

# St Cyprian's Greek Orthodox Primary Academy



## Medical Conditions Policy

Revised: November 2014

Reviewed and ratified by Full Academy Trust

Date: 7/1/15

Signed: 

Name: DR. A. ANDREOU

Position: Chair of Governors

### **Our Mission Statement:**

'The aim of St. Cyprian's Greek Orthodox Primary Academy is to provide its children with primary education of the highest quality in a supportive learning environment through the National Curriculum in core subjects, enriched by the progressive teaching of the Greek language and Christian Orthodox religion.

The children will be equipped with the knowledge, skills and spirituality to enable them to achieve their full potential and prepare them for transition to secondary education and to contribute positively to the challenges of a diverse multicultural society.'

The Senco, Mary Mantilas, has overall responsibility for the implementation of this policy.

### **Legal requirement**

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 PRUs to make arrangements for supporting pupils at their school with medical conditions.

### **Key points**

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Arrangements are in place in schools to support pupils at school with medical conditions.
- Ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- A member of staff is responsible for ensuring that sufficient staff are suitably trained
- A commitment that all relevant staff will be made aware of the child's condition
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- Briefing for supply teachers
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable
- Monitoring of individual healthcare plans

### **Procedure to be followed when notification is received that a pupil has a medical condition**

When the Academy is notified that a pupil has a medical condition and medication is needed to be kept in school, a Health Care Plan is initiated usually in consultation with the parent.

### **Individual healthcare plans**

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. This is signed by the Deputy Headteacher and kept in the medical file in the office. Medication is stored in a clear plastic box, clearly labelled with the child's name, a photograph and a red cross and this is kept in the office. A copy of the health care plan is also kept with the medication.

The plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed 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 special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the following should be considered:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required
- arrangements for written permission from parents 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 child can participate, eg risk assessments
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements

### **Roles and responsibilities**

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 cooperatively 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.

## **Staff training and support**

Any member of staff providing support to a pupil with medical needs should have received suitable training. This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

## **Managing medicines on school premises**

- Medicines will only be administered at school if a child has a health care plan, when it would be detrimental to a child's health or school attendance not to do so
- 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. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- Medicines should be stored safely in the office and asthma inhalers in the child's classroom. Children should know 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 should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on educational visits
- 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 prescriber's instructions.
- A record of all medicines administered to individual children must be kept, stating what, how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted

- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharp instruments

### **Record keeping**

Written records are kept of all medicines administered to children. Parents should be informed if their child has been unwell at school.

### **Emergency procedures**

As part of general risk management processes, arrangements are in place for dealing with emergencies. 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. Other pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

### **Day educational visits, residential visits and sporting activities**

Arrangements must be made to support pupils with medical conditions to allow them to participate in educational visits, or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The Academy will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The Academy will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professionals to ensure that pupils can participate safely.

### **Liability and indemnity**

The Academy will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Date of next review: September 2016

## Appendix 1 Health Care Plan

### HEALTH CARE PLAN FOR CHILDREN WITH MEDICAL CONDITIONS AT SCHOOL

#### 1. CHILD INFORMATION

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class \_\_\_\_\_

#### 2. CONTACT INFORMATION

Child's address \_\_\_\_\_  
\_\_\_\_\_

##### Family Contact 1

Name \_\_\_\_\_ Relationship with child \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

##### Family Contact 2

Name \_\_\_\_\_ Relationship with child \_\_\_\_\_

Phone (day) \_\_\_\_\_ Mobile \_\_\_\_\_

##### GP

Name of Practice \_\_\_\_\_ Phone \_\_\_\_\_

##### Hospital Contact

Name of Hospital \_\_\_\_\_ Phone \_\_\_\_\_

#### 3. DETAILS OF CHILD'S MEDICAL CONDITIONS

Name of condition \_\_\_\_\_

Signs & Symptoms of condition \_\_\_\_\_  
\_\_\_\_\_

Triggers or things that make the condition worse \_\_\_\_\_  
\_\_\_\_\_

#### 4. DAILY HEALTHCARE REQUIREMENTS (eg, dietary, therapy, nursing needs or before physical activity)

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**SPECIFIC SUPPORT FOR THE PUPIL'S EDUCATIONAL, SOCIAL & EMOTIONAL NEEDS**

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**ANY OTHER INFORMATION (WHO NEEDS TO BE AWARE OF YOUR CHILD'S CONDITION)**

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**5. REGULAR MEDICATION TAKEN DURING SCHOOL HOURS**

Name of medication \_\_\_\_\_ Dose \_\_\_\_\_

When is it taken? \_\_\_\_\_

How should the medication be stored? \_\_\_\_\_

Are there any side effects that may affect the pupil in school? \_\_\_\_\_

Are there any signs that this medication should not be given? \_\_\_\_\_

Can the pupil administer the medication themselves? Yes  No

Yes, with supervision

Medication expiry date \_\_\_\_\_

**6. EMERGENCY MEDICATION (e.g. EpiPen)**

Name of medication \_\_\_\_\_

Signs & Symptoms which indicate an emergency for this child \_\_\_\_\_

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Dose and method of administration (how the medication is taken and the amount) \_\_\_\_\_

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Are there any signs when the medication should not be taken? \_\_\_\_\_

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Are there any side effects of the medication? \_\_\_\_\_

How should the medicine be stored? \_\_\_\_\_

Can the pupil administer the medication themselves? Yes  No   
Yes, with supervision

Is any follow up care necessary?

Who should be notified? Parents  GP  Specialist

NB Medication must be in the original container as dispensed by the pharmacy

### 7. WHAT TO DO IN AN EMERGENCY (e.g an allergic reaction)

Please describe what constitutes an emergency and the action to take if this occurs

In the event of your child showing any physical symptoms for which there is no obvious alternative explanation, his/her condition will be immediately reported to the head/ teacher in charge. On receipt of such a report, the person in charge will instruct a staff member to contact in order of priority:

Dial 999, ask for an ambulance and say:

This is St Cyprian's Primary Academy in Springfield Road, Thornton Heath. Our telephone number is 020 8771 5425. We have a child who has had a severe allergic reaction. The epipen has been given. We need a paramedic team urgently. The child's name is \_\_\_\_\_ and their date of birth is \_\_\_\_\_.

Then call the family contacts on the numbers above.

### 8. MEMBERS OF STAFF TRAINED TO ADMINISTER MEDICATIONS FOR THIS PUPIL

Regular medication \_\_\_\_\_

Emergency medication: Sue Woolford Vicki Yeats

Staff training needed? Yes / No

What training is needed? \_\_\_\_\_

Who needs training? \_\_\_\_\_

Date training undertaken \_\_\_\_\_

**WHO IS RESPONSIBLE IN AN EMERGENCY?**

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**9. ANY OTHER INFORMATION RELATING TO THE PUPIL'S HEALTHCARE IN SCHOOL /EDUCATIONAL TRIPS/EXTRA SUPPORT NEEDED**

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**PLAN DEVELOPED WITH**

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**STAFF INDEMNITY**

St Cyprian's Greek Orthodox Primary Academy fully indemnifies its staff against claims, for alleged negligence, provided they are acting within the scope of their employment, having been provided with adequate instruction, and are following the school guidelines. For the purposes of indemnity, the administration of medicine falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the school and not the employee would meet the cost of damages should a claim or alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and the employer.

**PARENTAL AGREEMENT**

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing. St Cyprian's Primary Academy will not give your child medicine unless this form is completed and signed and the Academy has a policy that staff can administer medicine.

The above information is, to the best of my knowledge accurate at the time of writing and I give consent to St Cyprian's staff administering medicine in accordance with St Cyprian's policy. I will

inform St Cyprian's immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

### HEADTEACHER AGREEMENT

It is agreed that (name of child) \_\_\_\_\_

Will receive the above listed medication at the above listed time (see part 5)

Will receive the above listed medication in an emergency (see part 6)

Headteacher's signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 1: Record of medicine administered to an individual child

|                                  |  |
|----------------------------------|--|
| Name of child                    |  |
| Date medicine provided by parent |  |
| Class                            |  |
| 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          |  |  |  |

**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          |  |  |  |

**Appendix 2: Staff training record – administration of medicines**

|                            |  |
|----------------------------|--|
| Name of school/setting     |  |
| Name                       |  |
| Type of training received  |  |
| Date of training completed |  |
| Training provided by       |  |
| Profession and title       |  |

I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated \_\_\_\_\_.

Trainer's signature

Date

**I confirm that I have received the training detailed above.**

Staff signature

Date

Suggested review date

### **Appendix 3: Contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number – 0208 771 5425
2. your name
3. your location – St Cyprian’s Primary Academy, Springfield Road, Thornton Heath, CR7 8DZ
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code – CR7 8DZ
5. provide the exact location of the patient within the school setting
6. provide the name of the child \_\_\_\_\_ and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## **Appendix 4: Model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent

### **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for \_\_\_\_\_. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve \_\_\_\_\_. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

We look forward to meeting you.

Yours sincerely