



Our Vision Statement

Sherington Primary School is an inclusive community. We place the child at the centre of all that we do. We strive to maintain the highest standards in an environment that is creative, stimulating, inspiring and enabling.

Aspire

- Motivating and exciting all to become life-long learners

Believe

- Developing the skills and confidence to foster self-belief

Create

- Engaging all learners through creative practice and personal reflection

Achieve

- Experiencing success and embracing future challenges

Our Aims

To place the child at the centre of all that we do.

To foster positive, supportive relationships with families and the wider community.

To provide models of excellence drawing on the expertise of our highly skilled team.

To provide an enquiry based curriculum, that promotes the values of resilience, adaptability and perseverance.

To promote life-long learning through developing a whole school culture of challenge and growth.

To prepare learners for a future in an increasingly interconnected global economy.

Policy Reviewed	Spring 2021
Ratified by Governors	19.03.21
Shared with Staff	20.04.21

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Gail Tippet, Inclusion Manager

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individuals needs including, where appropriate Individual Healthcare Plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs where required
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition

needs help. All children with medical needs will be identified on risks assessments and where necessary have an additional risk assessment completed to ensure their needs are met.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Where appropriate and required, be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part annual medi-alert reviews or the implementation of the IHP e.g. provide medicines and equipment

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. Healthcare professionals, such as GPs and pediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition. The School Nurse will liaise with the school regarding children identified as having a medical condition which requires support. The School Nurse will work with the school to verify and ensure implementation of the Medical Alert Handbook.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

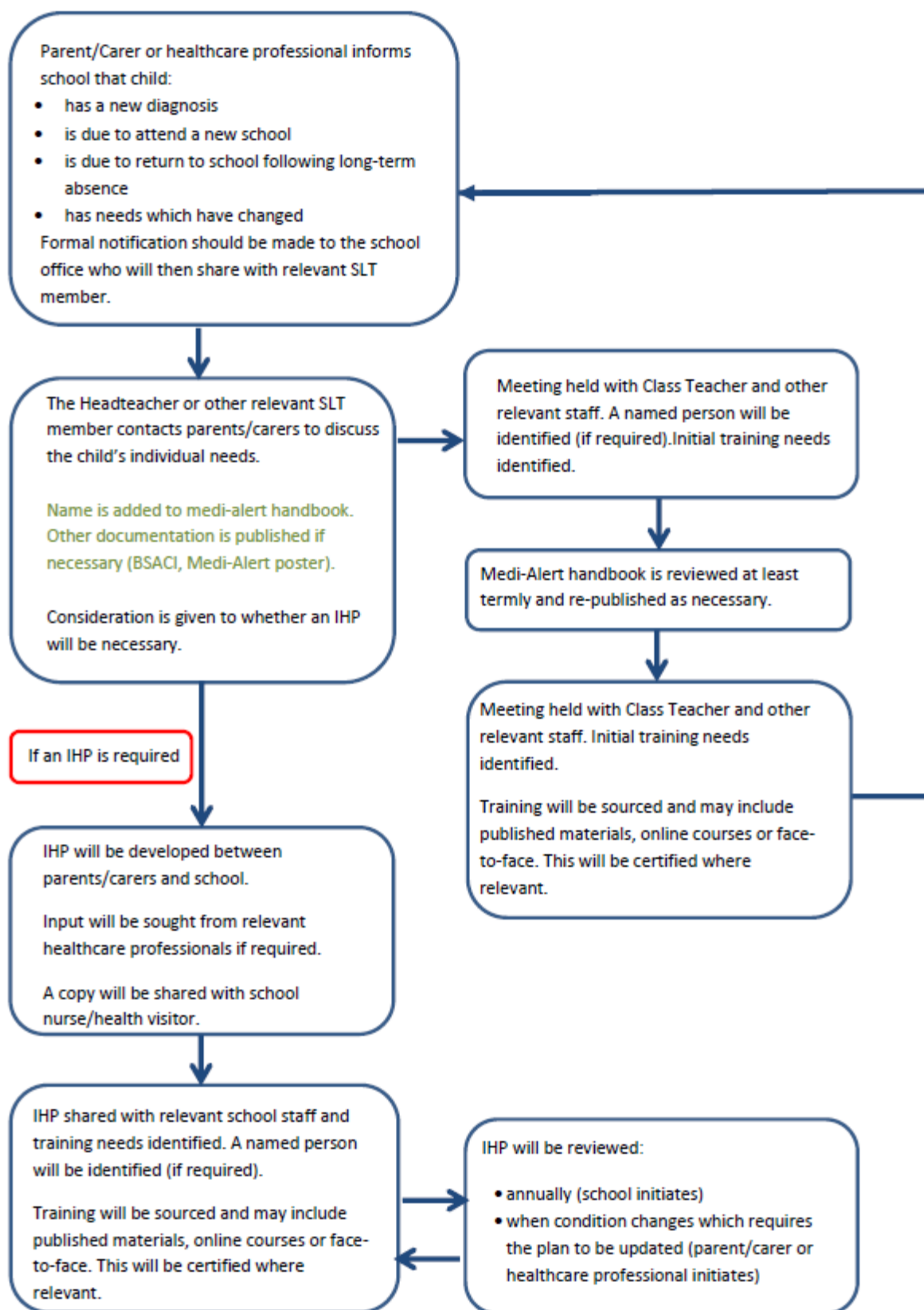
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

Risk assessments will be completed for all food based activities in order to support pupils with medical conditions and dietary requirements (Appendix 5).

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed.



If a parent/carers notifies a member of staff regarding a new diagnosis they should be directed to the School Office where formal notification can be made.

The School Office will notify the relevant SLT member following the receipt of admission paperwork pertaining to a medical condition. This will initiate the above flowchart.

All children with a medical need will be recorded in the Medical Alert Handbook which will be reviewed and updated at least annually. The Medical Alert Handbook will outline the child's condition next to a flow chart of action to take in an emergency for the following diagnosis: epilepsy, asthma, sickle-cell, diabetes and anaphylaxis. The Medical Alert Handbook will also identify those children with medical conditions which are not life threatening but do require consideration and support; also indicating whether an IHP is in place.

All relevant information pertaining to a child's medical condition will be shared with appropriate professionals at points of transition (internally and externally as required).

Should a child have an extended period of absence due to their illness the school will work with all relevant professionals; this will include a phased return to school is considered beneficial in meeting their needs following their absence.

6. Individual Healthcare Plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Inclusion Manager.

The Medical Alert Handbook will identify all children with medical needs across the school and what to do in an emergency, if the condition poses a risk to life. Some children will require an additional Individual Healthcare Plan outlining further preventative measures.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and/or the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. If a healthcare professional is not available for the drafting of the plan it will be sent to them for consideration and feedback.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, Headteacher and Inclusion Manager will consider the following when deciding what information to record on IHPs (Appendix 4: example IHP Template)

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours

- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
- The need for a Medical Contact Book to assist two way communication between school and home regarding changes in administering medication.

The process for establishing and reviewing an IHP can be found within the 'Flowchart of Notification'.

7. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents'/carers' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

When administering controlled drugs, two members of staff will access the locked cabinet, complete appropriate checks, record the administration of the medication (on the form which remains in locked cabinet) and return medication to cabinet, ensuring it is locked after access.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP (where required), but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary

- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Administering medication

- The school must have signed consent from an adult with parental responsibility for the pupil to administer a prescribed medication. This will be either in the form of a letter or by completing the 'Request for school to administer prescribed medication' form; copies of the form will be available in the office, at Breakfast Club and in Nursery.
 - If a letter of consent is provided the Request form should be completed by the adult delivering the medication or the staff member who received the letter. The letter should be attached to the back of the Request form indicating an adult with parental responsibility has given consent.
- The notice board in the office will note the pupil's first name and starting initial of surname, class, time the medication should be administered and the dose.
- Medication should be stored appropriately; in the fridge, locked cabinet (controlled drugs only) or storage unit.
- Office staff are to notify class teacher and or TA of medication required using the yellow medicine form
- For controlled drugs and prescribed medication (excluding asthma) 2 members of staff should oversee the administration; both completing relevant checks.
- Administration of an asthma pump will be recorded in the school medical diary.
- Administration of a controlled drug will be recorded on the form which stays in the locked cabinet.
- Following administration of other prescribed medication the record form (on the reverse of the request form) will be completed and will be stored in the Medicines Files for the course of the treatment.
 - Once course has been completed the request form (with record of administration) will be placed in pupil's file.
- All short term medication (not asthma pumps, auto-injectors and known controlled drugs) will be collected daily by a responsible adult from the office or ASC staff member.

9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

10. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during initial discussion following notification and reviewed during the development or review of subsequent IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on recommending the type and level of training required and will agree this with Inclusion Manager. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

If relevant, healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Current training is provided through the School Nursing service via PowerPoint presentations and cover the following medical conditions children present with in school: asthma; epilepsy; sickle cell and anaphylaxis allergies. This training is provided to all schools staff annually. Bexley and Greenwich Children and Young People's Diabetes Team also provide a PowerPoint to inform all staff regarding type 1 diabetes.

Additional online training is completed by all staff with regards to supporting children who may experience an anaphylaxis reaction and supporting children with type 1 diabetes. This is also completed as part of new staff induction (if not at the beginning of the school year).

Children are also taught how to be 'allergy safe' and support peers with allergies through the allergywise videos. Further training has been developed to support the needs of children diagnosed as coeliac. This has been produced following the information provided in the coeliac.org.uk schools' pack as recommended by the Health Visiting/School Nursing team.

In the event of there being a supply member of staff in the class the Inclusion Manager would ensure they were aware of any medical conditions which affect any of the children. To further support (or in the absence of the Inclusion Manager) Year Overview sheets will be provided by the School Office identifying any children with medical needs. Additional support staff would be provided if necessary for further support.

11. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils.

Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

All records and details kept regarding children with medical conditions will be compliant with GDPR legislation.

12. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. Insurance is issued through the Local Authority; those who wish to see the documents should contact the Head.

13. Complaints

Parents/carers with a complaint about their child's medical condition should discuss these directly with the Inclusion Manager in the first instance. If the Inclusion Manager cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

14. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

15. Links to other policies

This policy links to the following policies:

- Admissions
- Complaints
- First aid
- Health and safety
- Safeguarding/Child Protection
- Inclusion

Request for school to administer prescribed medication

Please note that we are unable to administer any medication that is not prescribed

Details of pupil

Surname: _____ Forename: _____

Address: _____

Date of Birth: _____ Class: _____

Condition of illness: _____

Medication

Name /type of medication (as described on the container) _____

How long will your child take this medication: _____

Date dispensed: _____

Full direction of use

Dosage and method: _____

Timing: _____ Special precautions: _____

Side effects: _____

Procedures to take in an emergency: _____

Contact details

Name: _____ Daytime telephone number: _____

Relationship to pupil: _____

Address (if different to above) _____

I understand that I must deliver this medicine personally to (agreed member of staff) and accept that this is a service that the school is NOT obliged to undertake.

Signed: _____ Date: _____

DATE	TIME	DOSAGE GIVEN	NAME OF STAFF MEMBERS	INITIALS

Administering Medication in School

Receiving the form:

Have you:

- Checked that the child's name and class are completed?
- Checked that the medicine is prescribed and date issued is shown?
- Checked that there is a dosage and time to administer completed?
- Checked when the medicine was last taken? (include this on the form?)
- Checked that there is parental signature?
- Completed the notification form (yellow) and handed to the class teacher / TA?

Administering Medication

Have you:

- Checked the child's name, by asking them?
- Checked the consent form in the medicine folder?
- Checked the prescription name and dosage on the bottle?
- Got a colleague to oversee administration as required?

After Administration

Have you:

- Completed the reverse of the request form?
- Returned the medicine to the correct storage location?

**NOTIFICATION OF MEDICINE TO BE
ADMINISTERED**

DATE: _____

NAME OF CHILD: _____

CLASS: _____

MEDICATION & DOSAGE: _____

TIME TO ADMINISTER: _____

Please check the request form signed by the
parent (held in office file)

**NOTIFICATION OF MEDICINE TO BE
ADMINISTERED**

DATE: _____

NAME OF CHILD: _____

CLASS: _____

MEDICATION & DOSAGE: _____

TIME TO ADMINISTER: _____

Please check the request form signed by the
parent (held in office file)

**NOTIFICATION OF MEDICINE TO BE
ADMINISTERED**

DATE: _____

NAME OF CHILD: _____

CLASS: _____

MEDICATION & DOSAGE: _____

TIME TO ADMINISTER: _____

Please check the request form signed by the
parent (held in office file)

**NOTIFICATION OF MEDICINE TO BE
ADMINISTERED**

DATE: _____

NAME OF CHILD: _____

CLASS: _____

MEDICATION & DOSAGE: _____

TIME TO ADMINISTER: _____

Please check the request form signed by the
parent (held in office file)

Individual Healthcare Plan

(Example IHP – may vary depending on medical condition)

CHILD'S DETAILS		
NAME		
DATE OF BIRTH		
ADDRESS		
SCHOOL		
YEAR GROUP		
MEDICAL CONDITIONS		
MEDICATION		
ALLERGIES		
DATE CREATED		
DATE UPDATED		
FAMILY CONTACT INFORMATION		
NAME		
RELATIONSHIP		
CONTACT NUMBER 1		
CONTACT NUMBER 2		
NAME		
RELATIONSHIP		
CONTACT NUMBER 1		
CONTACT NUMBER 2		
OTHER CONTACT INFORMATION		
	NAME	CONTACT DETAILS
SPECIALIST NURSE		
CONSULTANT		
GP		
SCHOOL NURSE		
SENCO		
CLASS TEACHER		
TEACHING ASSISTANT		
PERSON RESPONSIBLE FOR IMPLEMENTING PLAN		
ROUTINE MONITORING		
WHAT MONITORING IS REQUIRED		
WHEN DOES IT NEED TO BE DONE		
ENQUIPMENT NEEDED		
HOW IS IT DONE		
TARGET?		
IMPACT ON CHILD'S LEARNING		
HOW DOES MEDICAL CONDITION		

EFFECT CHILD'S LEARNING?		
ANY FURTHER ASSESSMENT?		
IMPACT ON CHILD'S LEARNING AND CARE AT MEAL TIMES		
	TIME	NOTE
ARRIVE AT SCHOOL		
MORNING BREAK		
LUNCH		
AFTERNOON BREAK		
SCHOOL FINISH		
AFTER SCHOOL CLUBS		
OTHER		
CARE AT MEAL TIMES		
WHAT CARE IS NEEDED?		
WHEN SHOULD THIS CARE BE PROVIDED?		
HOW?		
MEDICATION REQUIRED?		
OTHER SPECIAL CARE?		
PHYSICAL ACTIVITY		
ANY PHYSICAL RESTRICTIONS?		
EXTRA CARE NEEDED?		
ACTIONS BEFORE EXERCISE		
ACTIONS DURING EXERCISE		
ACTIONS AFTER EXERCISE		
TRIPS AND ACTIVITIES AWAY FROM SCHOOL		
WHAT CARE NEEDS TO TAKE PLACE?		
WHEN?		
WHO WILL LOOK AFTER MEDICINE?		
WHO OUTSIDE OF SCHOOL NEEDS TO BE INFORMED?		
WHO WILL TAKE RESPONSIBILITY?		
SCHOOL ENVIRONMENT		
CAN SCHOOL ENVIRONMENT AFFECT MEDICAL CONDITION?		
HOW?		
WHAT CHANGES CAN BE MADE?		
LOCATION OF MEDICAL ROOM		
LOCATION OF MEDICINE		
EDUCATIONAL, SOCIAL AND EMOTIONAL NEEDS		
WILL THE CHILD NEED TIME OFF BECAUSE OF CONDITION?		
WHAT IS THE PROCESS FOR CATCHING UP ON WORK?		
DOES THE CHILD REQUIRE EXTRA SUPPORT TO CATCH UP?		

DOES THE CHILD REQUIRE ADDITIONAL SUPPORT IN LESSONS?			
REST PERIODS REQUIRED?			
EMOTIONAL SUPPORT REQUIRED?			
STAFF TRAINING			
WHAT TRAINING IS REQUIRED?			
WHO NEEDS TO BE TRAINED			
DATE TRAINING COMPLETED			
	NAME	SIGNATURE	DATE
CHILD/YOUNG PERSON			
PARENT/CARER			
HEALTHCARE PROFESSIONAL			
SCHOOL REPRESENTATIVE			
SCHOOL NURSE			

Risk Assessment
Food Based Learning Activities

Year Group/Class:	People at Risk: Named child (medical conditions and dietary requirements)	
Activity:	Date of planned activity:	
Purpose of activity:		
Assessment carried out by:	Date:	Reviewed by:

Hazards (Potential to cause harm & consider how a person may be hurt)	Existing Controls	Further controls necessary
<i>Name of child & medical condition and/or dietary requirements</i>	<i>Hand hygiene/room layout/access to medication</i>	<i>Communication with parent/sourcing appropriate alternatives</i>
Arthur Smith – anaphylaxis allergy to nuts and dairy intolerant	Nut free activity Hand washing before and after handling food Work space free from dairy products – use alternative on his workstation	Speak to parents/carers – what can be used as alternative to cows' milk?