

Ryefield Primary School

Policy for

Medical Needs

and Supporting Pupils

with Medical Conditions

**Introduction/Summary**

The Vanguard Learning Trustrecognises its statutory responsibility to support students at school with medical conditions. Responsibility for fulfilling this duty is delegated to individual schools within the Vanguard Learning Trust. This policy sets out how the statutory duty is fulfilled at Ryefield Primary School.

This policy outlines Ryefield Primary School’s approach to supporting children with medical conditions and is written with reference to Section 100 of the *Children and Families Act 2014* and the *Statutory Guidance for Supporting Pupils at Schools with Medical Conditions* December 2015.

Ryefield Primary School is an inclusive community that welcomes and supports pupils with medical conditions and/or disabilities. It is a school that endeavours to provide the same opportunities to pupils with medical conditions as to all others, and where a positive and caring approach to such pupils’ needs is strongly promoted by the Senior Leadership Team and all staff.

At Ryefield, we will help to ensure that children with medical conditions can:

● Be healthy;

● Stay safe;

● Enjoy and achieve.

The school leadership ensures that all staff understand their duty of care to children. In particular, staff understand that duty in the event of an emergency and know what to do when one occurs.

The school aims to manage and understand all its pupils’ medical conditions to the best of its ability, knowing that some are potentially life threatening. It understands the importance of medication and care as directed by healthcare professionals and by parent(s) or carer(s).

The SENCO, Welfare Assistant and Senior Leadership Team are responsible for this policy and its implementation, and can be contacted through ryefield.enquiries@ryefieldprimary.org.uk

**Our principles of inclusivity**

1) Ryefield is welcoming and supportive of pupils with medical conditions, and endeavours to provide them with the same opportunities and access to activities (both school-based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because reasonable adjustments for their medical condition have not been made. However, in line with safeguarding duties, we must ensure that pupil’s health is not put at unnecessary risk from, for example, infectious diseases. The school therefore does not have to accept a child in school at times where it would be detrimental to the health or educational wellbeing of that child or others to do so.

2) The school listens to the views of parents, carers and pupils, ensuring that pupils with medical conditions feel safe at school and confident in receiving an appropriate level of care that meets their medical needs.

3) The school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided for such children.

4) We understand that children with the same medical condition will not have the same needs. Children at the school with complex or long-term medical conditions will have an Individual Healthcare Plan (IHP) or another ‘plan’ created by medical professionals such as the school nurse or paediatric teams.​ We may use the school’s templates for more common conditions or adapt these with support from the school nurse or other medical professionals for more complex conditions.

5) We recognise that the duties on schools in the Children and Families Act (2014) and the Equality Act (2010) relating to children with disabilities and/or medical conditions are anticipatory. This means that we must try to foresee likely obstacles relating to medical conditions/disabilities and make plans for individual children so that they are not excluded or otherwise treated unfairly.

6) This policy should be read alongside our broader Ryefield Primary School policies on **Equality**, **Safeguarding** (the health and well-being of all children in the school) and the inclusion of all learners, including those with special educational needs, and or disabilities (**SEND**) – all are available on the school website.

**Staff training/awareness**

1) Staff will understand the medical conditions present among the pupils at this school and know that they may have serious implications, adversely affecting a child’s quality of life and their ability to learn. We train all staff on the most common medical conditions in the school both during their induction and through regular whole-school awareness training. More specific training takes place with relevant staff who support pupils with more specific conditions.

2) Staff understand that symptoms such as limited concentration or frequent

tiredness may be due to a pupil’s medical condition. Teachers will refer pupils with medical conditions who are not achieving their educational potential to the Special Educational Needs Co-ordinator (SENCO), who will arrange to discuss the issue with parent(s) or carer(s).

3) Staff understand that having a long-term medical condition increases the

likelihood of mental health difficulties.

4) Staff understand their common law duty of care to pupils and are trained in what

action to take in an emergency. In particular:

a. All school staff, including temporary or supply staff, are aware of which

children have medical conditions and know what action to take in any medical emergency specific to each child in their care.

b. All staff have their training on what to do in emergencies regularly

refreshed.

5) We have a number of staff trained in First Aid. Before their First Aid qualifications expire, arrangements are made for those members of staff to attend a First Aid refresher training course. All staff are familiar with normal precautions for avoiding infection and follow basic hygiene with spillages of blood and other body fluids.

6) All teaching and support staff are trained annually in the administration of epipens by the School Nurse.

7) The SENCO ensures that all staff providing specific support to a pupil with a medical condition have received suitable training and have confidence to provide the child with the care and support needed to fulfill the requirements set out in the pupil’s Individual Healthcare Plan or other medical plan. Training may be provided by a specialist nurse, the School Nurse, or other suitably qualified healthcare professionals, and the parent(s) or carer(s).

8) The school ensures that there are reasonable numbers of staff trained to

administer the medication and meet the care needs of any individual child. We thereby ensure that there are sufficient numbers of staff trained to cover absences, staff turnover and other contingencies.

9) Records of all staff training undertaken, including the names of which staff are trained to meet the care needs of which pupils, are kept up to date on a central register.

10) Intimate Care – Ryefield Primary School expects that parents/carers will prepare their children for school. This includes making sure clean clothes are available and that their child can independently dress/undress themselves. When a pupil suffers from an underlying, long term medical condition such that intimate care may be required, an assessment will be made, as to whether the School can meet the needs of the pupil, with reasonable adjustments as necessary, before they are admitted to the school. Where necessary, details of the care required will be added to an IHP and specific procedures put in place. Where intimate care is required, staff will be given specific training as appropriate. In all cases, Ryefield will treat all pupils with respect and dignity at all times, and will encourage pupils to develop the skills to become more independent.

**Emergencies**

1) All staff understand and are trained in the school’s general emergency procedures.

2) All staff receive annual training on what to do in medical emergencies relating to the most common, medical conditions at this school – asthma and allergic reactions. This training is given by the School Nurse.

3) There is an AED (Automated External Defibrillator) – which is located in the Front Office. The AED can be used by staff in the event of a life threatening emergency. Whilst this can be used without specialist training, all first aid trained staff are given annual refresher training by a Resuscitation Council UK instructor.

4) Every Individual Healthcare Plan (IHP) or other medical ‘plan’ includes an explanation of what help that child needs in an emergency, and all relevant staff will be trained to provide that help. The IHP - or equivalent if the IHP has not yet been agreed - for each child is kept in a clearly identified and accessible place (the Medical Room), so that it can be consulted in an emergency. A copy of the IHP will also accompany the pupil on any school trip or off-site outing. The IHP will accompany the pupil should they need to attend hospital and includes parental permission for sharing it within an emergency setting.

5) If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until their parent/ carer arrives, or accompanies the child taken to hospital by ambulance. Except in very exceptional circumstances, sanctioned by the head teacher, staff will not take a pupil to hospital in their own car. Circumstances could include incidents occurring during a residential trip. Any daily records that may be relevant to treatment will accompany the child to the hospital or be sent there immediately afterwards.

6) If an emergency occurs off-site, for example on a school trip, the class teacher or

journey leader should remain with the majority of the pupils while support staff go to the hospital with the injured or sick pupil(s).

7) The school reviews all medical emergency incidents to see if they could have been avoided or prevented and makes changes to policy and practice according to these reviews.

8) There are Emergency Asthma Inhaler Kits in the Front Office and the Medical Room. These are to be used by pupils who are diagnosed with asthma and whose parent/carer has signed an Emergency Salbutamol Inhaler Parent Consent Form. There is a record sheet inside the kit to document the administering staff, pupil name, doses taken and further action taken. These asthma inhalers are used with a designated spacer, if the individual pupil does not have one in school). The designated spacer is cleaned after use with an antiseptic, medical wipe.

9) IHPs and care plans from outside agencies (summarising specific children’s conditions and actions to take in an emergency), are displayed in specific locations, including classrooms (under yellow coloured card), in the kitchen/dining hall (away from public view or with minimum info), in the Medical Room(inside the long cupboard door) and in the staff room (away from public view). Pupil privacy and confidentiality is therefore considered when displaying and locating these documents for easy referral by staff, including supply staff.

**Accidents**

1) The Welfare Assistant keeps an accident book where all significant accidents such as burns or breaks are recorded. Staff accidents are also recorded in this book. All incidents requiring medical attention are recorded on SIMS.

2) Both main playgrounds contain a First Aid Kit and a mobile Kit is taken on all school trips.

3) Children attend the Medical Room, when appropriate, after any significant accident.

4) Antiseptic wipes are used to clean cuts and grazes, and ice-packs are used for bumps and bruises.

5) During break times, the Welfare Assistant will remain on First Aid duty in the

Medical Room. Children in the playground may be sent by a supervising adult to the Medical Room to receive treatment or further appraisal. Children will always be supervised in this area. There is a wash room opposite the Medical Room which can be used, when necessary, to maintain a child’s privacy and dignity.

6) Any child who suffers an accident involving their head will be given a printed letter

to take home at the end of the day to inform parent(s) or carer(s).

7) Any accident which results in an injury will be recorded on SIMS; parents/carers will be phoned when the accident is more serious or where a child has additional needs.

8) SIMS medical records can be accessed by the Safeguarding Team via CPOMS. Teaching staff, SMSAs and the Welfare Assistant raise concerns regarding frequent accidents/unusual bruises etc via CPOMS.

**Administering medication at school (including occasional medicines for children with short-term health conditions)**

1) Where there is an IHP or other medical plan in place for a child, Ryefield recognises the importance of that child’s medication and medical care being administered only as detailed in that plan.

2) The school will not give medication (prescription or non-prescription) to any child without a parent’s written consent. Medicines must therefore be accompanied by a signed Ryefield Medical Consent form, and, where prescribed, by their original prescription or prescription label and container (except for insulin, which may be inside an injector pen or pump). In this case a copy of the prescription chart is required to ensure correct dosing of medication. Medicine and consent forms can be left at the Front desk, for the Welfare Assistant to collect. No medication will ever be given to a child by the school unless prescribed by a doctor, (or with written/verbal consent by a parent/carer in the case of an ‘over the counter’ medication such as paracetamol or ibuprofen).If verbal consent is gained via a phone call to parents/carers, this is recorded on SIMS and followed up with an information slip informing the parents of the verbal agreement and the time and dose of medication administered. It is important to remember that Ryefield will not routinely administer this medication and it will only be given in rare emergency situations with the above consent.

3) Medicines are only administered in school when it would be detrimental to the

child’s health or school attendance not to do so. Usually, we would expect this to be with a doctor’s prescription, except in exceptional circumstances. Wherever clinically possible, therefore, parent(s) and carer(s) should ask for medicines to be prescribed in dose frequencies that allow them to be taken outside of school hours.

4) We will never accept unverified instructions from a child, no matter how sensible

they are. If a child has brought medicine into school without a parental consent form, we will remove it from them and immediately telephone their parent/carer.

5) When administering medication, we always check the maximum dosage and when the previous dosage was given. Parents will always be informed after medication has been given if any side effects were observed by the staff member who administered the medication.

6) If a pupil refuses to take their medication, agreed procedures in any IHP are followed and a parent/carer is notified immediately.

7) All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so. Members of staff, however, are encouraged to take on the voluntary role of administering medication wherever this is needed and with the precondition that adequate training is provided.

8) The member of staff who administers the medication has the responsibility of informing parents/carers of what medication, what dosage and at what time it was given.

**Sending children home due to illness**

1) The class teacher and Welfare Assistant will make a decision (sometimes in consultation with the parent) as to whether a child should be sent home, and the Welfare Assistant will then contact a parent/carer and arrange for the child to be collected.

2) The school follows National Health Service Guidance [http://www.nhs.uk] on the length of time a child is required to stay home after a contagious illness. We recognise the importance of protecting all children from infection, particularly those with reduced immunity and/or heightened risk due to a medical condition.

**Storage of medication and medical equipment**

1) Ryefield ensures that all relevant staff understand what constitutes an emergency for an individual child with a known medical condition and that emergency medication/equipment is readily available wherever the child is in the school, or during off-site activities.

2) For children on longer term medication, Ryefield will work with parents/ carers and health care providers to encourage the child to know where and how to access their medication and medical supplies

3) The school will store any ‘controlled’ drugs (as defined in the Misuse of Drugs Act, 1971) securely, but so that the staff person responsible for administration can always gain access. Staff can administer a controlled drug to a pupil once they have received specialist training, and will be witnessed by a second adult. Records are kept of any doses used, as with any other medication administered. Controlled medication will never be stored on the school grounds overnight and will always be sent home with the child at the end of each school day.

4) All medications, including asthma pumps, are stored safely and are used only by those for whom they are prescribed. The school will store medication that is in date and in accordance with its storage instructions. The medication should be in the original container with the prescription label, the pupil’s name, the medication’s name, the expiry date and the instructions for administration, including dose and frequency. The dose and frequency can be clarified by the parent on the Medication Consent form. (The exception to this is insulin, which must still be in date, but may be stored inside an injector pen or pump.)

5) Parents are asked to provide new and in-date medication whenever necessary. The Welfare Assistant has the responsibility for ensuring that this takes place. Out-of-date medication will be returned to the parent for safe disposal. It is the parent / carers responsibility to ensure the school has in-date medication(s).

6) The school will collect and dispose of needles and other sharps in line with local policies. Sharps boxes, if needed, would be kept securely at school, and would accompany a child, wherever necessary, on off-site visits.

**Record Keeping/Individual Healthcare Plans (IHPs)**

1) All parents are asked whether their child has any medical conditions and/or disabilities on the enrolment form.

2) Ryefield may use an IHP to record and clarify the support of a pupil with complex or life-threatening medical conditions, or use the plan sent by the health team supporting the child. The IHP is developed by the parent(s) or carer(s), the pupil (where appropriate), the Special Educational Needs Co-ordinator (SENCO), other relevant school staff, a specialist nurse and/or other relevant healthcare professionals where necessary.

