



Sharps Copse Primary School
Prospect Lane
HAVANT
Hants
PO9 5PE

Supporting Pupils with Medical Needs Policy 2020-2021

Date:	18 th November 2020
Review Date:	September 2021
Responsibility:	Headteacher
Statutory, recommended or additional:	Statutory
Checked against Equalities Policy:	Yes

Linked Documents: Local Offer, Behaviour, Anti-bullying, Safeguarding, Child Protection + covid-19 addendum, Attendance and Health & Safety Policies & Keeping Children Safe in Education (KCSiE) 2020 Document & Individual Health Care Plan (IHP)

Chair of Governors: Mrs J. Towers	Date: 18 th November 2020
Headteacher: Mr M. Elsen	Date: 18 th November 2020

Supporting Pupils with Medical Conditions Policy 2020-2021

In line with the duty, which came into force on 1st September 2014, to support pupils at school with medical conditions we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Sharps Copse Primary School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed regularly and is readily accessible to parent, carers and school staff by visiting our schools website at www.sharpscopse.hants.sch.uk or as a hard copy on request from the school office. Due to the current crisis caused by the covid-19 pandemic, this policy is subject to change.

Policy implementation

The named person, who has overall responsibility for policy implementation, is the Headteacher who will:

- ensure that sufficient staff are suitably trained;
- ensure that all relevant staff will be made aware of the child's condition;
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- brief supply teachers;
- carry out risk assessments for school visits, holidays, and other school activities outside the normal timetable;

and

- monitor Individual Healthcare Plans (IHPs).

All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

Breach or failure to observe the provisions of this document may lead to action being taken under the **School Disciplinary Procedure**, located in the school's policy file retained in the bookcase outside the admin office, held electronically on the schools teachers' network (ADMIN - Policies) and the electronic model copy in the Educational Personnel Services (EPS) Manual of Personnel Practices located at www.hants.gov.uk/education/eps/mopp-vol-1 , a hard copy is also available on request from the admin office.

This policy is issued in draft form to all staff for review, consultation, advice and whole school ownership purposes before ratification, approval and finalisation by the Schools Governing Body.

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

When our school is notified that a pupil has a medical condition we will

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils

Individual Healthcare Plans (IHPs) Appendix 1

A health questionnaire is included in our school brochure pack and issued to all new children joining our school. Any parent or carer reporting that their child has an on-going medical condition such as asthma, epilepsy, diabetes or a more complex medical condition will be asked to complete an IHP. It is a legal requirement that this is updated annually. At our school we will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimises disruption.

Our IHP requires information about:

- 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 (NB 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 headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;**
- 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;
- **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 individual healthcare plan.

After completion, the original copy of the completed IHP will be retained in the school medical file, a copy returned to the child's parent or carer and to the class adult or named person for retention and completion if required in the classroom designated red medical rucksack. The class copy should be sent to the school office at the end of the academic for retention in the child's personal file.

Roles and responsibilities

At our school those people involved in arrangements to support pupils at school with medical conditions include:

- Admin Staff
- Class Adults
- Named person(s)

The Governing Body, responsible for:

- making arrangements to support pupils with medical conditions in school, including making sure that a policy is developed and implemented;
- ensuring that a pupil with a medical condition is supported to enable the fullest participation possible in all aspects of school life;
- ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical conditions;
- ensuring that any members of school staff who provide support to children with medical conditions are able to access information and other teaching support materials as needed

The Headteacher, responsible for:

- ensuring that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation, and ensure that all staff who need to know are aware of the pupil's medical condition;
- ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations, and may involve recruiting a member of staff for this purpose

- the overall responsibility for the development of individual healthcare plans;
- ensuring that school staff are appropriately insured and are aware that they are insured to support children in this way;
- contacting the school nursing service in the case of any pupil 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.

Teachers and Support Staff, responsible for:

- providing 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 a teachers' professional duties, they should take into account the needs of the pupils with medical conditions they teach;
- receiving sufficient and suitable training to achieve the necessary level of competency before taking on the responsibility to support pupils with medical conditions, and knowing what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The School Link Nurse/Matron, responsible for:

- notifying the school when a pupil has been identified as having a medical condition requiring support in school and wherever possible do this before the pupil starts at the school;
- supporting the school staff on implementing a pupil's individual IHP and providing advice and liaison eg, training. They liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs.

