



Broadway Infant School

Medical Needs Policy

Signed (chair):	Name: Jennifer Norris	Date:
Signed (Head):	Name: Juliet Lambert	Date:
Date of review June 2019	Reviewed by: Nicola Fineman Vice Chair of Resource comm	Next Review: June 2020
Date of review	Reviewed by:	Next Review:
Date of review	Reviewed by:	Next Review:
Date of review	Reviewed by:	Next Review:
Date of review	Reviewed by:	Next Review:





Medical Needs - Policy 2018-2021

1 – Statement

The school will properly support pupils at school with medical conditions so that they have full access to education, including school trips and physical education. The school will also put in place procedures to deal with emergency medical needs.

This Policy will be regularly reviewed and updated by the Governing body at least every three years. The Chair of Governors has overall responsibility for policy implementation. The Headteacher is responsible for ensuring that sufficient staff are suitably trained.

The Governors see parents and carers as key partners. Parents and carers should provide the school with sufficient and up-to-date information about their child's medical needs as soon as possible. They may in some cases be the first to notify our school that their child has a medical condition. The active involvement of parents and carers is essential to the drafting of, development and review of their child's individual healthcare plan. The Governors expect parents and carers to carry out any action they have agreed to as part of a plan's implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

In addition, the school will work together with local authorities, health professionals and other support services to ensure that children with medical needs receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration will be given to how children will be reintegrated back into school after periods of absence.

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. No child with a medical condition will 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 our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We retain the right not to accept a child at school at times where it would be detrimental to the health of that child or to others.

2 - Procedures

The following procedures are to be followed when notification is received that a pupil has a medical condition.

2.1 A parent or a health care professional informs the school that:

- a child has been newly diagnosed, or;
- is due to attend a new school, or;
- is due to return to school after a long-term absence or
- has medical needs that have changed.

2.2 The Head Teacher co-ordinates a meeting to discuss the child's medical support needs, and identifies the member of school staff who will provide support to the pupil.



2.3 A meeting will be held to discuss and agree on the need for an Individual Healthcare Plan (IHCP). The meeting will include key school staff, child, parent, relevant healthcare professional and other medical/healthcare clinician as appropriate (or to consider written evidence provided by them). Parents will be invited to contribute to the IHCP using model letter in Appendix F

2.4 An IHCP will be developed in partnership, and the meeting will determine who will take the lead on writing it. Input from a healthcare professional must be provided. (Individual healthcare plan is in Appendix A of this policy)

2.5 School staff training needs will be identified.

2.6 Healthcare professional commissions or delivers appropriate training and staff are signed off as competent. A review date for the training will be agreed.

2.7 The IHCP will then be implemented and circulated to all relevant staff.

2.8 The IHCP will be reviewed annually or when the medical condition changes. The parent or healthcare professional will initiate the review.

2.9 For children starting at a new school, 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 a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

3 – Individual Healthcare Plans

3.1 Not all pupils with medical needs will require an IHCP. The school together with the healthcare professional and parent will agree, based on evidence, whether a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Head teacher will take the final view.

3.2 The format of the IHCP will depend on the child's condition and the degree of support needed. Where a child has SEN but does not have an EHC plan, their special educational needs will be mentioned in their healthcare plan.

3.3 The following will be considered when deciding what information will be recorded on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's needs including medication and other treatments;
- Specific support for the pupil's educational, social and emotional needs;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies;
- Who will provide this support, their training needs, expectation of their role and confirmation of proficiency, and cover arrangements for when absent;
- Who in school needs to be aware of the child's condition and required support;
- 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;
- 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.



4 – Roles and Responsibilities

4.1 Governing body

- Should ensure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

4.2 Headteachers

- Ensure that their school's policy for supporting pupils with medical needs is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all staff who need to know (including first aiders) are aware of the child's condition.
- Ensure sufficient number of trained staff are available to implement and deliver all required IHCPs. Completing Appendix D- staff training record as appropriate.
- Have overall responsibility for the development of IHCPs, including contingency and emergency arrangements.
- Ensure that school staff are appropriately insured and are aware they are insured to support pupils in this way.
- Ensure the school nurse is aware of children with medical conditions.

4.3 School staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Should receive suitable and sufficient 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.
- Should complete Appendix C – Record of medicine administered when any medication has been given
- Should be aware of procedures for contacting emergency services – Appendix E

4.4 School nurses

- Responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- Support staff to implement IHCPs, providing advice and training.
- Liaise with lead clinicians locally on support for child and associated staff training needs.

4.5 Healthcare professionals (GPs etc)

- Notify school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHCPs.

4.6 Pupils

- Where appropriate, taking into account their age and maturity, pupils should have full involvement in discussions about their medical support needs.
- Contribute to the development of, and comply with, IHCP.

4.7 Parents

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



- Contribute to the development of the IHCP.
- Carry out any action they have agreed to as part of the IHCP implementation.
- Complete Appendix B where appropriate to agree school administering medicine.

4.8 Local Authority

- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support identified in the IHCP can be delivered effectively.
- Where a pupil would not receive a suitable education in a mainstream school because of their health needs, to make other arrangements.

5. Staff Training and Support

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

5.2 The relevant healthcare professional will normally lead on identifying the type and level of training required. The training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

5.3 School staff will not give prescription medicines or undertake healthcare procedures without appropriate training.

5.4 All school staff will be made aware of the school's policy for supporting pupils with medical conditions, and their role in implementing that policy.

6. Child's Role in Managing Their Own Medical Needs

6.1 Where a child is deemed competent to manage their own health needs and medicines, this should be reflected in their IHCP.

6.2 As children who attend Broadway infant School are all aged seven years or below, it is unlikely that children will be considered competent to regularly self-medicate as the norm. However, if after discussion with parents/carers, children are deemed competent to take charge of managing their own procedures or medication, school staff will make every effort to promote independence and provide the correct level of supervision and support to enable the child to successfully take on the agreed responsibilities.

7. Managing Medicines on School Premises

7.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

7.2 No child under 16 will be given prescription or non-prescription medicines without their parent's written consent. There will be very few circumstances where schools will consider that non prescribed medication will be acceptable in their premises.

7.3 No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

7.4 Wherever possible prescribed medicines should be taken outside school hours.



7.5 The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist (except insulin which may be in a pen or pump) and include instructions for administration, dosage and storage.

7.6 Medication will be stored in compliance with storage instructions, whenever possible out of the reach of children. If medication requires regulated temperatures they will be stored in the staff room refrigerator. Asthma inhalers are stored in the school office. It may be a requirement of some Health Care Plans that certain medication have to be stored in other areas of the school for example, epi-pens. However, in such cases every effort will be made to ensure such medication cannot be accessed by other children. Children will be told where their medicines are stored at all times and they will understand how staff will support them to access their medication immediately if necessary.

7.7 Where a child has been prescribed a controlled drug, this will be kept in the school office and two signatures will be required each time it is administered.

7.8 The school will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom.

7.9 When no longer required medicines will be returned to parents to arrange for safe disposal.

8. Emergency Procedures

8.1 Each IHCP 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.

8.2 If a child is taken to hospital, a member of school staff will stay with the child until the parent arrives.

9. Use of Emergency Salbutamol Inhalers

9.1 From October 2014 schools have been allowed to keep salbutamol inhalers and spacers for use in emergencies. ***The school does not currently keep an emergency inhaler.***

10. Defibrillator Provision

10.1 A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. The school has a defibrillator. It can be found in the staff room on the wall and all staff had had training on how to use it.

11. Day Trips, Residential Visits and Sporting Activities

11.1 Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities.

11.2 School will consider what reasonable adjustments may be required to enable children with medical needs to participate fully and safely on trips and visits. This will be considered as part of the activity risk assessment to take account of any steps needed to ensure that pupils with medical conditions are included.



12. Unacceptable Practice

12.1 The following is regarded by the school as unacceptable practice:

- Preventing children from easily accessing their inhalers and medication;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child, parents or medical professionals;
- Sending children with medical conditions home frequently, or preventing them from staying for normal school activities;
- Penalising children for their attendance record if their absences are related to their medical condition;
- Preventing pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Requiring parents to attend school to administer medication or provide medical support to their child including toileting issues; and
- Preventing children from participating, or creating unnecessary barriers to children participating, in any aspect of school life, including school trips.
- If a child becomes ill, sending them to the school office or unaccompanied or with someone unsuitable.

13. Liability and Indemnity

13.1 The school's liability insurance is covered by Zurich Municipal by arrangement through South Gloucestershire Council. School Trip insurance is through Zurich Municipal arranged by the school office through annual premium payment.

14. Complaints

14.1 If parents or pupils are dissatisfied with the support provided by the school to pupils with medical conditions, they should discuss their concerns directly with the school. If the issue remains unresolved, they may make a formal complaint via the school's complaint procedure.

15. Approval and Review

15.1 This Policy was approved by ***the Full Board of Governors*** on ***21st May 2018***

15.2 This Policy will be reviewed by ***the Full Board of Governors*** on ***May 2021***

Signed:

Date:

Chair of Governors





INSERT
PHOTOGRAPH OF
CHILD HERE

Appendix A - Individual healthcare plan

Name of school	Broadway Infant School
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

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 copied to



Appendix B - Parent/Carer agreement for the school to administer medicine

The school will not give your child medicine unless you complete and sign this form, in accordance with the school Medical Needs policy.

Date for medication start:	
Name of school/setting	Broadway Infant School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____

Date _____



Appendix D - Staff training record – administration of medicines/medical needs training

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date



Appendix E - Contacting emergency services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.
Speak clearly and slowly and be ready to repeat information if asked.**

1. The school telephone number 01454 867130
2. Your name
3. Your location as follows
Broadway Infant School
Broadway
Yate
BS37 7AD
South Gloucestershire
4. State what the postcode is – BS37 7AD
5. Provide the exact location of the patient within the school
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of the Healthcare Plan with this this form by the phone then give to the Emergency Services when they arrive



Appendix F - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support a child will need and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents/cares, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



Appendix G - Process for developing individual healthcare plans

Parents/Carers or a healthcare professional informs the school that a child has been newly diagnosed, or is due to attend our school, or is due to return to school after a long-term absence, or that long term medical needs have changed



The Special Needs Co-ordinator and/or any staff delegated with the responsibility of supporting the child's needs will arrange to meet with the parents/carers and/or the health professional to discuss and agree on the need/content for the individual healthcare plan. Other relevant people e.g. medical or health clinicians may be invited to this meeting



Individual healthcare plan is drawn up in partnership



School staff training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent – review date agrees



Individual healthcare plan implemented and circulated to all relevant staff



Individual healthcare plan is reviewed annually or when condition changes. Parents/Carers, school staff or healthcare professional to initiate