3) As soon as the school is notified that a new or existing pupil has a medical

condition of sufficient seriousness, procedures commence for the making of an IHP (usually starting with the completion of a standard form by the responsible healthcare professionals and the parent(s) or carer(s)). Where there is not a formal diagnosis, the Head Teacher will make an evidence-based judgement about whether an IHP may be required.

4) Where a standard template for asthma or allergies is not being used, an IHP for an individual medical condition might include:

a. information on the medical condition in relation to the individual child;

b. their symptoms;

c. what may trigger those symptoms;

d. instructions on access to and administration of treatment/medication; e. consent for administration of treatment/medication, including any self-care;

f. emergency procedures, including whom to contact;

g. any special educational needs relating to the condition;

h. any social or emotional support required;

i. how to make sure the pupil will remain safe throughout the whole school day and during out-of-school activities or trips, following risk assessments;

j. who has responsibility for providing support; their training needs; cover arrangements;

k. who may have access to the IHP or hold a copy; parental consent for its sharing in an emergency situation.

5) IHPs are regularly reviewed, at least every year or more frequently if the pupil’s

needs or treatment regime change, by the agencies involved with that pupil. The Welfare Assistant is responsible for ensuring that this takes place in conjunction with the School Nurse, and that each IHP is clear and up-to-date, including all its copies.

6) Parent(s) or carer(s) understand that they should let the school know immediately if their child’s medical needs – including dosage or medicine administration instructions – change.

7) Specified members of staff, agreed by the parent(s) or carer(s), hold copies of the IHP in school. The School Nurse will hold copies of an IHP and will distribute this to other healthcare services where necessary.

8) Other school staff, including temporary, supply and support staff, are made aware of the IHP for any child in their care via the class info pack in the classroom Medical Box. All children with allergies or other medical needs are identified on the class info board, near the teacher’s table.

9) Ryefield makes sure that the pupil’s confidentiality is protected. We seek

permission from parent(s) or carer(s) before sharing a child’s medical information with any person other than those listed above – with the exception being, when there are safeguarding concerns. In these cases, school safeguarding procedures will be followed.

10) The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff member’s name. Parents are notified via phone call by the Welfare Assistant, or face to face at the end of the day by the teacher.

11) If a pupil refuses medication, this is recorded and a parent or carer is notified

immediately by the Welfare Assistant.

12) When a child with a medical condition leaves the school, the SENCO is responsible for overseeing the smooth transition of their IHP and medical records to the new school or setting, ensuring that staff training and other requirements are explained to those who are taking over responsibility.

**Planning for off-site trips and residential visits**

1) Ryefield Primary actively supports the fullest possible participation of children with medical conditions in all school trips and visits.

2) Well in advance of any overnight, residential or extended day trip, the school may seek to gather additional information about a pupil‘s medical condition (if appropriate), from their parent(s) or carer(s), and/or the specialist nurse and/or other relevant healthcare professional in order to conduct a timely risk assessment and discuss plans for care requirements that are likely to arise. Health and Safety executive guidance applies.

3) Arrangements for educational visits will be drawn up alongside the child’s IHP or medical plan. As part of this document, up to date instructions regarding medication doses and other arrangements, signed by the school and parent/carer will accompany the child where necessary.

4) Ryefield makes sure that at least one First Aid trained member of staff is available to accompany a pupil with a medical condition on an extended off-site visit, including overnight stays and residential trips. Contingency plans are made for staff absence.

**Physical Education and other Sporting Activities**

1) The school places great importance on all pupils taking part in physical activity and ensures that staff, especially any specialist PE/sports teachers, make reasonable adjustments so that activity sessions are accessible to all pupils. This includes school clubs and team sports. Pupils with medical conditions are actively encouraged to take part in these.

2) All relevant staff know that pupils should not be forced to take part in activities

when they are unwell. They are aware of pupils who have been advised to avoid particular activities or who should take special precautions during an activity in order to stay well.

3) We ensure pupils with medical conditions have any necessary medication,

equipment and/or food with them during physical activity.

4) Any specialist PE/sports staff will know what action to take in an emergency, including any individual emergency instructions in a child’s IHP or medical plan. They will be informed by the class teacher.

**An inclusive and favourable environment**

1) Ryefield Primary School is committed to providing a physical environment accessible to pupils with medical conditions, including during after-school and out-of-school activities.

2) The needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, including breaks, extended activities, before and after school clubs, school productions and excursions, and residential visits. We recognise that this may sometimes mean changing activities or locations.

3) Staff are made aware of the potential social and emotional problems that pupils with medical conditions may experience and use this knowledge, in accordance with Ryefield School’s Behaviour and Anti-bullying Policies to prevent and address such problems. Both policies are available on the school website.

4) Teachers use opportunities in lessons to raise awareness of medical conditions and to promote a positive, inclusive environment.

5) If and when appropriate, pupils with medical conditions are encouraged and

educated to take control of their condition and their treatment, in preparation for self-care in later life. The precondition for this is that such children first feel safe and confident in the care they receive from the school.

6) No child with a medical condition will be sent home more than necessary or excluded from activities or facilities because reasonable adjustments have not been made by the school. Any routine or foreseeable exclusion from activities or facilities that cannot be resolved after reasonable adjustments will be specified in the IHP or alternative medical plan.

7) No child will be prevented from eating, drinking or taking toilet or other breaks needed in order to manage their medical condition.

8) No parent or carer of a child with a medical condition will be expected to routinely attend the school in order to administer medical care.

9) The school is committed to identifying, reducing and wherever possible

eliminating the triggers that can worsen common medical conditions or lead to medical emergencies.

**Absences and punctuality**

1) Ryefield understands that frequent absence or lateness may be due to a pupil’s medical condition and therefore will not penalise pupils for a poor attendance record where this is clearly the main cause.

2) The school recognises that absences due to health problems affect children’s educational attainment, their social integration and their general well-being. We therefore provide additional support for reintegration of children after a medical absence - such special arrangements will be reflected in a child’s IHP. The school will also provide home learning materials for any child who is absent for an extended period. The Local Authority is responsible for providing children with educational support if they are absent for 15 days or more.

**Roles and responsibilities:**

**The Governing Body**:

1. Reviews and approves this policy bi-annually – ensuring that all procedures

and systems required to ensure its effective operation are in place.

2) Works in partnership with all relevant parties to ensure that this policy is implemented, disseminated, and reviewed successfully. This involves ensuring that the school leadership regularly consults health and social care professionals, pupils, parents/carers on how well the needs of children with medical conditions are being supported at the school.

3) Ensures that every pupil in the school with a medical condition and/or disability is

supported to enable the fullest possible participation in all aspects of school life.

4) Ensures that the school leadership has arranged for sufficient staff to receive

suitable training, so that they are competent to take responsibility for any child with a medical condition.

5) Ensures that the school leadership has in place the appropriate level of insurance and liability cover provided by the Local Authority.

6) Ensures that no child is denied admission to Ryefield School (or prevented from taking a place) because reasonable adjustments have not been made for supporting a long term medical condition. In line with its broader safeguarding responsibility, the Local Governing Body is NOT obliged to accept a child into the school where it would be detrimental to the health of the child, or others in the school community, to do so.

**The Senior Leadership Team:**

1) Ensures the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.

2) Encourages staff to volunteer to support children with medical conditions,

including through the administration of approved medication.

3) Ensures that there are sufficient staff who have received suitable training and are competent to take responsibility for any child with a medical condition. This may involve additional recruitment.

4) Regularly assesses the training and development needs of staff and arrange for them to be met.

5) Ensures that all supply teachers and new staff are aware of this policy.

6) Ensures that appropriate insurance arrangements are in place for school staff. In the case of Ryefield Primary School, this is fulfilled by membership of the RPA scheme for academy schools.

**The SENCO**:

1. Ensures that appropriate health care plans are in place for those students who need them, and that these plans are reviewed annually, in conjunction with parent/carers, the School Nurse and any other health professionals. Plans will be reviewed more frequently if evidence is presented that a student’s medical condition has changed.

2) Monitors the SIMS register of which pupils have medical conditions (or current medical needs) – liaising with the Welfare Assistant

1. Identifies which pupils have learning or behavioural difficulties because of their condition and gives support/guidance to pupils/parents/teachers as appropriate.
2. Ensures pupils with medical conditions are being helped to keep up with their schoolwork and to fulfil their potential. Where applicable, revised programmes of study will be put in place or alternative provision provided. This may include special consideration arrangements for tests, home school support, effective transition back to school after a prolonged absence due to medical reasons.
3. Ensures teachers make necessary arrangements if a pupil needs special consideration or access arrangements during exams or course work.
4. Ensures that pupils with medical conditions are never excluded unnecessarily from activities in which they wish to participate.
5. Co-ordinates risk assessments and meetings with parent(s) or carer(s), teaching and support staff and health professionals in order to prepare for residential and other off-site trips/visits by pupils with medical conditions.

8) The SENCO and Welfare Assistant will monitor and review this policy at least annually, with input from all concerned parties.

9) The SENCO will report to the Governing Body and other key stakeholders on the implementation of this policy.

10) Ensure this policy is implemented, maintained, and communicated to all stakeholders.

11) Ensure that information held by the school is accurate and that there are good

information sharing systems in place, based around pupils’ IHPs or other medical plans.

12) Ensure pupil confidentiality.

**All Teaching and Support Staff**:

1) Must be aware of the potential triggers, signs and symptoms of common medical

conditions, and know what to do in an emergency, with a pupil in their class.

2) Understand this policy and its implications for their responsibilities.

3) Know which pupils in their care have a medical condition and be familiar with their medical plan content, including when certain pupils should be excused from certain activities and how particular medical conditions may impact upon learning.

4) Allow all pupils to have access to their emergency medication, with support.

5) Maintain effective communication with parents and carers, including informing

them if their child has been unwell at school.

6) Ensure pupils have the appropriate medication or food with or near them during

any exercise and are allowed to take/consume it whenever necessary.

7) Be conscious of whether pupils with medical conditions may be experiencing

bullying or need extra social support – liaise with the SENCO or Hub.

8) Ensure pupils with medical conditions are never excluded unnecessarily from activities in which they wish to participate.

9) Ensure pupils with medical conditions receive extra help with learning when they need it – including providing home learning support during long terms of absence due to medical reasons.

10) Utilise classroom and other opportunities to promote a positive awareness about medical conditions and the principle of non-discrimination.

**The School Nurse**:

1) Is consulted on this policy, where possible (the current School Nurse and a Clinical Services Manager at Hillingdon Hospital were consulted regarding this policy in July 2020; feedback was given and procedures adjusted accordingly).

2) Notifies the school when they are told of a child with a medical condition requiring

support. (Office staff will pass on any medical related information directly to the Welfare Assistant and SENCO).

3) Helps provide training and advice to school staff.

4) Sources information about where the school can access other specialist training.

**The Welfare Assistant will**:

1) Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school.

2) When necessary, ensure that an ambulance or other professional medical help is called (consulting with senior leadership where appropriate).

3) Co-ordinates the annual review of every IHP and medical plans and ensures that each plan and its copies are also kept up-to-date between review dates.

4) Responsible for ensuring that all medication is stored correctly and in date

5) The Welfare Assistant will check the expiry date of medicines kept in the

school and maintain the medical conditions register on SIMS.

6) The Welfare Assistant will review the plans of each child with a medical

condition, at least annually or whenever medical needs may change, and ensure that plans are always developed with the child’s best interests in mind.

**Parents/Carers will:**

1. Provide sufficient and up to date information about their child’s medical needs. This includes both short and long term health conditions.
2. Play a constructive part in the formation of Individual Healthcare Plans, when required.
3. Supply medication when required. Such medication will be in date and supplied in its original box with clear dosage instructions.
4. Provide written consent to the administration of medication by the school – via the Ryefield Medical Consent form.
5. Ensure that the emergency contact details held by the school for their child remain up to date at all times.
6. Collect their children promptly from school if they are judged to be unwell and unable to continue the school day.

**Monitoring and reviewing this policy**

This policy has been developed following the guidance on Supporting Pupils at School with Medical Conditions, issued by the Department for Education: [https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical -conditions--3](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical%20-conditions--3)

Any updates to this guidance will be sought and incorporated into the policy in future.

We review this policy every two years and make adjustments as appropriate. Our review involves pupils, staff, governors and parents and carers. It may also involve the School Nurse, relevant local health services, and/or others with duties under the policy.

The views of pupils with medical conditions, and of their parent(s)/carer(s), are central to the evaluation process. If a parent/carer, or a pupil, believes that any aspect of this policy has not been properly followed, they should immediately contact the school on ryefield.enquiries@ryefieldprimary.org.uk

If any stakeholder, including a parent or pupil, believes that this policy requires improvement or amendment in any way, they should contact the SENCO or Head Teacher on the address above.

**Complaints**

Where a parent feels that Ryefield is not offering an appropriate level of support to their child in managing a long term medical condition, they are encouraged to discuss their concerns with the school on an informal basis at the earliest possibility opportunity. Ryefield is committed to resolving issues as quickly and constructively as possible. Where a parent remains dissatisfied, they should refer to the formal Complaints Policy, a copy of which is available on the school website

**Disseminating this policy**

This policy is available:

● on the school website;

● as paper copies from the school office; and

● as part of induction for all new or temporary staff.

We ensure that the whole school community knows about the policy and its objectives through the school website, assemblies, lessons, staff meetings and other communications.

**Review Framework**

**Date of this revision**: June 2020

**Date of next revision**: July 2022

The policy should be reviewed bi-annually (or sooner in the event of revised legislation or guidance)

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| **Approved by:**  **LGB July 2020** |  |  |
| **Date:** | July 2020 | |
| **Next review due by:** | July 2022 | |

APPENDICES

Appendix 1: Model letter inviting parents to contribute to an Individual Healthcare Plan (IHP)

Appendix 2: Template for Individual Healthcare Plan (IHP)

Appendix 3: Parental agreement for School staff to administer medicine (Medical Permission Form)

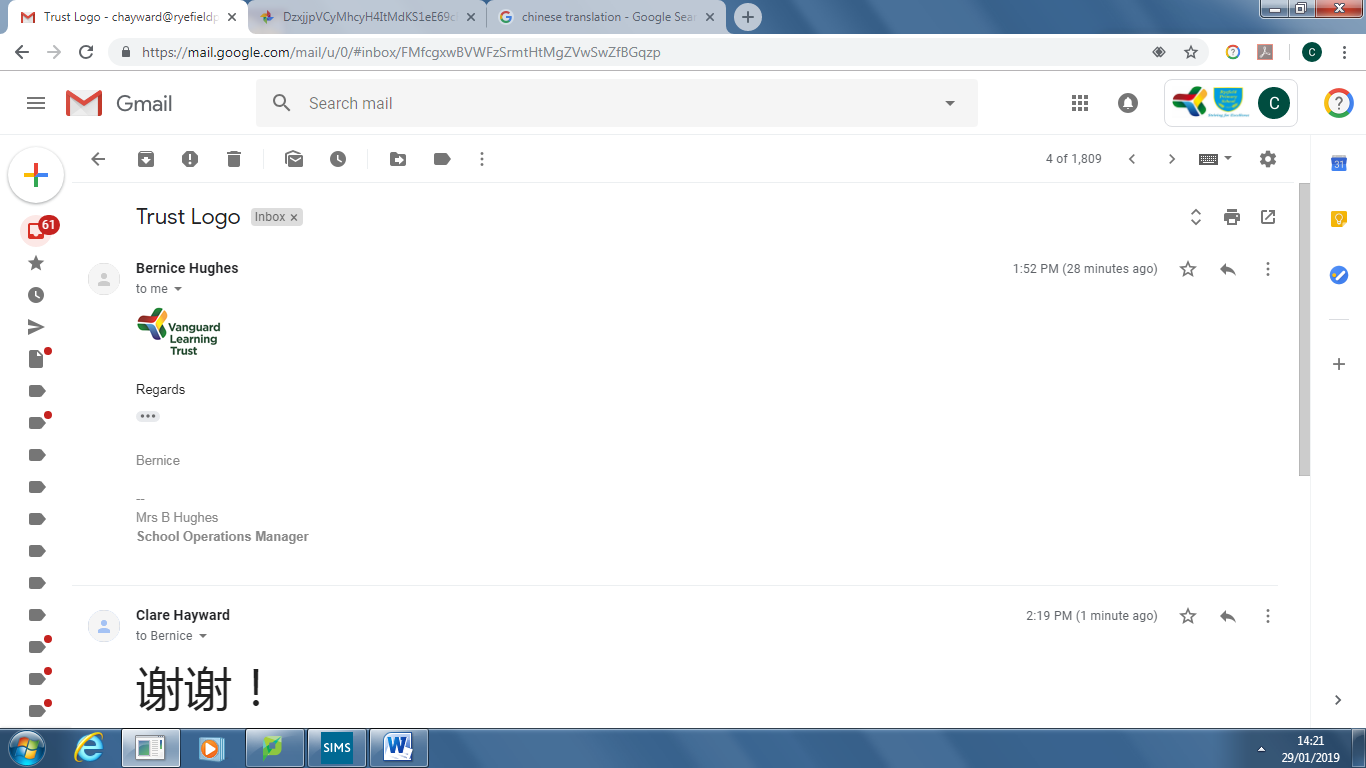
Appendix 4: Asthma Policy and Guidelines

Appendix 5: Parental Consent form FOR USE OF EMERGENCY SALBUTAMOL INHALER AT SCHOOL

Appendix 6: Policy on the Management of Students with Severe Allergies (Anaphylaxis)

Appendix 7: ANAPHYLAXIS ARRANGEMENTS Parental consent form

Appendix 1: Model letter inviting parents to contribute to an Individual Healthcare Plan (IHP)

 RYEFIELD PRIMARY SCHOOL 

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 (IHPs) 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.

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,

**Miss C Clements (Welfare Assistant)**

Ryefield Primary School

Ryefield Avenue

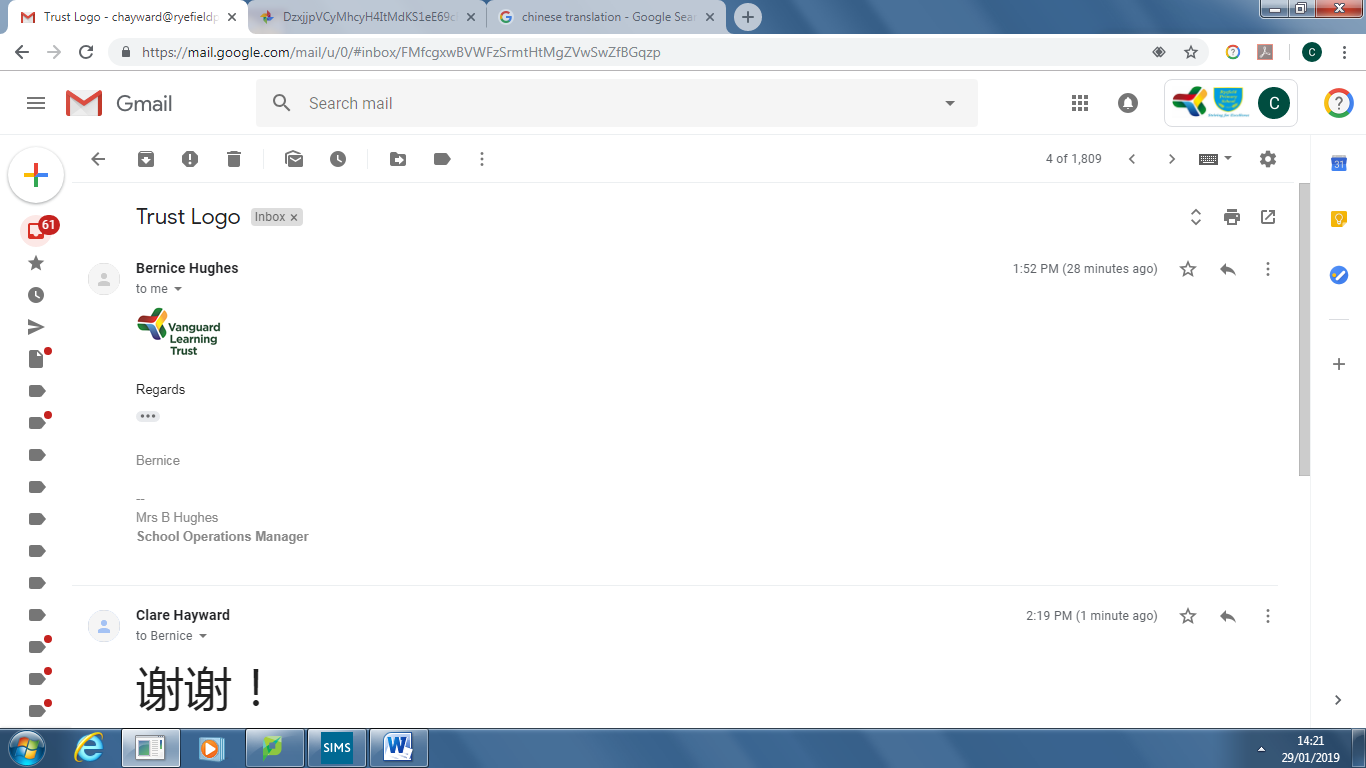
Hillingdon

Middx UB10 9DE

01895 547 036

[cclements@ryefieldprimary.org.uk](mailto:cclements@ryefieldprimary.org.uk)

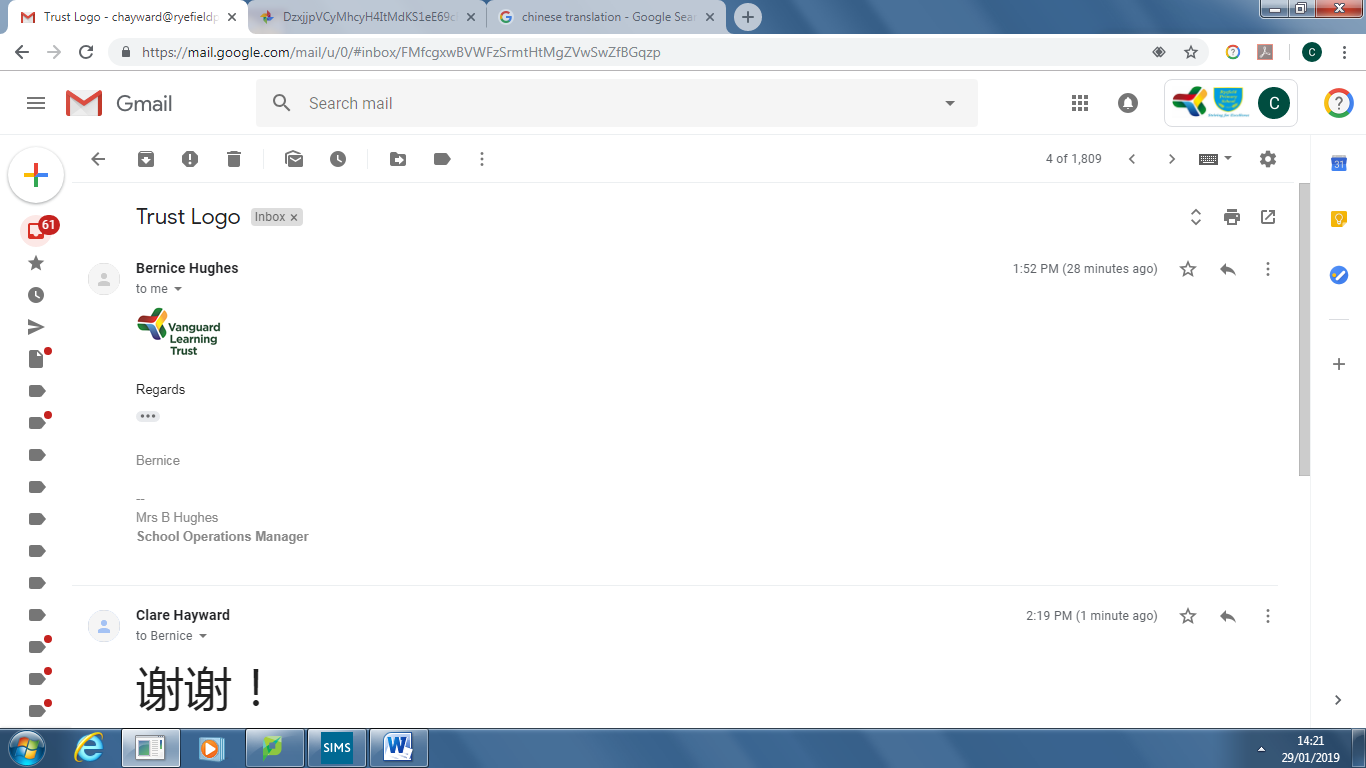
Appendix 2: Template for Individual Healthcare Plan (IHP)



**Ryefield Primary School Individual Healthcare Plan**

|  |  |
| --- | --- |
| Name of school/setting | Ryefield Primary School |
| Child’s name |  |
| Group/class/form |  |
| Date of birth |  |
| Child’s address |  |
| Medical diagnosis or condition |  |
| Date |  |
| Review date |  |
| **Family Contact Information** |  |
| Name |  |
| Relationship to child |  |
| Phone (mobile) |  |
| Phone (home / work) |  |
| Name |  |
| Relationship to child |  |
| Phone (mobile) |  |
| Phone (home / work) |  |
| **Clinic/Hospital Contact** |  |
| Name |  |
| Phone no. |  |
| **G.P.** |  |
| Name |  |
| Phone no. |  |
| Describe medical needs and give details of child’s symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc  Name of medication, dose, method of administration, when to be taken, side effects, contra- indications, administered by/self-administered with/without supervision |  |
| Daily care requirements |  |
| Specific support for the pupil’s educational, social and emotional needs |  |
| Arrangements for school visits/trips etc |  |
| **Describe what constitutes an emergency, and the action to take if this occurs** |  |
| Who is responsible in an emergency *(state if different for off-site activities)* |  |
| Plan developed with |  |
| Staff training needed/undertaken – who, what, when |  |
| IHP copied to | Welfare x 2, Class Teacher, Staff Room, Child’s file in Office, Green File in Office. |

Appendix 3: Parental agreement for School staff to administer medicine (Medical Permission Form)

 **Ryefield Primary School** 

**MEDICAL CONSENT FORM**

**Only To Be Completed By A Parent/Guardian/Carer**

The school will not give your child medicine unless you complete, sign and return this form.

**PLEASE NOTE THAT ALL MEDICINES MUST BE IN THEIR ORIGINAL BOXES.**

|  |  |
| --- | --- |
| **Child Name** |  |
| **Date of Birth** |  |
| **Class** |  |
| **Medical Condition/Illness** |  |

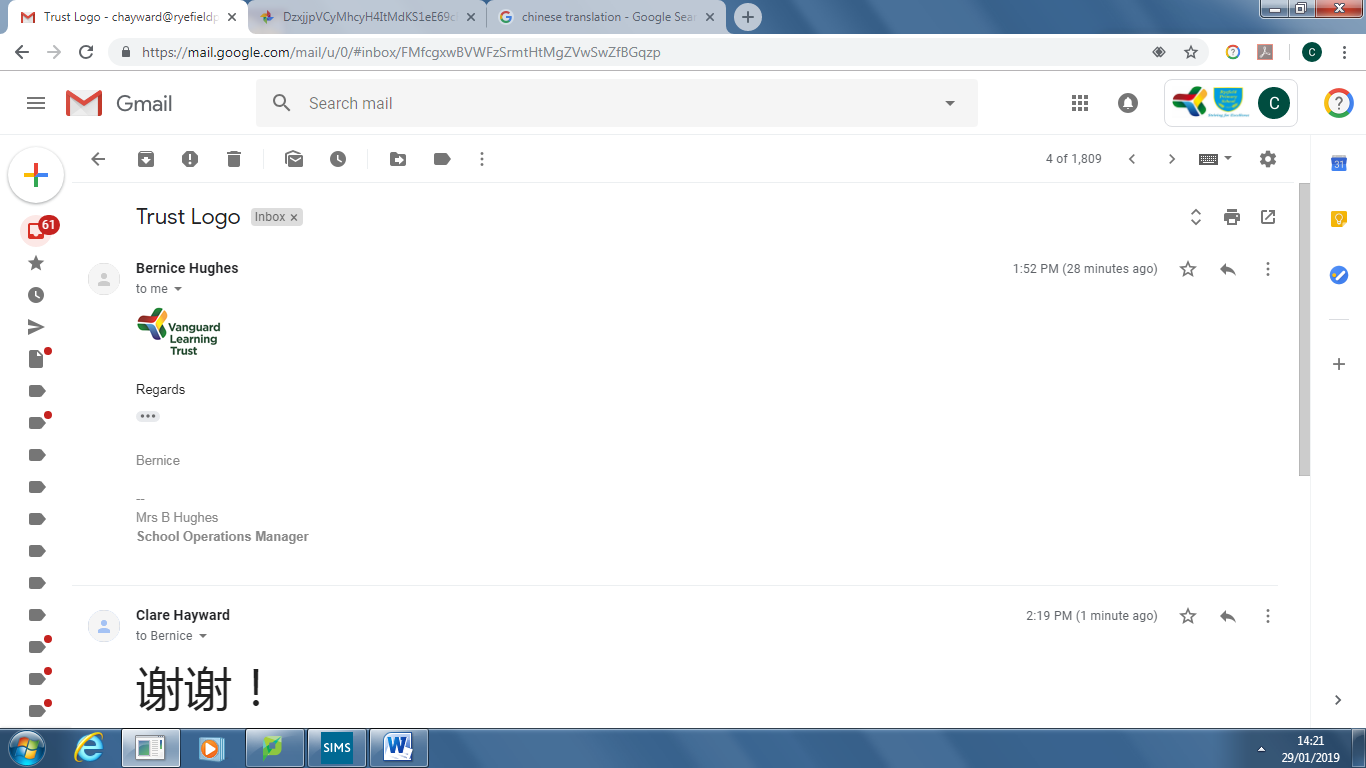
|  |  |  |
| --- | --- | --- |
| **Name of Medicine**  **(as described on original container)** | | |
| **Expiry Date** |  | |
| **Dosage and Method (including time to be administered)** |  | |
|  | |
| **Procedures to take in an emergency :** | | |
|  | | |
|  | | |
| **IF APPROPRIATE:I confirm that I have provided a spare Epipen / Inhaler / Insulin for the Medical Room** | | Yes / No |

|  |  |
| --- | --- |
| **Parent Name** |  |
| **Daytime Phone Number** |  |
| **Relationship to Child** |  |

I understand that I must deliver the medicine personally to the school Front Desk, to be passed onto the Welfare Assistant. I confirm that the above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Ryefield Primary School to administer the medicine in accordance with school policy. I accept that this is a service which the school is not obliged to undertake. I will inform Ryefield Primary School in writing, if there is any change in dosage or frequency of the medication.

Signed: ………………………………………….. Date: …………………

Appendix 4: Asthma Policy and Guidelines

 **RYEFIELD PRIMARY SCHOOL**

**ASTHMA GUIDELINES**

**The School:**

* Welcomes all students with asthma.
* Will encourage children with asthma to participate fully in all aspects of school life.
* Recognises that asthma is an important condition affecting many school children.
* Aims to allow all students to take responsibility for their own medication.
* Has a clear understanding of what to do in the event of a child having an asthma attack.
* Will help all parents, students and staff to be well informed about asthma and adopt a responsible attitude in its treatment.

1. **Use of Inhalers in School**
   1. All students must have their own inhaler, which is kept in the class red medical box.The medical box will be taken to PE and its contents taken on any school journey or trip.
   2. It is vital that all students also have a spare inhaler at school. This should be clearly labelled with the student’s name and kept in the Medical Room in case of emergencies.
2. **School Asthma Cards**

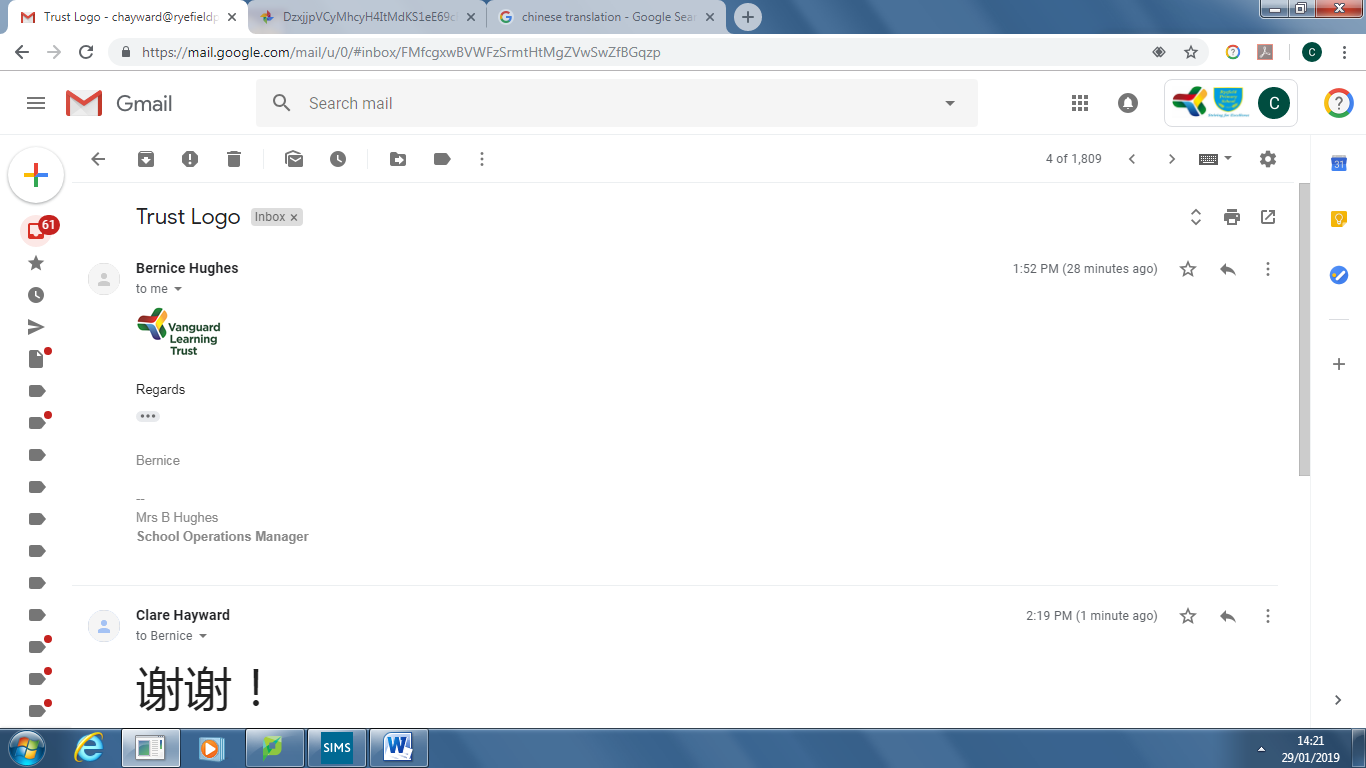
All students with asthma must have a school asthma card, completed and signed by their parents or carers. Information regarding number of asthmatics, attendance, inhaler usage etc is reported to the Paediatric Respiratory Nursing Team once per month by the Welfare Assistant.