Other Healthcare Professionals, including GPs and Paediatricians, responsible for:

- notifying the school nurses when a pupil has been identified as having a medical condition requiring support at school, providing advice on developing healthcare plans;
- ability to provide support from specialist local health teams for pupils with particular medical conditions eg, asthma, diabetes etc.

Parents and Carers, responsible for:

- providing the school with sufficient and up-to-date information about their child's medical needs, and may in some cases, be the first to notify the school that their child has a medical condition;
- involving themselves in the development and review of their child's IHP;
- carrying out any actions that have been agreed when implementing their child's IHP eg, providing current medicines and equipment and to ensure they or another nominated adult are contactable at all times.

Staff training and support

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training (see training record included in appendix 1). Training needs are assessed regularly and training will be accessed through the school nursing team.

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

The child's role in managing their own medical needs

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

Managing medicines on school premises

At our school:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- no child will be given prescription or non-prescription medicines without their parent's written consent, or during these times caused by the covid-19 virus an email message to adminoffice@sharpscopse.hants.sch.uk will suffice;
- we will never give medicine containing **aspirin** unless prescribed by a doctor;
- medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken;
- parents will be informed;
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours;
- we will only accept prescribed medicines if they are:
 - **are in-date**
 - **are labelled**
 - **are provided in the original container as dispensed by a pharmacist**
 - **include instructions for administration, dosage and storage.** *(NB 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)*
- all medicines will be stored safely;
- children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility;
- medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always be readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips;
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will 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. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should 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;*
- No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within IHPs).
- school staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- **we will keep a record of all medicines administered to individual children, stating what, and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted in school and the child's parent or carer informed;**
- all medication held by the school will be sent home at the end of the academic year as the school will not automatically assume that pupils medical conditions remain the same. Parents and carers will be invited to review their child's medical needs with the school at the beginning of the new academic year, by either annotating the original IHP if there are no changes, or by creating a new one if these needs have changed.
- parents and carers will be expected to bring in all medication that is in-date and in the original container/packaging as stated above within the first week of the new academic year in September. If, after this time medication has not been brought in or their child's IHP reviewed, the school will deem that the parent or carer no longer needs school to support their child's medical needs and their record will be closed and filed until further instructions have been received. A letter from the Headteacher will be sent to the parent or carer informing them of them of this action.

Non-prescribed medicines

At our school we will administer non-prescription medicines.

*Following on from Supporting Pupils with medical Conditions December 2015 we have decided to review and renew our policies and procedures and from **September 2018** we will not accept any non-prescribed medicines into school but we will keep a small stock of homely remedies, such as may be kept at home, which will include:*

- *Age related Liquid paracetamol (Calpol) – syringe for one use only and then cleaned in dishwasher*
- *Piriton – syringe for one use only and then cleaned in dishwasher*

*These will only be administered when it would be detrimental to the child not to give and only **with the parent or carers** written or emailed permission.*

Record keeping

We will ensure that written records are kept of all medicines administered to children. We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents and carers will be informed if their child has been unwell at school.

IHPs and other medical documents, including dated written or email consent will be included with the child's personal record for transfer purposes and retained, in-line with HCCs Record Retention Procedure until the child is 25 years old, after which they will be securely disposed of. In the case of Child Protection files, the original is retained by the school for 25 years plus current from the date of birth (DoB) of child, and copied for the transfer school, after which they will be securely disposed of.

Emergency procedures

Our school's policy sets out what should happen in an emergency situation.

Where a child has an IHP, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff (at Sharps Copse) will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know and in particular in the child's class, what to do in the event of an emergency ie, informing a class adult immediately if they are concerned about the health or behaviour of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents or carers arrival, this includes accompanying them to hospital by ambulance if necessary and taking any relevant medical information, IHPs etc, that the school holds.

Day trips, residential visits and sporting activities

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

As a school we believe it to be **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 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 IHP;
- 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.

Children who are able to use their own inhalers themselves are encouraged to do so; staff should help if a child is too young or immature to take personal responsibility for their inhaler use.

We will make sure that all inhalers, spacers, epi pens and eczema treatments are stored in a safe but readily accessible place within the child's classroom, and clearly marked with the child's name with their record of treatment in a separate transparent zipped wallet.

A designated and easily identifiable red rucksack is provided per class solely for the storage of these treatments, and should at all times be transported with the child ie, during break and lunchtimes, PE, emergency evacuation etc, and then returned to the child's classroom.

A weekly check is required by a class adult to monitor the contents of the red rucksack and signed off by using the check sheet fixed to the wall and located by the class door. This check sheet should be taken to the admin office for retention purposes at the end of the academic year in July. This action ensures that no 'rogue' and unknown medication has been brought into the school by a child.

An emergency designated and easily identifiable red rucksack will be provided containing a school emergency salbutamol inhaler and disposable spacers, for use by Before and After School Activities Club assistants to support those identified children attending. This is located and retained in the school's medical room and is to be collected by the After School Activities Club assistant and returned in the morning, by the Breakfast Activities Club assistant. In-line with the school's practice this rucksack should be transported with the children when using other resources within the school. Parents and carers should be informed in the first instance by supervising staff if the school emergency inhaler has been used by their child.

Likewise, the same will be made available for collection by school staff from the school medical room who are supervising other after school and often outside school events. Staff organising and supervising these activities should make themselves aware of any children who require medical support from details provided on returned permission slips and linking with admin staff to check for their medical details and emergency consent details already held by the school. Parents and carers should be informed in the first instance by supervising staff if the school emergency inhaler has been used by their child.

All controlled drugs will be securely stored in a non-portable container located in the medical room, which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is

deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner.

Where an individual child is competent to do so and following a risk assessment, the school may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

Liability and indemnity

Maintained schools and academies with a Service Level Agreement (SLA) with HCC will be insured as long as all appropriate training and risk assessment has taken place. Sharps Copse Primary School buy into this agreement annually.

Complaints

If you have a complaint about how your child's medical condition is being supported in school please contact the Headteacher and the Chair of Governors in the first instance by telephoning the school office on 023 92484545.

Emergency Asthma Inhalers & Age Appropriate Emergency Epi pen

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information.

As a school we have agreed to purchase and keep emergency inhalers and spacers, that will be used for children who are already prescribed asthma inhalers. These are held in the school medical room in the medical cupboard. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

An emergency salbutamol inhaler and spare spacers will be retained in the emergency trolley used for evacuation purposes and will be checked twice termly by the Admin Officer for current dates.

If required, the school will also hold an age appropriate emergency epi pen in the medical fridge located in the school medical room, and will be checked twice termly by the Admin Officer for current dates.

Sharps Copse Primary School

Individual Healthcare Plan

Appendix 1

Child's Information:

Child's name:

Date of birth:

Class:

Year Group:

Child's address:

Medical diagnosis or condition:

Date information received:

Review date:

Family Contact Information:

Contact Name:

Relationship to child

Work phone number:

Mobile phone number:

Home phone number:

Email:

Emergency Contact Information ie, another member of the family or friend:

Contact Name

Relationship to child:

Work phone number:

Mobile phone number:

Home phone number:

Clinic/Hospital Contact:

Name

Phone no.

GP Details:

GPs Name or Practice:

Phone number:

Who is responsible for providing support in school

Class adult or named person

Medical Information - give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc:

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Medication – include name, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision and expiry date:

	Expiry date:
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Daily care requirements if applicable (yes/no):

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Specific support for the child's educational, social and emotional needs if applicable (yes/no):

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What do you consider to be an emergency, and what action should the school take if this occurs:

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Who is responsible if an emergency occurs during a school day (state if different for off-site activities/school trips):

Class adult or named person

Other information if applicable:

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For school use only - Arrangements for school visits/trips etc, if applicable:

All medicines held in school will be taken as appropriate by a class adult or named adult

For school use only - Plan developed with:

School Office Staff	Name:
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For school use only - Staff training needed/undertaken if applicable – who, what, when:

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For school use only - Original copy to be retained in school medical file, copy to parent or carer and copied to class adult or named person: *(please tick copy)*

Original	Parent/carers	Class adult or named person
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All staff at Sharps Copse Primary School and children in your child's class will be made aware and kept updated of your child's medical needs, and informed about support that may be required in an emergency. All information provided by you will be treated with confidence at all times.

Parental Agreement for School to Administer Medication

Sharps Copse Primary School are **unable** to support your child with the administration of medication unless these forms are completed and signed by you. The school has a current policy which supports children with medical needs, and is available in hard copy from the school office on request and on our website by visiting us at www.sharpscopse.hants.sch.uk

All medicines will be returned to parents or carers by the class adult at the end of every academic year in July. The School Office staff will review with parents and carers at the beginning of the new academic year in September.

NB: Medicines will only be accepted via the school office in the original named packaging and container as dispensed by the pharmacy and currently in date

This information is, to the best of my knowledge accurate at the time of completion, and I therefore give consent for the staff at Sharps Copse Primary School to administer medication and emergency treatment to my child in accordance with the schools supporting children with medical needs policy. I will inform the school immediately if there is any change in dosage or frequency or if the medication ceases and school support is no longer required.

Parent or carer's name in full: _____

Parent or carer's signature: _____ Date: _____

Staff name in full: _____ Position: _____

Staff signature: _____ Date: _____

Parental Consent for Emergency Use of Salbutamol Inhaler

Child's Name:

Class:

Sharps Copse Primary School will at all times hold in the medical room at least 2 salbutamol inhalers for use in an emergency. This will be given to your child to use only if their inhaler has run out, or has become unusable in school or is due to other unforeseen circumstances, and this will be deemed as an emergency administration.

It is expected that parents and carers will provide an inhaler and spacer if applicable for their child's use in school, which is supplied in the original pharmaceutical packaging and is in current date. Their inhaler will remain in school at all times after being booked in by the school office and stored in their portable class designated red rucksack, separated in a named plastic wallet that will also hold details that have been provided by parents or carers.

A review of your child's medical needs will be carried out by the school annually or sooner if required, and in all cases at the beginning of a new academic year which begins in September. It is an expectation that all medicines are returned to you by your child's class adult or named adult at the end of the academic year in July.

The portable class designated red rucksack will be transported throughout the school whenever your child works in another area, at break times and assemblies to ensure that their medication is available to them at all times, including when they attend outdoor activities and school trips.

For the school to be able to administer salbutamol in an emergency to support your child with their medical needs, consent is required from you as detailed below:

Parental Consent:

I can confirm my child has been diagnosed with asthma and therefore give consent for Sharps Copse Primary School staff to administer their emergency salbutamol inhaler to my child, and understand that this instruction will remain valid for the period of time that my child attends this school, after which time the consent will automatically expire, or if in this time their medical needs change and school support is no longer needed:

Parent or Carers name in full:

Parent or Carers signature:

Date:

For School use only
Record of Medicine Administered to an Individual Child

Child's Information:

Child's name

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Class:

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

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Dosage, method and timing

Record to be completed each time child has received medication

Date:

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Time given:

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Dose given:

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Staff members
name:

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Staff Initials:

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Date:

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Time given:

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Dose given:

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Staff members
name:

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Staff Initials:

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Date:

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Time given:

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Dose given:

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Staff members
name:

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Staff Initials:

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Date:

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Time given:

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Dose given:

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Staff members
name:

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Staff Initials:

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Date:

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Time given:

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Dose given:

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Staff members
name:

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Staff Initials:

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Date:

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Time given:

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Dose given:

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Staff members
name:

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Staff Initials:

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Staff Training Record – Administration of Medicines

Name of Staff:

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Position:

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Type of training received:

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Date training completed:

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Training provided by:

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a) I confirm that I have received the training as detailed above

Staff name in full:

Staff signature:

Date:

Training review date:

b) I confirm that the above member of staff has received the training as detailed, and is competent to carry out the administration of medication if required, or treatment in the case of an emergency if necessary.

I recommend that the training is updated every two years or sooner if required.

Headteacher's name in full:

Headteacher's signature:

Date:
