

Clipston Endowed VC Primary School  
and  
Great Creaton Primary School  
Supporting Children with Medical Needs Policy



For consultation with and adoption by the Governing Body: June 2016

Proposed Review: Spring 2017

Signed .....  
Mr. Graham Leah - Chair of Governors

## **AIMS OF CLIPSTON SCHOOL**

Clipston Endowed VC Primary School aims to provide every child with high quality teaching and learning. It is the school's philosophy to give our pupils a measure of independence, a high level of self-confidence, a deep sense of self-worth, and an understanding and deeper appreciation of our Christian heritage. To achieve this, we aim to:

- a) Enable all children to achieve their full potential, both academically, socially, personally, and morally in order that children expect the best of themselves.
- b) Promote spiritual development and the ability to grow and flourish as human beings.
- c) Support children in building relationships which reflect Christian values.
- d) Deliver a broad, relevant and challenging education which is of a high standard and appropriate to an individual child's needs.
- e) Promote high standards of behaviour based on mutual trust and respect, developing responsibility and fostering self-discipline.
- f) Promote good citizenship, thus enabling individuals to make valuable contributions to wider society.
- g) Ensure equal opportunities for all.
- h) Provide a welcoming and stimulating learning environment in which everyone feels safe, happy and secure.
- i) Develop a sense of pride in belonging to Clipston Endowed VC Primary School.

## **AIMS OF GREAT CREATON SCHOOL**

Great Creaton Primary School aims to provide every child with high quality teaching and learning. It is the school's philosophy to give our pupils a measure of independence, a high level of self-confidence and a deep sense of self-worth. To achieve this, we aim to:

- a) Enable all children to achieve their full potential, both academically, socially, personally, and morally in order that children expect the best of themselves.
- b) Promote spiritual, moral, social and cultural development to support the ability to grow and flourish as human beings.
- c) Deliver a broad, relevant and challenging education which is of a high standard and appropriate to an individual child's needs.
- d) Promote high standards of behaviour based on mutual trust and respect, developing responsibility and fostering self-discipline.
- e) Promote good citizenship, thus enabling individuals to make valuable contributions to wider society.
- f) Ensure equal opportunities for all.
- g) Provide a welcoming and stimulating learning environment in which everyone feels safe, happy and secure.
- h) Develop a sense of pride in belonging to Great Creaton Primary School.

To achieve these aims staff and governors will work in partnership with parents, carers and the local community for the benefit of all our pupils.

## Introduction

*This policy sets out the duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions under Section 100 of the Children and Families Act, 1<sup>st</sup> September, 2014. In meeting the duty, the governing body, proprietor or management committee **must** have regard to guidance issued by the Secretary of State under this section (Supporting pupils at school with medical needs (DfE, April 2014)).*

## School Context

The staff at both Clipston Endowed VC Primary School and Great Creaton Primary School (our schools) are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning, whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

## Principles

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our schools will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership-working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires;
- Children and young people with health needs are treated as individuals and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will not engage in unacceptable practice, as follows:

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- 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 easily accessing their inhalers and medication and administering their own medication when and where necessary;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments, although parents will still be informed of their child's attendance figures;
- 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.

## **Definition of health needs**

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

**This policy does not cover self-limiting infectious diseases of childhood, e.g. measles, ear-infections, colds etc.**

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under 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.

## **Roles and Responsibilities**

All staff have a responsibility to ensure that all pupils at our schools have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

## **Named person in school with responsibility for medical policy implementation**

The member of staff responsible for ensuring that pupils with health needs have proper access to education is Mrs. Emma Mercer. She will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

## **Parents/carers and pupils**

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

## **School staff**

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided as necessary, in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

### **The Headteacher**

The Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Headteacher will ensure that all staff who need to know, are aware of a child's condition. The Headteacher has overall responsibility for the development of individual healthcare plans. She will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. She will contact the school nursing service in the case of any child who has a medical condition that may require additional support at school.

### **The Governing body**

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at our schools are supported to enable the fullest participation possible in all aspects of school life. 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 also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

### **School health teams**

School health teams are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school or as soon after diagnosis. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

### **Other healthcare professionals**

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.

