

St. Joseph's Catholic Primary School



Supporting pupils at school with medical conditions Policy

“Inspired by St Joseph, together with
Christ, we learn, we grow, we love.”

At the heart of the Catholic school is its belief in Jesus call to fullness of life. This leaves our schools to be committed to providing an education imbued with that faith, in all its aspects, systems and structures, policies and priorities, pastoral care and discipline, relationships and charitable out reach.

"The catholic school has a single Christian vision, and integrated concept of what makes a fully authentic and mature human being. The curriculum and all its aspects must reflect this fact."

It follows, therefore, that every part of the curriculum in a Catholic school is religious, since everything works out of this philosophy and theology is and that's ultimately relate to God. The truth is fundamental to the approach to learning and teaching in the Catholic school. There is no distinction between secular and religious learning because all knowledge and search for the truth ultimately is a search for God. Teaching and learning are holy tasks.

RATIONALE

St Joseph's Primary School has a statutory duty under Section 100 of the Children and Families Act 2014 to make arrangements for supporting pupils at school with medical conditions. The governing body will ensure that arrangements are in place to support pupils with medical conditions in doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The governing body will ensure that arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn as well as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that pupils need.

PURPOSE

Children 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 should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governors 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.

GENERAL GUIDELINES

When the school is notified that a child has a medical condition procedures are in place to cover any transitional arrangements between schools and arrangements for any staff training or support. School does not have to wait for a formal diagnosis before providing support to a pupil. In cases where pupils 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.

INDIVIDUAL HEALTHCARE PLANS (IHP)

Individual Healthcare Plans will help school effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. (See Appendix 1 & 3 and Health Care Plans templates on www.healthmatters.clch.nhs.uk)

- Plans will be drawn up in partnership between school, parents and a relevant healthcare

professional e.g. School or Specialist Nurse. Pupils will be involved whenever appropriate.

- The IHP will be easily accessible to all relevant staff whilst preserving confidentiality. Copies are kept in a folder in the medical room. If consent is sought from the parents a photo and instructions will be displayed. In the case of life-threatening implications the information should be available clearly and accessible to everyone.
- Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- Where a child has a special educational need identified in a statement or Educational Health and Care Plan (EHCP), the individual Healthcare Plan (IHP) will be linked to, or become part of that statement or EHC.
- Collaboration between the providers and school to identify the child's need will be sought where a child returns to school from hospital education, alternative provision or home tuition due to medical needs.

Points considered when developing an IHP

- The medical condition, its triggers, signs, symptoms and treatments.
- Specific support for the child's educational, social and emotional needs e.g. how absences will be managed, requirements for extra time to complete tests, 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, and expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a Health 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 Head teacher, or delegated person, for medication to be administered by a member of staff or self-administered by the child during school hours.
- Record of medicine administered to an individual child to be kept in the Medical Room.
- Separate arrangements or procedures for school trips or other school activities outside of the normal school timetable that will ensure that the child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent of a child the designated individuals to be entrusted with information about the child's condition.
- What to in an emergency, including whom to contact and contingency arrangements.

ROLES AND RESPONSIBILITIES

Supporting a child with a medical condition during school hours is not the sole responsibility for one person. School will work in partnership with healthcare professionals, social care professionals, Local Authorities, Parents and Pupils.

The Local Authority (LA)

The local authority is responsible for promoting co-operation between relevant partners supporting pupils with medical conditions. The LA should provide support, advice/guidance and training to schools and their staff. The LA should work with schools to ensure pupils attend full-time or make alternative arrangements for education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

Governing Body

The governing body will make arrangements to support children with medical conditions in school and ensure that a policy is developed and implemented. They will ensure the policy covers arrangements for pupils who are competent to manage their own health needs and set out procedures in place for emergency situations. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will ensure that all pupils with medical conditions will be able to play an active role in all aspects of school including school visits/trips and sporting activities. The governing body will ensure that the policy for supporting pupils with medical conditions does not discriminate on any grounds including, but not limited to protected characteristics, ethnicity/national/origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation. The governing body will ensure the handling of complaints is in compliance with the school's Complaints Policy.

The Head teacher will ensure that:

- The school's policy is developed and effectively implemented with partners.
- All staff are aware of the policy and understand their role in its implementation.
- All staff who need to know are aware of the child's condition.
- There are sufficient trained numbers of staff available to implement the policy and deliver against all IHPs including in contingency and emergency situations; if necessary facilitating the recruitment of staff for the purpose of delivering this policy.
- More than one staff member is identified to cover holidays/absences and emergencies.
- The correct level of insurance is in place for teachers who support pupils in line with this policy.
- Healthcare professionals liaise with school regarding the training required for staff.
- There is continuous liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Confidentiality and data protection is adhered to.
- Appropriate accommodation for medical treatment/care is assigned.

School Staff

- Should know where controlled drugs are stored and where the key is held.
- May be asked to provide support to children with medical conditions, including administration of medicines (although they cannot be required to do so). They are responsible for allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.
- Should take in to account the needs of pupils with medical conditions during lessons, take appropriate steps to support these children and be familiar with procedures on how to respond to their needs when necessary.
- Will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions.
- Keep records of medicine administered to individual children.

