

# IVY LANE SCHOOL



## PUPILS with MEDICAL NEEDS POLICY (including administration of medicines guidance) (IVY/POL067)

Review date	Date agreed	Next review
May 2011	July 2011	T6 13/14
May 2015	May 2015	Meeting 2 16/17
October 2017		
Sept 2021		

## **Policy Statement for Pupils with Medical Needs**

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 students at their school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off of the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with the relevant information.

Ivy Lane School recognises that children with a medical condition will require individualised care and support in terms of both physical and mental health and well-being, to ensure that they play full and active role in school life, remain healthy and achieve their academic potential.

This policy outlines the procedures, communication and support available to all pupils with medical needs, and their families. It also outlines the roles and responsibilities of all those involved in supporting a child with medical needs and the support and training given to staff. This policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our website.

### **Definitions of Medical Conditions:**

#### **Pupils taking short-term prescribed medication**

Many children are well enough to return to school before a short-term course of medication has been completed. However, few prescribed medicines genuinely need to be taken during normal school hours.

- We ask that parents request medication that does not need to be taken during school hours (slow release tablets or medications which require administration twice daily)
- In most cases, for medicine prescribed to be taken 'three times a day', can be given before school, after school and at bedtime.
- This principle can also be applied to medication such as creams and eye drops etc.

However, the school does not assume that this will always be the case, as some prescribed medication will have times or conditions stipulated by the doctor.

#### **Non-Prescribed Medication**

As recommended by the Department for Education (Guidance September 2014), the school will not administer non-prescribed medicines. This includes medicines that contain analgesics (including Calpol and other mild painkillers containing aspirin, ibuprofen & paracetamol) and anti-histamines (Piriton etc). Non-prescribed medicines will not be administered by children or staff at school, even at the request or with the consent of parents. (Parents may be asked to come in and administer as necessary).

#### **Long Term Medical Needs**

Ivy Lane School will only administer medicine to pupils who have long term medical needs and if their medical condition is not properly managed could limit their access to education. In these cases an individual health care plan needs to be written.

### **Agreed Administration of Medication by School Staff**

1. Where it has been agreed as part of Educational Healthcare Plan (or individual health care plan) the guidance below must be followed
2. In all other circumstances when a decision is required as to whether short-term prescribed medication can be administered by school, a request must be made by a parent (and provide evidence from medical professionals that the only option is for the child to take medicine during the school day)

### **Guidance for Administration of Medication by School Staff**

- The standard form must have been completed (Medication Parental Consent Form) by a parent. If parents are unwilling or unable to provide written consent using this form, or if staff have any reason to doubt any of the information provided on the form, we will seek confirmation from the school nurse or directly from the medical practitioner
- Under no circumstances will staff administer any medication on their own initiative or without a consent form
- The medicine should be provided in measured doses only to the school (tablets in a daily dispenser), together with the completed and signed consent form, and be delivered to school by the parent to go through the procedures
- The receiving member of staff should check the accuracy of the name and date. Some medication (such as liquid antibiotics or insulin) may need to be stored in a refrigerator. Certain medicines will also need to be securely stored but where they can be quickly and easily accessed in the event of an emergency i.e. epi-pens. These medicines must be placed in a suitable sealed container, e.g. plastic box and clearly marked 'medicines'. Under no circumstances should medicines be kept in first aid boxes.
- Medicines must be stored safely in the pharmacist's original packaging and be clearly labelled with the contents, the child's name, and the dosage and/or other instructions.
- A written record will be kept detailing the administration of all prescribed medication to pupils, on the form. Such a record will be kept together with the instructions, and be checked on every occasion and completed by administering member of staff (and witnessed).
- The record will give the date and time of administration, the name of the medicine, the dose given, the name of the child and the name of the staff member administering the medication.
- Any medication which has passed its expiry date should be collected from school by parents within 5 days of the expiry date or it should be disposed of safely (by returning it to the local pharmacist). Medicines should not be disposed of in the sink or toilet.
- The school will not accept responsibility should the medication not be administered, and will inform parents as soon as possible if any medication is not given
- If parents prefer, or if they want to be certain any medication is taken exactly as prescribed, they can come into school to administer the medication to their child themselves (under arrangement with the school)

## ROLES AND RESPONSIBILITIES

### Management Responsibility

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is being implemented effectively. The overall responsibility for the successful administering and implementation of this policy is given to the CEO who will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

### Responsibilities of Parents/Carers and Pupils

Parents have the prime responsibility for their child's health and must provide the school with information about their child's medical condition. Parents must also advise of any changes to the child's healthcare needs as soon as they become aware of them.

### Responsibilities of Head Teacher

The Head Teacher and SLT are responsible for putting the school's policy into practice and for developing detailed procedures as well as ensuring that sufficient numbers of staff are appropriately trained to manage medicines as part of their duties. Furthermore they are responsible for ensuring parents are made aware of the policy and procedures. They are responsible for ensuring that all relevant staff will be made aware of a child's condition.

### Responsibilities of the Senco

The SENCO is the **designated member of staff with responsibility for pupils with medical needs** at ILS. The role of the designated member of staff is to provide a link between the school, family and the LA and other agencies.

### Responsibilities of staff

All staff will be expected to show a commitment and awareness of children's medical conditions and following any defined care plans. All new members of staff will be inducted into the arrangements and guidelines set out in this policy. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at School. Personnel who are not staff but support will also be provided with appropriate information about a child's medical needs to enable safe and effective duties to be undertaken.

Further details on roles and responsibilities, administration of medicines and record keeping are clearly outlined in Administering Medicines section of this policy and procedures must be adhered to at all times.

### Pupils with Medical Needs

The school is committed to pursuing a policy of inclusive education. No child should be excluded from school activities by virtue of having a medical condition. The school will carry out risk assessments, in conjunction with the school nurse and parents, to determine any procedures the school will need to adopt. These assessments and plans will also identify any exceptions to normal participation in school activities

The school will ensure that other pupils have an appropriate understanding of any medical needs- so that they can empathise and be supportive.

Teachers and support staff have a responsibility to act as any reasonably prudent parent would to maintain the health and safety of the pupils under their control, whether this is at school or during any other school event or activity. In certain circumstances, this might extend to administering medicine or taking other medical action in an emergency.

Medication will not be given to any child without agreement and a completed consent form or individual healthcare plan (consideration should be given to the need for the

medicine to be taken during school hours.) It is entirely the decision of the Head Teacher to allow a member of staff to administer medication to pupils which has been prescribed by an appropriate medical practitioner. (GP or Paediatrician) If the school chooses not to take on this responsibility then parents will be informed immediately so alternative arrangements can be made. If the school chooses to accept the responsibility, it will carry out the duty with reasonable care and follow the advice contained in the 'Agreed Administration of Medication by School Staff' section of this policy. If required, appropriate training will be provided to staff to enable them to administer any medication effectively (for example epi-pen training)

### **Procedures to be followed when Notification is received that a Pupil has a Medical Condition**

The school will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting at Ivy Lane School, arrangements will 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 Ivy Lane School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks. In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We will also acknowledge that some will be more obvious than others. We 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 school will ensure that arrangements give Parents/Carers 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. We will ensure that staff are properly trained to provide the support that pupils need. The school will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician states that this is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending the 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 will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's 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. This would normally involve some form of medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the Inclusion Senco and the Head Teacher. Following the discussions an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care Plan, this should 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 pupils 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 (regardless of whether they have an Individual Health Care Plan) needs to be taken

to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

### **Individual Health Care Plans**

Individual Health Care Plans will be written and reviewed by the Senco but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at School. Individual Healthcare Plans will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one.

The School, health care professional and Parents/Carers should agree, based on evidence when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix A. Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality.

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. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan. Appendix B shows a template for the Individual Health Care Plan and the information needed to be included. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of School staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan is usually completed by the Senco with support from Parents/Carers, 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 should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school.

The school will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed 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 the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

### **Continuing Provision for Pupils with Medical Needs**

When ILS becomes aware that a pupil will be absent from school for more than 15 school days because of their medical need, the designated member of staff will notify the Education Welfare Officer (EWO) as soon as possible. This will assist the LA with continuity of educational provision.

The designated member of staff will provide the EWO with such information as is required to make a referral to an appropriate education provider. Parental consent will be obtained before information regarding the pupil is passed to the EWO.

The designated member of staff will be responsible for liaising with the LA education provider and will ensure that information is given regarding the pupil's ability, progress and

work programmes. Wherever possible, work and materials will be provided for the pupil in accordance with their peers.

In cases of long-term or recurrent absence the designated member of staff will participate in the development of a Personal Education Plan (PEP) for the pupil. This will be written in conjunction with the LA, the parents and pupil.

Ivy Lane School seeks to maintain a high quality continuing education for those pupils on roll who have medical needs and are unable to attend school as a result.

ILS will work closely with the Local Authority (LA), health professionals and other agencies to ensure that their pupils receive access to appropriate educational provision when they are not able to attend school.

### **Monitoring and Recording of Absence**

All pupils who are unable to attend school for more than 15 school days due to medical needs will be regularly monitored and reviewed by the designated member of staff together with LA representatives. Ongoing medical advice will be taken into account at all times.

Absence will be recorded on the register as medical (eg code M) **only when** appropriate medical advice has been received. When a pupil commences education with an alternative education provider the absence will be recorded as educated off site (eg code B).

This is in accordance with the LA and school attendance policy.

Pupils absent for medical reasons will not be removed from the school roll unless advice is received from the School Medical Officer stating they will not be fit to return to school before ceasing to be of compulsory school age. Parents will be fully consulted and their consent sought if their child is to be removed from the school roll in these circumstances.

### **Pupils with Long -Term or Recurring Absence**

Some pupils will be away from school long-term or with recurrent bouts of illness. In these cases the designated member of staff will liaise with the LA to ensure that alternative education provision is put in place as soon as possible. The school will have responsibility for ensuring that the education provider has all information regarding work programmes and curriculum plans. It is acknowledged that continuity of education is important for these pupils. For pupils whose learning progress is being severely affected by long term absence the Special Educational Needs Co-ordinator (SENCo) will be advised and consideration will be given as to whether Statutory Assessment of Special Educational needs should commence.

### **Pupils with an Education Healthcare Plan**

These pupils may be able to access alternative educational provision through the LA – sometimes with assistance from specialist teaching services. The SENCo will notify the Assessment and Placement Service if a pupil with a Education Health Care Plan is going to be absent from school through medical need.

The school will retain responsibility for co-ordinating the Annual Review meetings and for inviting the appropriate people to such reviews.

### **Reintegration**

For pupils who have been absent from school it may be necessary to have a staged reintegration plan. The designated member of staff will co-ordinate the initial meeting to

instigate a plan, together with the LA, parent and pupil and any health professionals who may need to be involved.

The reintegration will be monitored and reviewed regularly with all parties to ensure success.

### **Contact between ILS and Pupils**

ILS is committed to ensuring that, even if a pupil is absent for medical reasons they should retain contact with the school.

After consultation with the pupil and parents, and taking into account their wishes in relation to the level of contact, the designated member of staff will put a plan into place to ensure contact is maintained.

ILS has the following modes of contact available:

Newsletters to be e-mailed

Inclusion in trips and social events (as appropriate)

Contact with peers and members of staff (via e-mail or visits)

### **Statutory assessment**

Following consultation with parents and health care professionals, wherever possible children will participate in statutory assessments by making any necessary adjustments. ILS will endeavour to ensure that sufficient educational support is provided to enable each pupil to reach their full potential.

### **Pupils with Asthma**

Ivy Lane School:

- will work in partnership with parent and health professionals to meet the needs of pupils with asthma
- will encourage and help children with asthma to participate in all aspects of school life
- recognises that asthma is a significant condition
- recognises that immediate access to inhalers is vital
- take measures to ensure the environment is suitable for children with asthma
- will ensure that other pupils understand what it means to have asthma - so that they can be supportive
- has a clear understanding of what to do in the event of a child having an asthma attack

### **Procedure for Pupils with Asthma**

- Pupils are expected to keep their inhaler (marked with their name) with them at school in a designated place in their classroom. It is the parent's responsibility to ensure that all inhalers are within date
- Parents are responsible for training their child to use their inhaler
- Checks will be made to ensure they are taken onto the field or off-site for trips
- Children may use the inhaler as they feel necessary, (a child cannot overdose), particularly before physical exercise, if appropriate
- Staff will inform parents if the inhaler is being used frequently or if there is increased usage at school, thus enabling parents to seek medical from a medical professional
- Preventer inhalers are not normally required in school

### **Special Medical Circumstances**

Some pupils have specific medical needs which may require treatment in an emergency which may involve invasive medical procedures (eg. epipen). Other children may require special personal care involving intimate or invasive treatment (eg. assistance with catheters).

- These children will have an individual healthcare plan, drawn up by the school nurse together with the parents and the school.
- Staff who are willing to administer such treatment will be given appropriate training to enable them to act in emergencies in potentially life threatening situations or in providing intimate or invasive personal care. Only those who are both willing and appropriately trained should administer such treatment.
- For the protection of both staff and children a second member of staff should be present when the more intimate procedures are being followed.
- Appropriate personal protection should be worn.
- The dignity of the child should be protected as far as possible at all times, even in emergencies.
- All staff should be made aware of the pupil's condition (subject to parent/carer consent) and know where to locate trained staff.
- All staff should respect the confidentiality of medical information.
- Medication should be stored in a sealed container clearly marked 'emergency medication' and with the pupil's name. Trained staff should have immediate access to it.
- Pupils with personal inhalers can administer their own medication.
- Pupils will be responsible for the storage of inhalers.
- Parents will be responsible for ensuring that the inhaler is in school.
- The school will keep a register of inhaler users.

### **Risk Assessments**

- For pupils with specific medical needs, it may be appropriate for a medical risk assessment to be carried out on certain activities, e.g. physical activities and visits. This would consider any potential issues related to medical needs, medication requirements, physical abilities or emergency treatment
- If required, risk assessments and individual health care plans should be compiled prior to the child being enrolled at Ivy Lane School. These will be developed (and reviewed regularly) by the SENCo in conjunction with parents.
- The procedures ILS adopt will comply with the Local Authority's (LA) policy of inclusive education and should also identify any exceptions to normal participation in school activities.

### **Equal Opportunities**

When writing and reviewing this policy staff have completed an Equality and Diversity Impact Assessment in order to ensure it complies with equality obligations outlined in anti-discrimination legislation.

To be read in conjunction with the following documents:

043 Intimate & Invasive Care

Reviewed by: Katie Burton

Date: September 2021

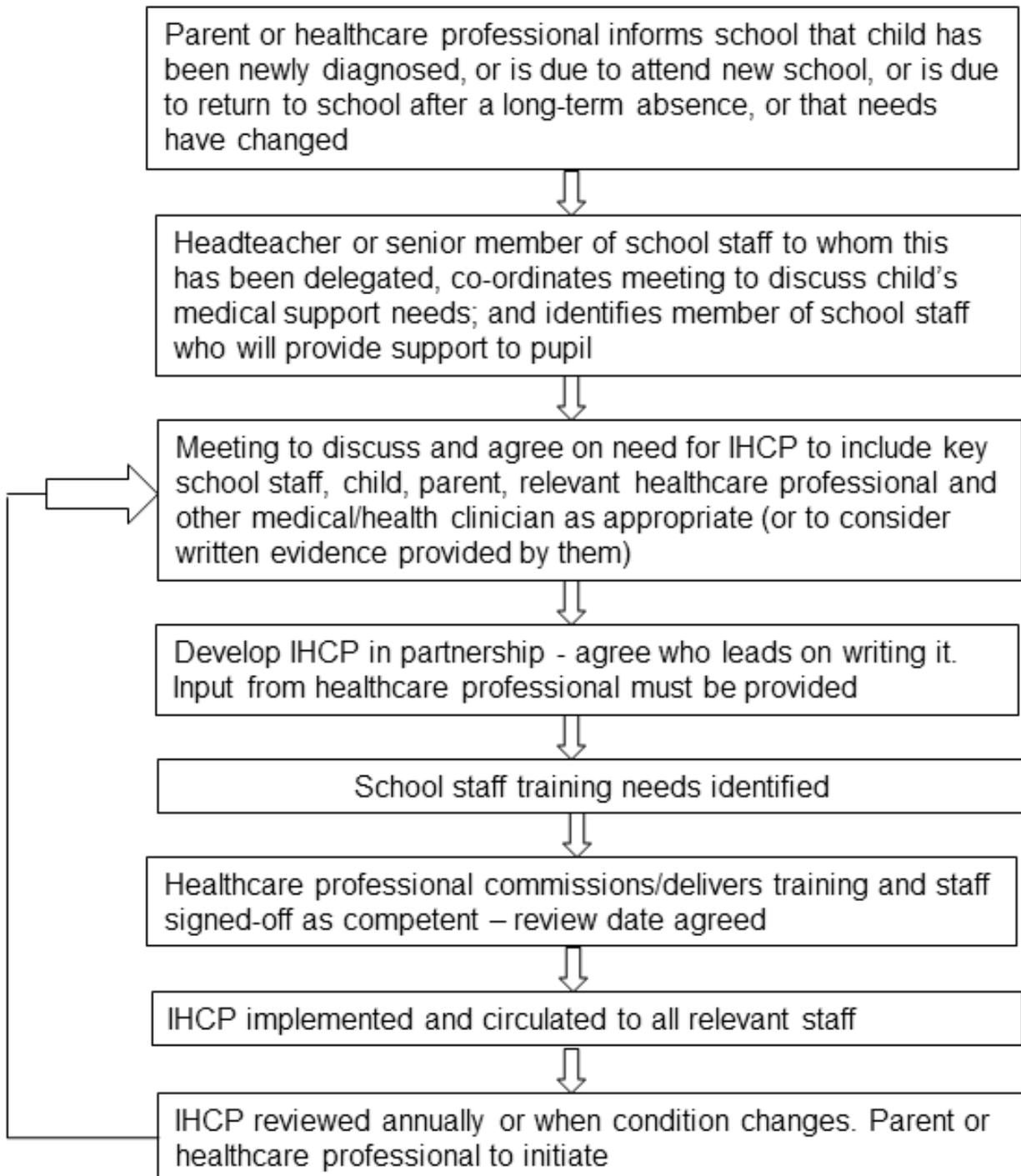
Agreed by Staff and Governors:

Signed:

Chair of Governors

Date:

**Appendix A – Flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan**



**Appendix B – Individual Healthcare Plan Form**

<b>Ivy Lane Primary School Individual Healthcare Plan</b>	
Name	
Class	
Date Of Birth	
Address	
Medical Diagnosis or Condition	
Date	
Review Date	

Name of Parent/Carer 1	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	
Name of Parent/Carer 2	
Contact Numbers	Work: Home: Mobile:
Relationship to Child	

Clinic/Hospital Name	
Contact Number	
GP Name	
Contact Number	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.
Daily care requirements
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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.
Staff training needed/undertaken – who, what, where, when

Planned with:	Signed:
Copies sent to:	



### Ivy Lane School Parental Agreement To Administer Medicine



The school will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Class	
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 staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