### **Staff training and support**

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support as required. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

## **Procedures Notification**

Information about medical needs or SEND is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class. A summary of the class Medical Needs Register is kept inside the class attendance register so that it can be referred to easily. Support staff have summarised copies of the Medical Needs Register as they may be working with children from several different classes. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff.

Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

## **Individual Healthcare Plans**

Not all children with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom.

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEND but does not have a statement or EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

### **Pupils too ill to attend school**

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). The school should make a referral to the Hospital and Outreach Education as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Hospital and Outreach Education and the relevant medical professionals.

### **Pregnancy**

Young women of compulsory school age who are pregnant are entitled to remain at school whenever and for as long as possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the young woman's or the unborn child's wellbeing, the school should make a referral to The Complimentary Education Academy. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

### **Medicines in school**

#### **Self-management by pupils**

Wherever possible, children are able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage medical procedures may still require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will 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 then be informed and alternative options may be considered.

#### **Managing medicines on school premises**

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. 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 under 16 will be given medicines without their parent's written consent.

The school only accepts 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 must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely. Children are informed of where their medicines are at all times and are able to access them. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children.

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. Otherwise, the school will keep controlled drugs that have been prescribed for a pupil securely stored. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used.

School staff may 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. The school keeps 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 should be noted.

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.

### **Emergency Situations**

Where a child has an individual healthcare plan, 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. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

### **Day trips, Residential and Sporting Activities**

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments can be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

### **Liability and Indemnity**

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies. Supporting evidence from Northamptonshire County Council can be found at Appendix 1.

### **Complaints**

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

### **Appendix 1 Insurance supporting information**

### **Appendix 2 Model letter inviting parents to contribute to individual healthcare plans**

### **Appendix 3 Flow chart for developing an individual healthcare plan**

### **Appendix 4 Individual healthcare template**

### **Appendix 5 Parental agreement for school to administer medication**

### **Appendix 6 Record of medication administered to an individual child**

### **Appendix 7 Staff training record**



## Appendix 1



### *By the public sector, for the public sector*

#### **Supporting pupils at school with medical conditions – Insurance implications**

This note has been prepared following the publication by the Department for Education of statutory guidance regarding the supporting of pupils at school with medical conditions.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of pupil referral units to make arrangements for supporting pupils at their schools with medical conditions. Section 100 of the Act came into force on 1<sup>st</sup> September 2014.

Within the guidance document there is reference to liability and indemnity. Paragraph 44 of the document states that Governing Bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the levels of risk present. Paragraph 45 states that the insurance policies should provide liability cover relating to the administration of medicines.

Set out below are the details of the insurance provided to maintained schools who buy back into the Cambridgeshire or Northamptonshire Schools insurance scheme. We would like to provide assurance that the terms of the policy provide for an indemnity to governors, teachers, other employees and volunteers in respect of the administration of medicines and first aid treatment. The cover applies to all school related activities including extra-curricular activities and school trips. The following are items considered to be insured under existing public liability insurance cover where an appropriate health care plan, training or written instructions have been provided and are updated on a regular basis in accordance with a care plan or risk assessment;

- Administration of medicines pre-prescribed by a medical practitioner via nasogastric tube, gastrostomy tube or orally.
- Administration of over the counter medicines with parental consent
- Catheter bag changing and tube cleaning, excludes insertion of tubes
- Colostomy and Stoma care subject to written guidelines being followed
- Application and changing of dressings following a written health care plan
- Defibrillators subject to following written instruction and appropriate documented training
- First aid provision by qualified first aider and applicable during the course of the business for the benefit of employees, pupils and visitors
- Application of ear or nose drops
- Application of EpiPen or Medipens
- Gastrostomy and nasogastric tube feeding and cleaning, no cover for insertion of tube
- Fitting and replacement of hearing aids following written guidance

- Inhalers, Cartridges and Nebulisers
- Injection of pre-packaged dose of treatment on regular basis as pre-prescribed by a medical practitioner, includes Insulin subject to training and written care plan
- Administration and assistance with Oxygen following written guidelines and training
- Rectal diazepam and midazolam in pre-packaged dose subject to written guidelines with 2 members of staff present

The cover specifically excludes any procedure or action taken that is not identified above. If a pupil at your school requires support with a medical procedure not detailed above you should contact LGSS Insurance immediately for advice and guidance.

In addition any use of equipment for the purposes of diagnosis is not insured nor is the prescription of medicines.

