/other*) in the following order:

- 1) First contact on list
 - 2) Second contact
 - 3) third contact and there after continuing to seek communication with adults holding Parental Responsibility (PR)
- Whilst awaiting medical assistance the Head Teacher and designated staff will assess the child's condition and administer the appropriate medication in line with perceived symptoms and follow closely the instructions given by medical professionals (school nurse, doctor or paramedics etc) during training if applicable.

- On arrival of the qualified medical staff the teacher in charge will appraise them of the medication given to the child. All medication will be handed to the medical personnel.
- After the incident a debriefing session will take place with all members of staff involved.

11. AGREEMENT AND CONCLUSION

A copy of this protocol will be held by the school and the parent/carer.

Copies will be sent to:

Class teachers for information
Any applicable adult i.e., Teaching Assistant

Any necessary revisions will be the subject of further discussions between the school and the parent/carer.

Any changes in routine will be noted and circulated.

Agreed and signed:

On behalf of the school

Head of School..... Date.....

Chair of Governors..... Date.....

Parent/Carer I **I/We confirm we understand that all medication given by the staff at Bonneygrove and Millbrook Primary School Federation is given with loco parentis responsibility.**

!..... Date.....

!..... Date.....

The Head teacher will arrange for all school staff to be briefed about **XXXX** condition and about other arrangements contained in this document. Children with whom **XXXX** comes into regular daily contact will also be alerted to his condition.

Appendix 2



BONNEYGROVE AND MILLBROOK PRIMARY SCHOOL FEDERATION

MED 1 FORM

Record of medicines administered in school/setting to all children

Pupil Name: D.O.B.:

Class: M/F:

Medical Condition or Illness:

Date	Name of Medication	Dose Given	Time	Any Reactions	Signature of staff administering	Signature of staff monitoring

I give the designated person at Bonneygrove or Millbrook School permission to administer the prescribed medication above in accordance with the instructions, acting in loco parentis.

Parents/Carer signature:

Relationship to pupil:

Date:

Emergency Contact number: