

Named people with responsibility for the effective implementation of this policy:

SEND Governor: Sarah Hardcastle
Headteacher: Michelle Dutton

Individual Health Care Plans

Individual Health Care Plans can help to ensure that the school effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom. Healthcare Plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are also likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, relevant healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

Individual Health Care Plans will be tailored to each child, and will include:

- A risk assessment to identify the number of staff who will be required to receive training
- A communication system for alerting trained setting staff (e.g. use of adrenaline auto-injector device etc.)
- A system for calling an ambulance where necessary
- A system for contacting parents
- Evacuating other children / young people from the room (i.e. in the event of a seizure)
- First aid provisions.
- A contingency plan in case for any reason the normal routine for treatment breaks down, e.g. the trained staff members are absent.

The Role of the School

For each child with medical conditions, the Headteacher will agree with the parents exactly what support the setting can provide (following steps in Appendix I). Where there is a concern about whether the setting can meet a child's needs, or the expectations of the parents appear unreasonable, the Headteacher may seek further advice from the School Health Team, the Local Education Officer, or other relevant person/body.

The school will ensure that staff receive sufficient and suitable training and achieve the necessary levels of competency before they take on responsibility to support children with medical conditions. The school will ensure that validated training with certification is provided, and regularly updated by qualified professionals, to staff that volunteer to administer all medicines including those for diabetes, epilepsy, and anaphylaxis or to meet any unusual needs. In some cases, this may be provided by specialist liaison nurses, but in all cases, training requests are to be addressed initially to the School Health Team. A record is kept in the school office of all training (including date, required renewal, etc.).

It is Shalford Infant & Nursery School's policy to maximise inclusion for children and young people with medical needs in as full a range of educational opportunities as possible. To promote this aim, the school will assist parents and health professionals by participating in agreed procedures to administer medicines when necessary and reasonably practical.

The Role of the Child

Children with medical conditions will often be best placed to provide information about how their condition affects them. If appropriate, 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. Wherever appropriate, pupils will be able to access their medicines and self-medicate as quickly as possible (i.e. asthma inhalers).

The Role of Parents/Carers

Parents/carers must provide the school with sufficient and up to date information about their child's medical needs so that the school can plan effective support arrangements. Any existing conditions or needs must be reported to the school at the admissions stage, and all medication must be provided before the child's first day at school. If there are any special religious and/or cultural beliefs, which may affect any medical care that the child receives, particularly in the event of an emergency, it is the responsibility of the parent to inform the setting and confirm this in writing at the admissions stage. Such information will be kept in the child's personal file in the school office.

Parents must update the school as soon as possible if there are any changes or developments to their child's condition.

Joint Working

Shalford Infant & Nursery School is committed to working closely with education, health and social care services to ensure that they can provide the best support for all pupils. Ideally, the Headteacher will seek parental agreement before passing on information about the child's health to other school staff or local authority service, but it should be acknowledged that sharing information is important if staff and parents are to ensure the best care for the child.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. The School Health Service can often provide additional support and assistance in these circumstances.

Regular comprehensive training of setting staff is usually available from the School Health Team / Community Nursing Team. In some areas, local hospital allergy clinics may undertake this training. Ongoing advice and support are usually available from the School Health Team.

Management and Administration of Medicines on School Premises

In most circumstances the administration of medicines is the responsibility of parents and they should be administered at home unless it is essential they are administered during the school day. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Parents must provide any equipment required to administer the medicine e.g. medicine spoons, oral syringes, syringes for injections, sharps waste containers. Additionally, parents are responsible for ensuring medicines do not exceed their expiry date and providing replacement medication if required. In the instance of emergency medication, such as adrenaline or seizure medication, the school may refuse to have the child on site if the parent cannot provide appropriate and in-date medication.

Pupils at Shalford Infant & Nursery School will not be given medication (this includes topical creams and medicines available over the counter for complaints such as hay fever and travel sickness) unless prescribed by a doctor. The school will 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. Only reasonable quantities of medication should be supplied to the school, for children taking medication long term (for example, a maximum of four weeks supply at any one time). A form must be completed and signed by the parent/carer giving permission for the school to administer (or supervise self-administration) of the medication, with all necessary supporting information. This form is stored in the school office in the 'Pupil Medication' folder.

Staff must not administer medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not necessarily constitute training in supporting children with medical needs. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or administering medicines. 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 unless it is within their contract of employment. Shalford Infant & Nursery School will ensure that staff's own views/attitudes to medication do not override the instructions provided by the child's GP or Consultant Paediatrician. In cases where there is such a possibility, those staff will be advised not to be involved.

Medicines will be administered and documented for one child at a time and completed before the next child is seen, to ensure that accurate records are kept. Staff must wash their hands before and after administering medicines. Unless it is an emergency situation, medicines will be administered in a location where privacy and confidentiality of the child can be maintained. The staff room is available should the child need to rest or recover after receiving medication. Staff involved with the administration of medicines should be alert to any excessive requests for medication by children or by parents on their behalf. In any cases of doubt advice may be obtained from the School Health Team.

Medication administration is not without problems. Medication is given with good intention, but to ensure the correct procedures are adhered to staff will follow the "5 R's". These are:

1. **RIGHT PATIENT** – ensure medications are administered to the correct patient
2. **RIGHT DRUG** – the prescription of a drug should be clear and legible.
3. **RIGHT DOSAGE** – check the name of the drug against the dosage of the medication to be given
4. **RIGHT TIME** – a drug needs to be administered at the appropriate time for effective outcome
5. **RIGHT ROUTE** – some drugs cannot be administered by the oral route, check you are administering the drug in the correct manner

To ensure the "5 R's" are fully followed, two staff members must be present at the time of administering the medication and the form in the 'Pupil Medication' folder is signed by both parties.

Medicine formulation must not be interfered with prior to administration (e.g. crushing a tablet) unless there are written instructions on the pharmacy label and information provided from the parent and advice from a health professional. This advice and information must be documented. All medicines are stored safely on site. Children will be made aware of where their medicines are at all times and be able to access them immediately. Medicines that must be always be with the child (asthma inhalers, epi-pens, etc.) will be kept in orange Med-Pac bags and stay with the child at all times. All other medicines are stored in the lockable cupboard in the staff room until needed (the cupboard temperature is maintained at below 25°, temperatures are checked and recorded every half term) or if necessary (in the case of antibiotics, etc.) in a marked box inside the staffroom fridge (the fridge temperature is maintained at between 2°-8°, temperatures are checked and recorded every half term).

Shalford Infant & Nursery School will keep controlled drugs that have been prescribed for a child securely stored in the lockable cupboard in the staffroom, and only First Aiders will have access. Medicines classed as controlled drugs cannot be kept by the child, however due to the location of the medicine cupboard controlled drugs will still be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school. Any side effects of the medication to be administered at school will be noted.

When no longer required, medicines must be returned to the parent to arrange for safe disposal – the school is unable to dispose of medicines. Sharps boxes will always be used for the disposal of needles and other sharps.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan (where applicable). For all pupils (with or without IHCP's) parents will be informed if pupils refuse medication so that alternative options can be considered.

Intimate or Invasive Treatment

Staff may be reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. It would be appropriate for parents to ask their child's consultant whether a different treatment, which is less intimate or invasive, could be used. Parents and responsible person must respect such concerns and should not put undue pressure on staff to assist in treatment.

Wherever possible it should be arranged that two adults, one of whom should be the same gender as the child, to be present for the administration of intimate or invasive treatment – this will often ease practical administration of treatment as well as minimise the potential for accusations of abuse. Staff will protect the dignity of the child as far as possible.

Record Keeping

The school will ensure that written records are kept of all medicines administered to children, these are stored in the 'Pupil Medication' folder in the school office. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

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.

Normally when a child / young person becomes unwell at a setting or is seriously injured in an accident, settings will arrange for them to be looked after in a quiet, comfortable place and arrange for the parent to collect them as soon as possible. It will then be the responsibility of the parent to accompany the child to their GP surgery or hospital outpatient department as appropriate. In some situations, however, it may be necessary for professional medical care to be sought immediately, e.g. suspected fractures, all eye injuries, serious head injuries, acute illness or other serious medical conditions that will not respond to first aid treatment.

In the case of an emergency, a member of the school office staff will call for an ambulance, providing all relevant details. They will then contact the child's parents/carers to explain the situation. Where a child has to be transported to hospital via ambulance and it has not been possible to arrange for their parent/carer to accompany them, a member of staff will attend with the child and remain at the hospital with them until a parent/carer arrives.