Insurance Details - Public Liability Insurance

**Insurer: QBE Insurance (Europe) Limited**

**Policy Number: Y083149QBE0115A**

**Expiry Date: 30<sup>th</sup> September 2016 (updated annually)**

**Limit of Indemnity: £5,000,000**

For further advice or guidance please do not hesitate to contact LGSS Insurance on the contact details below.

Northamptonshire Schools  
01604 367037

[ncc-insurance@northamptonshire.gov.uk](mailto:ncc-insurance@northamptonshire.gov.uk)

LGSS Insurance  
July 2014

## **Appendix 2**

### **Model/ Example letter inviting parents to contribute to individual healthcare plans**

Dear Parent/Carer,

#### 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 pupil at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your child needs, and how this will be provided. The plan will be developed in partnership between yourselves, your child, the school and the relevant healthcare professional, who will be able to advise us on your child's case. The aim of this partnership is that the school are aware of how to support your child effectively, and provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of your child's medical condition and the degree of support needed.

It may be that decision is made that your child will not need an individual healthcare plan, but we will need to make judgements about how your child's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

A meeting to discuss the development of your child's individual healthcare plan has been arranged for \_\_\_\_\_. I hope that this is convenient for you, and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people: \_\_\_\_\_. Please let me know if you would like is to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan.

If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

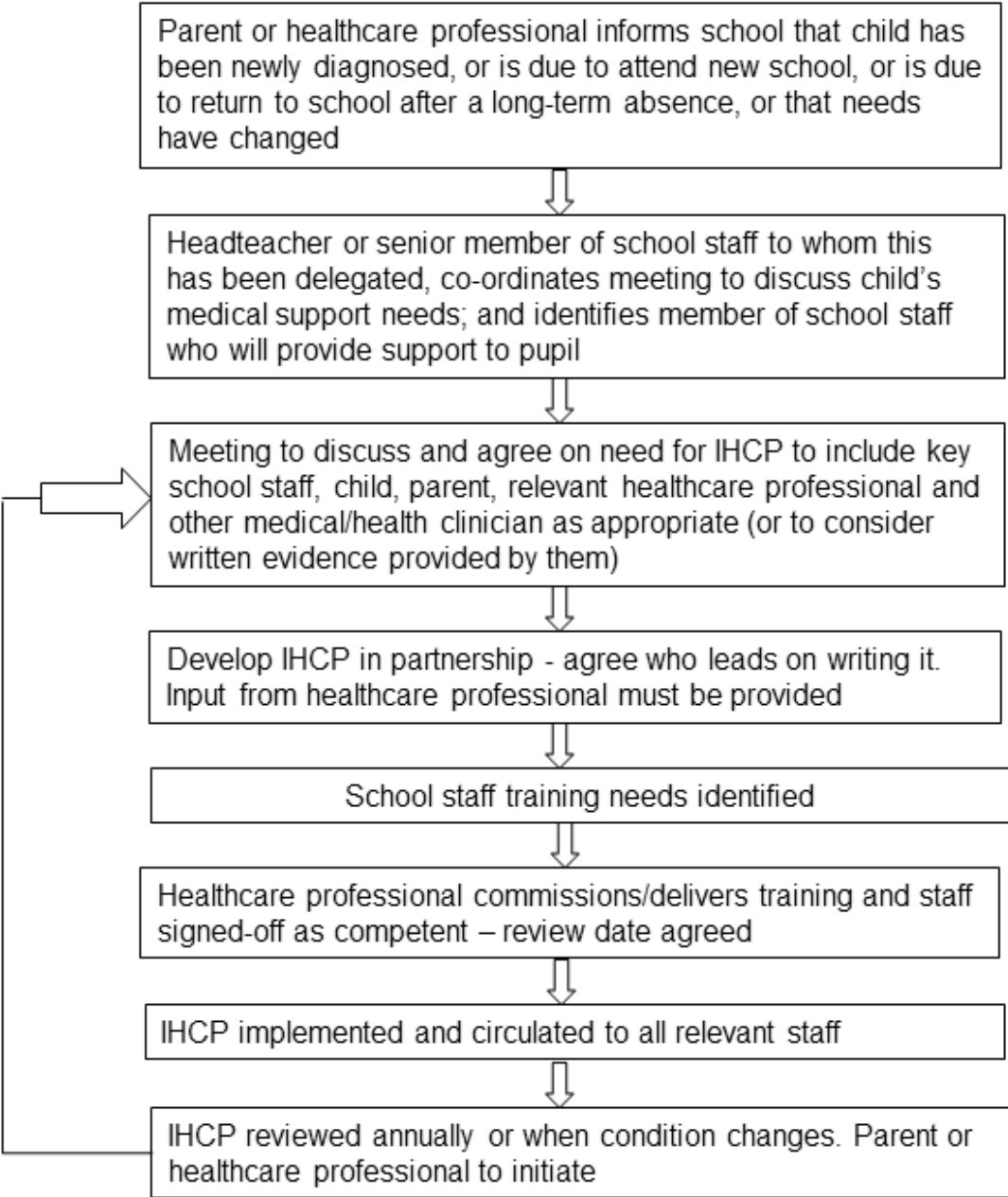
If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me via the school office.

Yours sincerely,

Headteacher

**Appendix 3**

**Flow chart for developing an individual healthcare plan**



## Appendix 4

### Individual healthcare template

#### *Clipston Endowed VC and Great Creaton Primary Schools*

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

### Family contact information

First contact name	
Relationship to pupil	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	
Second contact name	
Relationship to pupil	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	

**Clinic/Hospital contact**

Name	
Phone no	

**GP**

Name	
Phone no	
Person(s) responsible for providing support in school	

Describe the medical needs of the pupil

--

Give details of the pupil's symptoms

--

What are the triggers and signs?

--

What treatment is required?

--

Name of medication and storage instructions (if applicable)

Can pupil administer their own medication: YES/NO

Does pupil require supervision when taking their medication: YES/NO

Arrangements for monitoring taking of medication

Dose, when to be taken, and method of administration

Describe any side effects

Describe any other facilities, equipment, devices etc that might be required to manage the condition

Describe any environmental issues that might need to be considered

Daily care requirements

Specific support for the pupil's educational needs

Specific support for the pupil's social needs

Specific support for the pupil's emotional needs

Arrangements for school visits/trips/out of school activities required

Any other relevant information

Describe what constitutes an emergency and the action to be taken when this occurs



Named person responsible in case of an emergency

In school:

For off site activities:

Does pupil have emergency healthcare plan? YES/NO

Staff training required/undertaken

Who:

What:

When

Cover arrangements

(see separate staff training form)

People involved in development of plan

Form to be copied to

## Appendix 5

### Parental agreement for school to administer medication

The school will not give your child medication unless you complete and sign this form. The school has a policy where staff can administer medication.

Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	

### Details of medication

Type of medication (please delete as appropriate)	Prescription Non prescription
Name/type of medication (as described on container)	
Expiry date	
Dosage and method of administration	
Timing of administration	
Any special precautions or other instructions	
Can pupil self administer medication?	YES/NO
Procedures to take in an emergency	

**Note: medication must be stored in the original container as dispensed by the pharmacy**

### Contact details

Name	
Relationship to pupil	
Daytime phone no	
I understand I must deliver the medication personally to your child's teacher, Mrs Price or a member of Office Administration / Breakfast Club Staff	

Date of review \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing, and I give my consent for the school staff to administer medication in accordance with their policy, and the instructions given with the medication.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix 6

### Model / Example Record of medication administered to an individual child

#### *Clipston Endowed VC and Great Creaton Primary Schools*

Name of pupil	
Group/class/form	
Date medication provided by parent	
Quantity received	
Name and strength of medication	
Expiry date	
Dose and frequency of medication	
Quantity returned	

Staff signature: \_\_\_\_\_

Parent/carer signature: \_\_\_\_\_

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

## Appendix 7

### Model / Example Staff training record

#### *Clipston Endowed VC and Great Creaton Primary Schools*

Name of staff member	
Type of training received	
Training provided by	
Profession and title	
Date training completed	

I confirm that \_\_\_\_\_ (*insert staff member's name*) has received the training detailed above and is competent to carry out any necessary treatment/to administer medication.

I recommend that this training is updated \_\_\_\_\_

Trainer signature: \_\_\_\_\_

Date: \_\_\_\_\_

I confirm that I have received the training detailed above:

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_