

# Coopers Lane Primary School



## Supporting Children with Medical Needs

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# Supporting Pupils with Medical Needs Policy

## Coopers Lane Primary School

### Rationale

Children and young people with medical conditions are entitled to a full education in order to achieve their potential, and have the same rights of admission to school as other children.

This policy has been written using the DfE statutory guidance: 'Supporting Pupils at School with Medical Conditions' (April 2014 – updated August 2017).

All sections of this policy printed in bold are statutory, and the governing body of Coopers Lane must have regard to this when carrying out their statutory duty to make arrangements for pupils with medical conditions. The guidance contained in this policy also applies to activities taking place off the school site as part of normal educational activities.

**Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.**

**The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.**

**In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.**

**The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should 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. They should ensure that staff are properly trained to provide the support that pupils need.**

### Aims

- to ensure that pupils with medical conditions at Coopers Lane are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential. The term 'medical conditions' includes both physical and mental health
- to ensure the needs of children with medical conditions at Coopers Lane are effectively supported through effective consultation with healthcare professionals, their parents and the pupils themselves where appropriate

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### Procedures

**Governing bodies should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.**

If a child is transferring to Coopers Lane from another school we will liaise with staff from that school to ensure transition is as smooth as possible. For children new to school, induction meetings and/or home visits will give us the opportunity to identify any medical conditions. Every attempt will be made to ensure that arrangements are in place in time for the start of the relevant school term.

In other cases, such as a new diagnosis, every effort will be made to ensure that arrangements are put in place to enable the child to attend school without delay. The time period will be strongly influenced by any training requirements and/or recruitment of staff.

When the school is notified that a pupil has a medical condition the school, healthcare professional and parent will meet to decide, based on evidence, whether an Individual Healthcare Plan (IHP) would be appropriate. If agreement cannot be reached, the Head Teacher is best placed to take the final view.

**Procedure for children who do not need an IHP:** If medication is required in school time, written consent must be given by the parent/carer (Appendix A) and signed by a member of the Senior Leadership Team at Coopers Lane.

### **Procedure for children who need an IHP:**

- plans will be drawn up in partnership between the school, parents, and the relevant healthcare professional. Pupils should also be involved whenever appropriate
- the aim will be to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education
- professionals should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school
- the level of detail within plans will depend on the complexity of the child's condition and the degree of support needed
- plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed

# **Supporting Pupils with Medical Needs Policy**

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### **Writing an Individual Healthcare Plan:**

**Governing bodies should ensure that the school's policy covers the role of Individual Healthcare Plans and who is responsible for their development, in supporting pupils at school with medical conditions.**

When writing an IHP, the following information should be considered:

- **the medical conditions, triggers, signs, symptoms and treatments**
- **the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues**
- **specific support for the pupil's educational, social and emotional needs**
- **the level of support needed including in emergencies**
- **who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements**
- **who in school needs to be aware of the child's condition and the support required**
- **arrangements for written permission from parents and the Head Teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)**
- **separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate**
- **confidentiality**
- **what to do if a child refuses to take medicine or carry out a necessary procedure**
- **what to do in an emergency, who to contact and contingency arrangements**
- **where a child has SEN but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their Individual Healthcare Plan**

**Please see Appendix B**

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### Roles and Responsibilities

**The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.**

School staff who will oversee the implementation and monitoring of this policy are the Head Teacher, the Senior Leadership Team and the senior Teaching Assistant with responsibility for medical conditions. Supporting a child with a medical condition is not the sole responsibility of one person, but will be built on collaborative working between school, healthcare professionals, social care professionals where appropriate, the LA, parents and pupils. When the school is informed that a pupil has a medical condition, the following will be put into place:

- sufficient staff to be suitably trained
- all relevant staff will be made aware of a child's needs
- cover arrangements in case of staff absence/turnover to ensure that support is always available
- supply teachers are briefed
- risk assessments for visits and activities outside the normal timetable are carried out
- Individual Health Care plans (IHPs) are monitored, at least annually
- transitional arrangements between schools are carried out

#### Parents:

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation

#### Pupils:

- should, whenever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP
- after discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicine and procedures. This will be reflected within Individual Healthcare Plans

Please see Appendix C for further information on roles and responsibilities

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### Staff Training and Support

Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided. The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.

At Coopers Lane we will:

- ensure that all staff are aware of the school's policy
- work with the appropriate healthcare professional who will lead on identifying and agreeing with the school, the type and level of training required for each individual pupil's needs
- ensure that staff training remains up-to-date
- ensure that staff are competent and have confidence in their ability to support pupils with medical conditions in order that they are able to fulfill the requirements as set out in pupils' IHPs
- ensure that all new staff are made aware of the school's policy
- work in partnership with parents and carers so that they can help to provide relevant information

### Managing medicines on school premises

- medicines should 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 should be given prescription or non-prescription medicines without their parent's written consent
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should only accept 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
- all medicines should be stored safely
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the

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prescriber's instructions Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by who (See Appendix D)

### Emergency procedures

- where a child has an Individual Healthcare 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
- if a child 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
- if a child needs to be taken to hospital, school will endeavour to contact the parent/carer

The London Borough of Lewisham fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with appropriate training. For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. In practice, indemnity means the council and not the employee will meet the cost of damages should a claim for negligence be successful. **Staff should at all times follow the guidance provided by Coopers Lane Primary School.**

To view the full statutory guidance please see the DfE publication 'Supporting Children with Medical Conditions' online at:  
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

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### Appendix A: Coopers Lane School Request for Storage and Administration of Prescribed Medicine

I understand that the school is not obliged to give medication, but may do so on completion of this form and with the agreement of the Head Teacher/member of the Senior Leadership Team. 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 \_\_\_\_\_ Date \_\_\_\_\_

Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

#### Medicine

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

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

#### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

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### Appendix B: Individual Healthcare Plan: Allergies- (Child's Name)

Name of school/setting	Coopers Lane
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

#### Family Contact Information

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

#### Clinic/Hospital Contact

Name	
Phone no.	

#### G.P.

Name	
Phone no.	

Who is responsible for providing support in school

All trained staff competent and willing to administer medicines to pupils.

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

(Child's Name) is allergic to .....

(Child's name) Could have some and not all of the following reactions (e.g. **rash /swollen lips / facial swelling / tingling / burning / itching of mouth**)

- **CALL FOR HELP -STAY WITH ME**
- **ASK SOMEONE TO GET MY MEDICATION.**

Give me my **ANTIHISTAMINE** medication

Name : **Cetirizine**

Dose: **As prescribed**

(Child's name) Could have some and not all of the following reactions (e.g. **difficulty in swallowing/ swelling of throat or inside of mouth/ difficult in breathing /wheeziness /drowsiness /collapse**).

- 
- **TELL SOMEONE TO CALL 999 AND EXPLAIN I AM SUFFERING FROM ANAPHYLAXIS (anna-fill-axis)**
  - **ASK SOMEONE TO GET MY EMERGENCY BOX.**
  - **ASK SOMEONE TO CALL MY PARENT/CARER**

Give (Child's Name) their **ADRENALINE** via my Auto-injector into my thigh.

Name **EPIPEN**

Dose:

Time given: as prescribed

(e.g. .Epipen / JEXT)

(Or put (Child's name) does not have an Adrenaline. Staff to try and make (Child's Name) as calm as possible and to try and regulate (Child's Name) breathing.)

**If I have breathing difficulties sit me upright otherwise lay me down and raise my feet on a chair. Stay with me at all times.**

**If there is NO IMPROVEMENT I have a second dose of Adrenaline prescribed for me.**

**Give me the second dose after 5 minutes.**

If I am on medication for Asthma and if I am still wheezy: **Give me my INHALER**

Name: **Salbutamol**

Number of Puffs:

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

If (Child's name) **have any reactions** (e.g. rash /swollen lips / facial swelling / tingling / burning / itching of mouth) Please give **ANTIHISTAMINE** medication called **Cetirizine**, Dose: As prescribed.

If (Child's Name) **HAVE ANY OF THE FOLLOWING REACTIONS** (e.g. difficulty in swallowing/ swelling of throat or inside of mouth/ difficulty in breathing /wheeziness /drowsiness /collapse). Please give **ADRENALINE** via my Auto-injector into my **thigh**. Called **Epipen**, Dose: As Prescribed.

### **INFORMATION TO BE GIVEN TO PARAMEDICS ON ARRIVAL**

1. Recount events
2. Send used auto-injectors in plastic box
3. Send copy of care plan giving details of the times the medicines were given.
4. Confirm the parent /carer has been informed.

An adult must accompany the child if the parent /carer has not arrived

### Daily care requirements

Adults to be vigilant around (Child's Name) and notice if she/he is coughing, coming up in a rash, swollen lips, facial swelling, tingling, burning, itching of mouth, difficulty in swallowing, swelling of throat or inside of mouth, difficulty in breathing, wheeziness, drowsiness, collapse.

### Specific support for the pupil's educational, social and emotional needs

### Arrangements for school visits/trips etc

Ensure (Child's Name) has hers/his medication and care plan on every school trip.

### Other information

### Describe what constitutes an emergency, and the action to take if this occurs

If (Child's Name) **HAVE ANY OF THE FOLLOWING REACTIONS** (e.g. difficulty in swallowing/ swelling of throat or inside of mouth/ difficulty in breathing /wheeziness /drowsiness /collapse). Please give **ADRENALINE** via my Auto-injector into my **thigh**. Called **Epipen**, Dose: As Prescribed.

### **INFORMATION TO BE GIVEN TO PARAMEDICS ON ARRIVAL**

1. Recount events
2. Send used auto-injectors in plastic box
3. Send copy of care plan giving details of the times the medicines were given.

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**4.** Confirm the parent /carer has been informed.  
An adult must accompany the child if the parent /carer has not arrived

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Annual training for teachers and First Aid Teaching Assistants each September.

Form agreed by

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Give Copy)

Inclusion Leader signature \_\_\_\_\_ Date \_\_\_\_\_  
(Give Copy)

Form copied to

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### Management of Asthma in school

My name is:

I was born on:

I attend Coopers Lane Primary School and I am in class:

My address is:

My parent/carer's name is:

and they can be contacted on:

Home:

Mobile:

My medication is called:

My GP's name and address is:

My GP's phone number is:

The pathway on the next page describes the care I am to receive should I display any signs or symptoms of asthma.

It is my guardian's responsibility to ensure that school is supplied with my **salbutamol inhaler and spacer**.

The salbutamol must have a pharmacy label attached to it stating my name and date of birth. The salbutamol

must be provided within the expiry date, once expired school will not be able to administer this medication.

This care plan and pathway will be reviewed yearly or sooner if any changes are required.

This care plan has been agreed by:

**Parent/Carer** .....

**Signature** ..... **Date** .....

**School Representative** .....

**Signature**.....

**Designation**..... **Date** .....

**Health Professional** .....

**Signature**.....

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### Appendix C: Roles and Responsibilities

**20. The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.**

21. Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

22. Some of the most important roles and responsibilities are listed below, but schools may additionally want to cover a wider range of people in their policy.

- **Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.** They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. **Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.** They should 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.

- **Headteachers – should ensure that their school's policy is developed and effectively implemented with partners.** This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

- **School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.** Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with

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medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. 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.

- School nurses – every school has access to school nursing services. They 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. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 23 to 31 below about training for school staff.
- Other healthcare professionals, including 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. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).
- Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.
- Parents – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered

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effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

- Providers of health services – should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
- Ofsted – their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

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### Appendix D: Coopers Lane School Record of Medicine Administered to (child's name)

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

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

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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### Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			