Where a child has to be transported to hospital but an ambulance is not available for an unsuitable amount of time, and it has not been possible to arrange for their parent/carer to collect them, the Headteacher will transport the child in her own car to the closest relevant emergency services (likely to be the Accident & Emergency department at Royal Surrey Hospital in Guildford). If the Headteacher is unavailable, another senior member of staff will transport the child in their own car.

In any situation where the parent/carer cannot accompany their child to the relevant service, the accompanying staff member must take the child's Emergency Record Sheet with them to the hospital – these are stored in the red folder marked 'Emergency Record Sheets' in the school office.

Consent is generally not required for any life-saving emergency treatment given in Accident and Emergency Departments. However, awareness is required for any religious/cultural wishes i.e. blood transfusions, which should be communicated to the medical staff for due consideration via the child's school Emergency Record Sheet. In the absence of the parents to give their express consent for any other non-life threatening (but nevertheless urgent) medical treatment, the medical staff will carry out any procedures as deemed appropriate. The member of staff accompanying the child cannot give consent for any medical treatment, given on site, in an ambulance or in hospital, as he/she does not have parental responsibility for the child / young person. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Trips and Visits

Shalford Infant & Nursery School will consider what reasonable adjustments might need to be made to enable children with medical needs to participate fully and safely on visits. A risk assessment will usually be carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Teachers will be aware of how a child's medical condition will impact on their participation, whilst allowing for enough flexibility for all children to participate according to their own abilities and with any reasonable

adjustments. The school may need to take additional safety measures for such visits. Staff are advised to refer to Surrey County Council Guidelines for Educational Visits and Outdoor Education Activities (Part 1, Section 3) for further guidance. In any cases of doubt advice can be obtained from Learning Partners Trust.

The school will make every effort to continue the administration of medication to a child whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a child on a school trip if appropriate supervision cannot be guaranteed.

Staff as a duty of care may apply sun cream during school trips to protect children who are at risk of getting sun burnt.

Sporting Activities and Events

Most children with medical conditions can participate in the Physical Education (PE) curriculum and extra-curricular sport. Shalford Infant & Nursery School will work to ensure that all children are able and encouraged to take part, in ways appropriate to their own abilities. Any restrictions on the child's ability to participate in PE should be clearly identified and incorporated in their Individual Healthcare Plan.

Unacceptable Practice

Although school will use its discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If the child becomes ill, send them to the school office unaccompanied or with someone unsuitable.
- Penalise children 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Any complaints regarding the way a pupil's medical condition is managed or supported in school should be discussed directly with the school. If for whatever reason this does not resolve the issue, parents/carers may make a formal complaint following the procedure laid out in the school's Complaints Policy – this is available to parents and carers on the school website.

Liability and Indemnity

Being part of a Multi Academy Trust, staff are covered by the RPA scheme (for insurance cover) provided staff are:

“undertaking medical procedures and provision of prescribed medicines subject to adherence with the statutory guidance on supporting pupils at school with medical conditions, December 2015 or similar amending statutory guidance”

The risk protection arrangement (RPA) is **an alternative to insurance** – not an insurance scheme – where the cost of risks that materialise are covered by government funds. The RPA is a voluntary arrangement that all academy trusts and MATs, including free schools and PFI academies, can opt into.

Staff should take the same care that a reasonable, responsible and careful parent would take in similar circumstances, while they are responsible for the care and control of children / young people. In all circumstances, particularly in emergencies, staff are expected to use their best endeavours. The consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Forms & Templates

Forms & templates for the management and support of pupil medical conditions can be found in Supporting Pupils with Medical Conditions Surrey Guidance - <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Appendix I

Steps to take when developing an Individual Health Care Plan

1. Parent/carer or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.
2. Headteacher co-ordinates meeting with parent/carer, and healthcare professional if appropriate, to discuss child's medical needs.
3. Headteacher identifies the member(s) of school staff who will provide support to the child.
4. Meeting held to discuss and agree on the need for IHCP to include key school staff, child, parent/carer and relevant healthcare professionals.
5. Develop IHCP in partnership with healthcare professionals and agree on who leads.
6. Staff training needs identified.
7. Staff provided with relevant training and review date set.
8. IHCP implemented, with review date decided upon and recorded within IHCP.
9. IHCP circulated to relevant staff.

Appendix II

Model letter inviting parents to contribute to Individual Healthcare Plan development

Dear Parent/Carer,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

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, pupil, 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 xx/xx/xx. 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 [the following people]. 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.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely