



Arrangements for supporting pupils with medical conditions

WHY?

George Betts Primary Academy recognises that the health and safety of employees, pupils and visitors is paramount to the wellbeing and success of the organisation. This document describes the procedures and arrangements that enable us to support pupils with medical conditions. Such support ensures that children with medical conditions have full access to education, including school trips and physical education.

The following principles and values underpin these arrangements:

- Children with medical conditions must be able to access and enjoy the same opportunities as any other child, this will require flexibility, understanding and compassion.
- The academy, parents, pupil, healthcare professionals and other support services must work in partnership.
- Focus must be on the needs of the *individual* child and how their medical condition impacts on *their* school life.
- Re-integration, where needed, must be well-planned and meet individual pupil's needs.
- Sharing of information must be suitable and sufficient to support the child but with due regard for confidentiality and discretion.
- Schools have a duty to promote and enable self-care and increased independence as appropriate to a child's age.

WHAT? HOW?

The Pupil Medical Co-ordinator at George Betts Primary manages pupil's medical needs and liaises with the SENDCo and SLT if there is a concern that the medical need could impact on the pupils learning.

Step 1 – Assessing need - When an existing pupil shows signs of or is diagnosed with a medical condition, or a child with a medical condition joins the school, the child's needs are identified, the Coordinator holds a meeting with the pupil's parent/s, and pupil if appropriate, to gather information to determine what provision is needed.

Step 2- Information sharing; The Pupil Medical Coordinator shares the Medical needs of the individual with class teachers and any other relevant adults (e.g. school cook, LSPs, PE coach). All of this information is uploaded to the pupil's individual profile on ScholarPack under the Medical details headings:

- o **Condition** – name or description of medical condition and triggers if appropriate
- o **Emergency Action** – how staff must respond in an emergency
- o **Notes** – controls in place to reduce the risk of illness and/or support the pupil's medical needs
- o **Medicine held** – states whether medicine is held in school

If there is deemed to be a critical medical condition, the key information is in a red bold font to stand out on the pupils profile (scholar pack).

Step 3- Additional support- Based on the medical information shared in the initial parent meeting, the Medical Coordinator will gain parents permission to make the necessary referrals to outside agencies such as the School Nurse.

Step 4- Health Care Plan- If an outside agency feels that a Health Care Plan is required, they will complete this with the parents and pupil off site/over the phone. Parents are then required to attend the medical practice to sign the Health Care Plan. A copy is then forwarded to the school to put into practice. All paper Health Care Plans are centrally stored and all information is uploaded to Scholarpack.

Step 5 – Implementation; in order for the actions agreed on a Health Care Plan the Pupil Medical Coordinator ensures that the following are in place; staff training, support equipment, appropriate timetables and routines, medication and cover arrangements for staff absence.

Step 6 – Review; Health care Plans are reviewed on an annual basis unless additional information is shared throughout the year. The outside agencies provide copies of all Health Care Plans to school in a sealed envelope. School then asks parents to edit and sign the plan which are later collected by the agency. Over the Summer Holidays, any changes are made by the outside agency and a new Copy is sent to school and parents.

Individual Health Care Plans

School uses an Individual Health Plan (IHP) for children with complex medical needs to record important information about the individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments.

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The IHPs:-

- Inform the appropriate staff about the individual needs of a pupil with emergency health needs. Identify important individual triggers for pupils with medical needs at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of triggers
- Ensure this school's emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in an emergency.

Writing IHP

- Not all children with a medical condition will need an IHP as it depends on the severity of their condition. Examples of medical needs which may generate an IHP are listed below:-
 - Diabetes Type 1
 - Enteral feeding
 - Tracheostomy
 - Anaphylaxis
 - Central line or other long term venous access
 - Difficult asthma
 - Epilepsy
- IHPs are sent to school by the school nurse / community children's nurse at the end of each academic year to be reviewed by the parent.
- It is the parents/carers responsibility to complete the IHP with the School Nurse/Com
- IHP will be completed prior to the start of the school year, when a relevant diagnosis is communicated to the school.
- The finalised plan will be given to the parents/carers/pupil, where appropriate, school and school nurse / community children's nurse.

Reviewing

- Parents, carers and pupils are responsible for informing school/school nurse / community children's nurse of any changes so that the IHP can be updated. This would include if there have been changes to their symptoms or medication and treatment changes.
- The IHP will be reviewed by the school nurse service every academic year, however this will be a minimum of every 2 years or more frequently by other agencies i.e Community Children's Nurses. In addition the IHP will be reviewed more frequently if there are changes in the care required.
- The parents/carers should have a designated member of school staff to direct any additional information, letters or health guidance in order that the necessary records are altered quickly and the necessary information disseminated.

Storing and accessing IHPs

- A central register is kept in school for pupils with complex medical needs needing an IHP. The medical coordinator has responsibility for the register at this school. The school will ensure that there is a clear and accessible system for identifying pupils with IHP and medication requirements.
- A robust procedure should be in place to ensure that the pupil's record, contact details and any changes to the administration of medicines, condition, treatment or incidents of ill health in the school are updated on the schools record system.
- The medical coordinator will follow up with parents/carers and health professionals if further detail on a pupil's IHP is required or if permission or administration of medication is unclear or incomplete.
- Parents/Carers and pupils (where appropriate) are provided with a copy of the pupil's current agreed IHP.
- IHPs are kept in a secure central location at the school and copies are uploaded onto scholar pack.
- When a member of staff is new to a pupil group, for example, due to staff absence, school makes sure that they are made aware of the IHP and the needs of the pupils in their care
- School ensures that all staff protect pupil confidentiality.
- The information in the IHP will remain confidential unless needed in an emergency.

Education, Health and Care Plans (EHC Plan)

Pupil's medical needs, which **routinely impact on learning and meet the EHCP criteria**, are recorded on a formal EHC Plan and managed by the SEND Leader at each school.

Administering Medication in School

Pupil medication is only stored and administered in school when it would be detrimental to a pupil's health or school attendance not to do so. It must be prescribed for the child by a doctor and after parents have provided written

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instructions for use on the school's **Medication Agreement** form. This form details all valid information and **must be carried out by two members** of staff from checking through to administration include:

- child's name;
- reason for request;
- name and strength of medication provided;
- clear dosage instructions;
- date and time the medication should be given;
- up to date emergency contact names and telephone numbers.
- that the date of expiry and issue of medicine has been checked

A confirmation form, signed by school and parent/carer must be kept on file, with a copy of the confirmation form retained by the parent/carer. A pupil medicine record must be kept, which includes the name of the medicine(s), the date received by the school and the quantity received. This record must also include the time(s) of the administration and the person responsible for the administration. Reasons for not administering regular medication should be recorded and parents informed as soon as possible. A child should never be forced to accept medication. Changes to instructions should only be accepted when received in writing from the parent/carer, **verbal messages must not be accepted**. Where a child is self-administering medication there should still be a written request. Self-administration may require supervision and the child should always tell a designated member of staff when they are taking medication so that a record can be kept as above. Records should be kept in a designated place in school and all staff should be aware of this. The school health nurse/Community Children's Nurses should also keep a copy with their records. On off-site visits, the teacher in charge should carry copies of any relevant Individual Health Plan Plans/medication details. A parental request form should be completed each time there is a request for medication to be administered. No prescription medication should be accepted into school unless it is clearly labelled with:

- The child's name.
- The name and strength of the medication.
- The dosage and when the medication should be given.
- The expiry date.
- Any special storage arrangements
- The date the medication has been issued by a chemist
- The medicine must be in date

All prescription medication must come into school in the original, labelled, child proof container from the chemist. Where a child requires two types of medication each should be in a separate container. On arrival at school all medication should be handed to the designated member of staff via the front office. If the pupil travels to school via education transport provision, all medication should be handed to the bus driver / escort NOT left in the pupil's school bags. A member of the Senior Leadership Team (Executive Principal, VP or AP) will identify who is best placed to administer the medication (this is usually an LSP) and seek their cooperation, before counter-signing the agreement. Staff members will not be adversely treated if they do not wish to be the named person for administering a child's medication.

Medication, labelled with the child's name, is stored in a labelled box, or in the fridge, in the main school office. Any medication received into school must be stored in a locked wall mounted cabinet and the key kept in an accessible place known to designated members of staff. The cabinet must be located in a designated area of the school (front office). **This is with the exception of medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens which should always be readily available to children and not locked away.** Some medication may need to be refrigerated. This is kept in a designated fridge. This must be in a restricted area (front office) that children and young people cannot access. Each time medication is administered, the date, time and dosage is logged by the person who gave the medication, on the child's **Medicine Administration Log**. Parents are informed immediately if emergency medication is given. Parents are issued with a copy of the medical agreement form. Any changes to the dosage or timing of the medication needs to be in writing from the parents and submitted to the school.

Training is provided where necessary either by the School Health Nurse or the child's parents.

If non-prescribed medication is needed during the school day, parents are requested to attend school to administer it.

Emergency Medication

This type of medication (e.g. Adrenaline auto-injector such as Epi-pen for anaphylactic reactions) must be readily available in an emergency. A copy of the consent form must be kept with the medication and must include clear, precise details of the action to be taken.

The procedures should identify:

- where medication is to be stored

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- who should collect it in an emergency
- who should stay with the child
- when to arrange for an ambulance/medical support
- recording systems
- supervision of other pupils nearby
- support for children witnessing the even

Generic bronchodilator inhaler for asthma

Since October 2014 the national guidance allows schools to purchase a salbutamol bronchodilator inhaler and spacer to use in an emergency in a severe asthma attack where a child is known to have asthma and use inhalers but does not have one available in school. School purchases these from a pharmacy.

Written agreement from the parent for the use of such medication is required.

If emergency medication is administered, then school should inform parents / carers.

Non-routine Activities

Risk Assessments for non-routine activities (such as educational visits, sporting activities and events in school) give details of the individual medical needs of children and adults taking part. Where **medication** will need to be administered to pupils, written instructions and agreement are obtained from parents prior to the event (see Administering Medication in School, above). **First Aid kits** are carried on all offsite visits. When a visit involves a journey outside the local area a '**Sick Kit**' is taken, which includes; bucket, plastic bags, protective gloves, paper towels and a bottle of water.

Staff Training

Training is essential to ensure that staff have the competence and confidence to support pupils' medical needs. Generic training is provided annually for all staff on the most common medical conditions in schools; asthma, epilepsy and allergic reactions/anaphylaxis. Specific training is also provided where necessary to meet the requirements of Health Care Plans, based on guidance from healthcare professionals (who may also deliver the training).

The Executive Principal/H&S Leader monitors and reviews training needs to ensure that suitable and sufficient training is delivered to support and enable staff in carrying out their duties. All new staff receive induction training which includes reference to these arrangements.

Children with personal care needs

Some pupils will not yet be independent with their personal care needs whilst at school. This could be due to a self-care developmental delay, physical disability or due to complex medical procedures to support personal care needs.

The family must share with school any support needs identified, and strategies used at home. This might require additional time, verbal prompts for developing self-care skills, extra room, specialist equipment or training in support techniques.

A signed intimate care plan is needed and all intimate care needs to be recorded.

Unacceptable Practice

Academy staff use their discretion and make support decisions based on individual needs, recommendations in IHPs and individual circumstances. However, it is not generally acceptable practice to:

- a) prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- b) assume that every child with the same condition requires the same treatment
- c) ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- d) send children with medical conditions home frequently or prevent them from staying for normal academy activities, including lunch, unless this is specified in their individual healthcare plans;
- e) if the child becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable

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- f) penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments
- g) prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- h) require parents, or otherwise make them feel obliged, to attend academy to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the academy is failing to support their child's medical needs
- i) prevent children from participating, or create unnecessary barriers to children participating in any aspect of academy life, including academy trips, eg by requiring parents to accompany the child.

WHO?

Roles and Responsibilities

Local Governing Body

Ensure arrangements are in place and fully implemented

Executive Principal – Allan Shephard, supported by **H&S Leaders** – Nikki Rolfe & Louise Carroll (Acting Head of school and Vice Principals)

Ensure arrangements are in place and fully implemented, overall responsibility for Health Care Plans including deciding whether a plan is appropriate and necessary if other parties cannot agree.

Pupil Medical Co-ordinator – Zoe White

Liaise with all relevant parties to ensure pupils with medical needs are implemented and adhered to.

SEND Leader – Whitney Plant

Ensure Health Care Plans are referred to in EHCPs for pupils with both SEN and medical needs

All academy staff

Understand the following medical conditions which may affect pupils; asthma, epilepsy, allergic reactions/anaphylaxis. Staff may be asked to support individual pupils with a medical condition in a variety of ways according to Health Care Plans, staff may be asked (but not required) to administer medication to pupils.

External Parties

Pupils with Medical Conditions

Where appropriate pupils are involved in writing and reviewing their Health Care Plans. Pupils are expected to take increasing responsibility for self-managing managing their condition as appropriate to their age.

Parents of pupils with medical conditions

Provide up to date information on their child's condition.

Attend appointments with medical outside agencies.

Sign Health Care Plans

Review annually

Sandwell School Health Nursing Service – 0121 612 2974

Notify the academy of any newly diagnosed medical conditions or changes to existing conditions. Offer advice and training, write and review Health Care Plans.

GPs and Paediatricians

Notify the academy of any newly diagnosed medical conditions or changes to existing conditions. Offer advice and training, contribute to writing and reviewing Health Care Plans with the school nurse.

Sandwell Local Authority

Offer advice in supporting pupils with medical conditions. Arrange alternative provision if a child is out of school for 15 or more days due to a medical condition.

[Sandwell LA - Management of pupils with medical needs in education 2020](#)

[Guidance on the use of emergency salbutamol inhalers in school March 2015](#)

[Supporting pupils at school with medical conditions 2014 revised 2015](#)

[Supporting Pupils with Medical Needs](#), TEFAT, July 2014 (Includes specific guidance on supporting pupils with Asthma, Epilepsy and Anaphylaxis)

GB/SHP SEND Policies (available on school websites)

GB/SHP Medication Agreement Form (Google Docs)

GBSHP Medicine Administration Log (Google Docs)

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