



This policy has been drawn up in accordance with DFE Statutory Guidance from December 2015 'Supporting Pupils at School with Medical Conditions'.

Principles

Most pupils will, at some time, have a medical condition which may affect their participation in school activities. For many this will be short-term: perhaps finishing a course of medication. Other pupils have a medical condition that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk. This policy defines the ways in which William Read Primary School and Nursery supports the needs of pupils with medical conditions (temporary or long-term), whilst safeguarding staff by providing clear guidelines and parameters for the support they offer.

Aims

1. To ensure that children with medical needs receive proper care and support in school.
2. To provide guidance to staff, teaching and non-teaching, on the parameters within which they should operate when supporting pupils with medical needs.
3. To define the areas of responsibility of all parties involved: pupil, parents, staff, Headteacher, Governing Body, etc.

Practice

1. Parents/carers are responsible for ensuring that their child is well enough to attend school.
2. Parents/carers must provide the Headteacher with sufficient information about their child's medical condition and support and care required at school.
3. Parents/carers and the Headteacher must reach an agreement on the school's role and responsibility for support for the child.
4. In the event of legal action over an allegation of negligence, it is the employer rather than the employee who is likely to be held responsible. The need for accurate records in such cases is crucial. Therefore, thorough and accurate record-keeping systems have been drawn up, to be maintained by staff involved in supporting pupils with medical needs.
5. The Headteacher will ensure that staff who are willing or for whom care of pupils with medical needs falls within their job role should receive appropriate training to assist them with the role of supporting pupils with medical needs.
6. The Headteacher ensures that all parents are informed of the school's policy and procedures for medical needs.
7. The Governing Body ensures that the school has clear systems in place, in relation to this area of school life.

8. School staff are naturally concerned about their ability to support pupils with a medical condition particularly if it is potentially life threatening. They need to understand:
 - a. The nature of the condition
 - b. When the pupils may need extra attention
 - c. Where the pupils may need extra attention (This information is to be provided by the pupil's parents)
 - d. The likelihood of an emergency
 - e. The action to take in the event of an emergency
9. There is no legal duty which requires school staff to administer medication. This is a voluntary role.
10. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil will receive proper training and guidance, and will also be informed of potential side effects and what to do if they occur.
11. The Governing Body of William Read Primary School and Nursery has determined that staff will not actively administer medication to a pupil except where a child is undergoing an emergency (e.g. anaphylactic shock, severe asthma attack) or where a child is physically unable to self-medicate under supervision.
12. The Governing Body of William Read Primary School and Nursery has determined that school office staff may supervise pupils taking medication provided:
 - a. There has been a written request from parents
 - b. There have been written details from the parents or doctor including:
 - i. Name of medication
 - ii. Dose
 - iii. Method of administration
 - iv. Time and frequency of administration
 - v. Other treatments
 - vi. Any side effects
13. The school will keep a record of medicine taken by pupils under supervision of named staff.
14. Where pupils refuse to take their medication under supervision, as requested by parent or doctor, the staff will not force them to do so by any means. The parents will be informed immediately (for this reason it is the parents' responsibility to ensure that accurate and reliable contact details are available at school). Parents will take responsibility for their child's medical needs at this point, by coming to collect their child/supervise medication personally, advising emergency action (e.g. ambulance) or deeming that the child may remain unmedicated in school until the end of the school day. The school will, if in any doubt about a child's condition, contact the emergency services, with or without a parent's request/consent.
15. School Trips
The school will make every effort to ensure that pupils with medical needs have the opportunity to participate in school trips, as long as the safety of the child concerned and that of other pupils is not compromised by their inclusion. The party leader will take additional measures as necessary, and/or request additional accompanying adults, to accommodate the inclusion of the child concerned. Parents must ensure that the party leader has full information on medical needs and any relevant emergency procedures.

Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

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Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

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Clinic/Hospital Contact

Name

Phone no.

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G.P.

Name

Phone no.

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Who is responsible for providing support in school

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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

**PRESCRIPTION MEDICATION
PARENTAL AGREEMENT FORM**

WILLIAM READ PRIMARY SCHOOL AND NURSERY

Request for school to administer prescription medication on

Start date:..... **End date:**.....

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

As a school we will make every effort to support you and your child to receive their medication.

Whilst we will make every effort to remind your child to take their medication, we cannot be held responsible if they do not visit the office at the appropriate time.

DETAILS OF PUPIL

Child's name:.....

Class:.....

MEDICATION

(This must be provided in the original packaging with the child's name on)

Name/Type of Medication (as described on the container).....

Directions for use:

Dosage This will be administered at (state time)

Medication must be collected at the end of the day. **PARENT/CARER'S SIGNATURE:**

Template C : record of medicine administered

Child's Name

Date of Birth

Address

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| Date | Name of person who brought in | Name of Medicine | Amount Supplied | Form Supplied | Expiry Date | Dosage |
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| Date | Time | Name of Medicine | Dose Given | Any Reactions | Signature of Staff | Print Name |
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Template D: 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. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
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 this form by the phone

Template E: 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 each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, 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