School Nurse

Every school has access to school nursing services. They are responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school and collaborating on the development of an IHP.
- Liaising with lead clinicians locally on appropriate support for the child and associated staff training needs.
- Providing advice and liaising with staff on the implementation of a child's IHP.

Other Healthcare Professionals including GPs and Paediatricians

- They should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

Children

Will be fully involved in discussions about their medical support needs and contribute, and comply with, their IHP as appropriate.

Self-manage their medication or health needs (including carrying medicines or devices) if deemed to be competent to do so by a healthcare professional and agreed by parents.

Parents

Will provide the school with sufficient and up to date information about their child's medical needs.

Will be involved in the development and review of their child's IHP.

Will discuss medication with their child prior to requesting that a staff member administers the medication.

Will provide medicines and equipment and ensure they, or another nominated adult, are contactable at all times; complete a parental consent form to administer medicine or treatment before bringing medication into school and keep the medication up to date including collecting leftover medicine.

STAFF TRAINING AND SUPPORT

Newly appointed staff including supply and agency will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction. The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained. However school may wish to choose to arrange training and ensure this remains up to date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support children. This includes an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. A record of the staff training will be kept. Staff will not give prescription medicines or undertake healthcare procedures without appropriate training – the training will be updated to reflect any IHP. A first-aid certificate does not constitute appropriate training in supporting children with medical needs.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine.

The school will have arrangements in place for whole school awareness training regarding supporting children with medical conditions (e.g. INSET days, induction arrangements) to 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 family of a child will be key in providing relevant information to school staff about how their child's needs can be met.

THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

The governing body will ensure that arrangements are made, for children who are competent, to manage their own health needs and medicines. This should be reflected in their IHP.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Some children may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will be informed when the medication has not been administered for this reason.

MEDICAL CONDITIONS LIST

The school's admissions forms should request information on pre-existing medical conditions. Parents must have easy access to inform the school if a medical condition develops or is diagnosed.

A medical conditions list should be kept, updated and reviewed regularly by the school office/SENDCo. Each class should have an overview in their class inclusion folder. Supply and support staff should have access on a need to know basis and parents should be assured of data sharing principles.

At key transition points pupils with medical conditions and an IHP should be reviewed with appropriate agencies, staff, parents and pupil to ensure a positive transition and prepare for any additional training needs.

MANAGING MEDICINES ON SCHOOL PREMISES

Medicines should 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. Forms are available from the school offices or can be downloaded from the website. (See example Appendix 2)

No child will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum doses and when the previous dose was taken. Parents will be informed when the dose was given.

The school 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 (exception to this is insulin, which must still be in date but may be available inside an insulin pen or a pump, rather than in its original container). Medicines that do not meet with these criteria will not be administered. A maximum of four weeks' supply of medication may be provided to school at one time.

All medicines will be stored safely. If self-medicating, children will be informed where their medicines are and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children both in their class and in the medical room (consideration of this will be taken when off school premises e.g. school trips).

The school will keep controlled drugs that have been prescribed for a pupil securely stored and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any dosage used and the amount of the controlled drug held in school.

School staff may administer a controlled drug to whom it has been prescribed in accordance with the prescriber's instructions. School will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom. Any side effects will be noted. (See Appendix 6).

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharp boxes will always be used for the disposal of needles and other sharps.

School staff cannot be held responsible for side effects that occur when medication is taken correctly. They will not force a pupil to comply, if the pupil refuses, but will contact the parents and record their actions clearly on the IHP.

RECORD KEEPING

Written records will be kept of all medicines administered to children. Parents will be informed if their child has been unwell in school.

EMERGENCY PROCEDURES

Where a child has an IHP this will 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 children in the 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, staff should stay with the child until the parent arrives or accompany a child to hospital in an ambulance. When local emergency services are called staff will give precise details of which entrance to use.

DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

The Governing body will ensure that arrangements are clear and unambiguous about the need to support actively children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. School will make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician states that this is not possible

A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. (See Appendix 5).

POINTS FOR CONSIDERATION

- The school does not assume that every child with the same condition requires the same treatment.
- The school will not send children with medical conditions home frequently, or prevent them from

staying for normal school activities, unless this is specified in their IHP.

- If a child becomes ill, they will not be sent to the school office or medical room unaccompanied.
- The school take into consideration hospital appointments when monitoring attendance.
- The school does not prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Medicine that is required to be taken 4 times a day will be administered. Medicine that needs to be taken 3 times a day will not be administered as it can be administered by the parent before and after school and in the evening.
- The school will not require parents, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No parent will have to give up working because the school is failing to support their child's medical needs.
- The school will not prevent children from participating in any aspect of school life, including school trips, by requiring parents to accompany.

LIABILITY AND INDEMNITY

The school has an Insurance Policy that provides liability cover relating to the administration of medication. Any parents of pupils dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved parents may make a formal complaint via the schools complaints procedure The Head teacher will have overall responsibility that this Policy is implemented and that risk assessments for school visits are undertaken. The Head teacher will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHP's are monitored.

School Office contact details

office@stjosephs.barnet.sch.uk

Tel: 020 8202 5229

SENCo Ms S Ball Tel: 020 8202 5229

sball@stjosephs.barnet.sch.uk

Headteacher contact details

office@stjosephs.barnet.sch.uk

Tel: 020 8202 5229

Useful links

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

www.healthmatters.clch.nhs.uk

This policy was written by the Teaching, Learning and Achievement Committee and ratified by the Governing Body of St Joseph's Catholic Primary School

On: March 2017

Next review date: March 2018

APPENDIX 1

1

•Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

2

•Headteacher or delegated SLT member co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the pupil.

3

•Meeting held to discuss and agree on the need for IHP to include key school staff, child, parent and relevant healthcare professionals and other medical/health clinician as appropriate (or to consider evidence provided by them).

4

•Develop IHP in partnership. Agree who leads on writing it. Input from healthcare professionals must be provided.

5

•School staff training needs identified.

6

•Healthcare professional commissions and/or delivers training. Staff signed off as competent - review date agreed.

7

•IHP implemented and circulated to all relevant staff.

8

•IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate.

APPENDIX 2

St Joseph's Catholic Primary School



Watford Way

Hendon

London NW4 4TY

Tel: 020 8202 5229

Fax: 020 8202 5530

Email: office@stjosephs.barnet.sch.uk

Administering of Medication

Child's name		Class	
Parent/Guardian name		Contact Tel No.	
Name of Doctor's Practice		Telephone No.	

Illness (<i>brief description</i>)	
Medicine prescribed	
Dosage	
Time to be given	
Special instructions	
Any known allergy	

St Joseph's Primary School cannot administer any medication, e.g. asthma inhalers, Piriton, creams etc., to your child unless this form has been completed, signed and dated.

I authorise the qualified first aider to administer the above medicine and release them from all further liability or responsibility for any consequent adverse effects, reactions or any unforeseen circumstances which might arise.

Parent/Guardian signature: _____

Print name: _____

Date: _____

APPENDIX 3

St Joseph's Individual Health Care Plan

Pupil name	
d.o.b.	
Class	
Address (pupil)	
Medical diagnosis or condition	
Date	
Review	

Family contact Information

Name	
Relationship to child	
Phone number (work)	
(home)	
(mobile)	

Name	
Relationship to child	
Phone number (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone number	

G.P.

Name	
Phone number	

Who is responsible for providing support in school

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

Name of medication, dose, method of administration, when to be taken, side effects, contra- indications, administered by/self-administered with/without supervision.

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form circulated to

APPENDIX 4

Trained Staff

First Aid at Work
Teresa Talco
Vittoria Capone
Linda Green
Debbie Higgins
Marie-Noelle Walker
June Myers
Dorota Jahans
Christina Ciapryna
Marguerite Ryan
Maggie Brown
Wendy Fairclough
Appointed Person
Sally Chaplin
First Aid Children 6 - 12
Nicholas Coleman
Aniko Szabo
Lynette Dias-Gouveia
Emergency First Aid
Agnes Wojcik
Paediatric
Sam Luxford
Anna Vaidya
Sue Doherty
Marguerite Ryan
Annette Vincent

Mandy Chambers

Claire Forouzan

Ewa Pilat

Maria Tommy

Niroshani Amaratunge

Epilepsy

Sally Chaplin

Margaret Ryan

Epipen

All staff (Teachers, TAs, MTS) trained annually by school nurse.

APPENDIX 5



St Joseph's Catholic Primary School

Proposed Trip Booking Form

Organised by:	
Trip location:	
Class/Year Group:	
Educational Purpose:	
Proposed Date and Timings:	Date: Depart school: Arrive back at school:
Back up date:	
Have you checked the diary and made sure the trip does not clash with any important dates?	Yes/No
Is this your planning day?	Yes/No NB. We cannot allow a swap of PPA.
Is this your break time duty day?	Yes/No If yes, who is covering your duty?
Transportation:	Coach/Train/Walking/Bus Who is organising this?
Lunch Provision:	Packed/Provided/Not Applicable
Which adults are going on the trip? (NB. No one to one TAs are available unless that child is going on the trip) Who is the First Aider? If applicable, who is covering their lunch time duty?	
Total cost and cost per child:	Total: Cost per Child:

Have you visited the proposed venue?	Yes/No
Have you attached a completed risk assessment and e-mailed a copy to Head, Deputy and school office?	Yes/No
SEN provision: e.g. is a parent supporting their child due to special needs?	Details:
Have you attached the letter to the parents and given an electronic copy to Head, Deputy and school office (before it has been sent out)?	Yes/No
Inputted into the diary on:	
Authorised By:	

NB:

- This form must be completed and authorised two weeks before the date of the visit.
- It must be authorised by a member of SLT.
- It is the trips organiser who is responsible for arranging cover for any members of staff who attend the visit.

APPENDIX 6



Record of medicine administered to an individual child

Pupil name	
Date medicine provided by parent	
Class	
Quantity received	
Name of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	
Parent signature	

Date	Time given	Dose given	Name of staff member	Initials

Comments (side effects if any):