1. **Spacer**
   1. Pupils should provide their own spacers – clearly labelled with the pupil’s name.
   2. A spacer can help a child to take their inhaler more effectively (especially of importance during a severe attack).

.

1. **What the school will do in in the event of a severe attack**
   1. Arrange for the student to be taken to A&E at Hillingdon Hospital. The parent/carer will be contacted in order for them to accompany the student in the ambulance, for reassurance. If the parent/carer is uncontactable or unable to arrive before the ambulance leaves, a member of staff will accompany the child to hospital and wait / meet the parent/carer at A&E.
   2. While waiting for Paramedics, students will be instructed to continue with blue relief inhaler every 5 – 10 minutes – or as documented on a care plan.

Appendix 5: Parental Consent form FOR USE OF EMERGENCY SALBUTAMOL INHALER AT SCHOOL



**Ryefield Primary School Parental Consent form**

**FOR USE OF EMERGENCY SALBUTAMOL INHALER AT SCHOOL**

Child showing symptoms of asthma / having asthma attack:

1. I confirm that my child has been diagnosed with asthma / has been prescribed an inhaler (delete as appropriate)
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will leave in school, to be used at school and during any school trips or journeys
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

**Parent/guardian signature:**

Date:

Parent Name (PRINT):

Child’s name:

Class

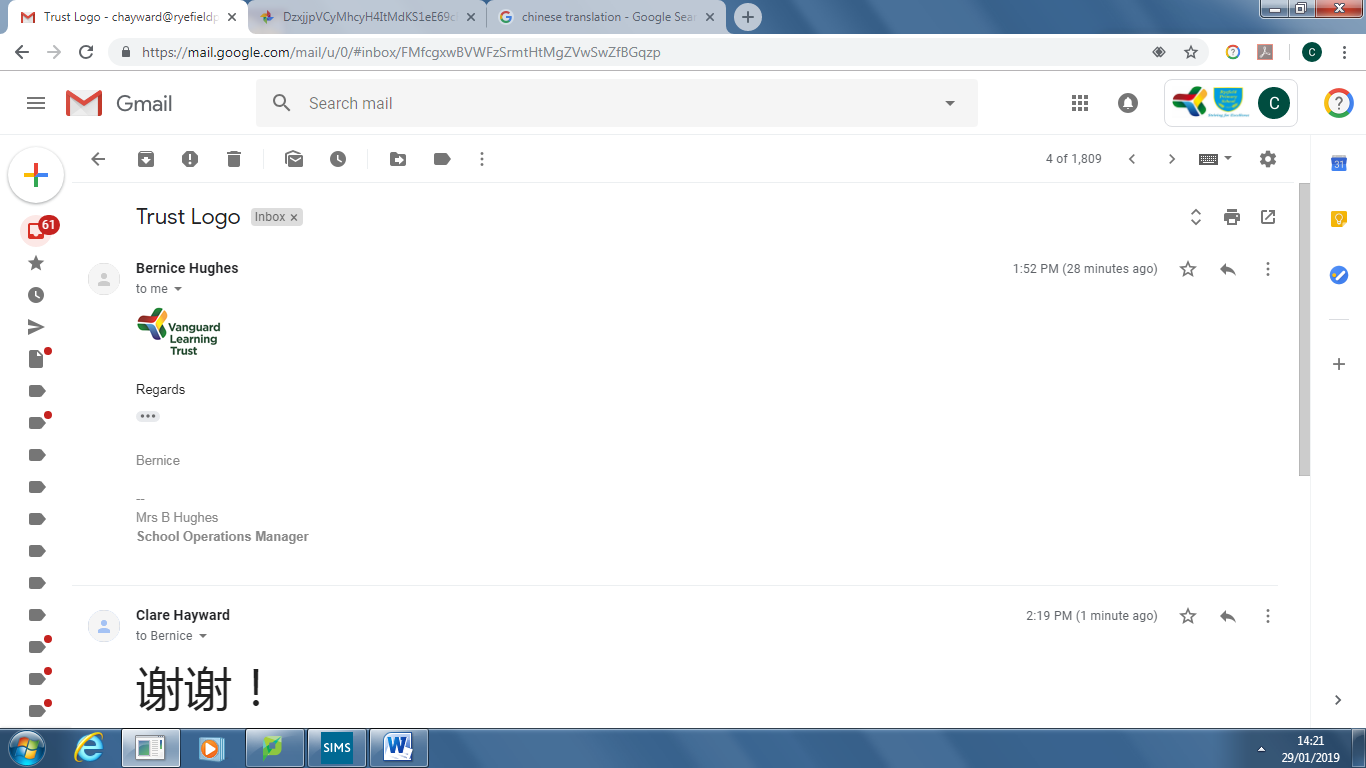
**Parent / guardian address and contact details:**

Address:

Phone:

Email:

Appendix 6: Policy on the Management of Students with Severe Allergies (Anaphylaxis)

 **RYEFIELD PRIMARY SCHOOL**

**POLICY ON THE MANAGEMENT OF STUDENTS WITH SEVERE ALLERGIES (ANAPHYLAXIS)**

1. It is the parents’ responsibility to inform school about a student’s condition before commencement of school.

2. The school will arrange a meeting with the parent and School Nurse, if necessary. Action plans and protocols will be drawn up.

3. School will ask for a copy of the care plan from parents regarding medical instructions and treatment as provided by the hospital specialist. It is the parent’s responsibility to update medical instructions and provide consent for the administration of medication.

4. It is the responsibility of the parents to provide 2 Epipens which will be kept in the Class Medical Box and Medical Room for emergency use.

5. It is the responsibility of the class teacher to carry the Class Medical Box to all school activities within or outside school grounds (a portable medi-kit is provided for school trips).

6. It is the school’s responsibility (in liaison with the parent) to check the expiry date of medication and parental responsibility to replace medication, which is due to expire or has been used.

7. The school will ensure first aiders and other school staff are identified and have received recognised training and updates.

8. All staff will be briefed about a student’s condition and training will be arranged with the School Nurse annually. This will include practical supervised sessions on the administration of adrenaline injection (Epipen/Anapen). Action plans will be displayed in the Staff Room and in the Medical Room.

9. The school will hold under secure conditions all appropriate medications accessible during the day. All medication, apart from inhalers and epipens, is locked securely in a cupboard in the Medical Room. Keys are kept in a Lock Box in the Medical Room.

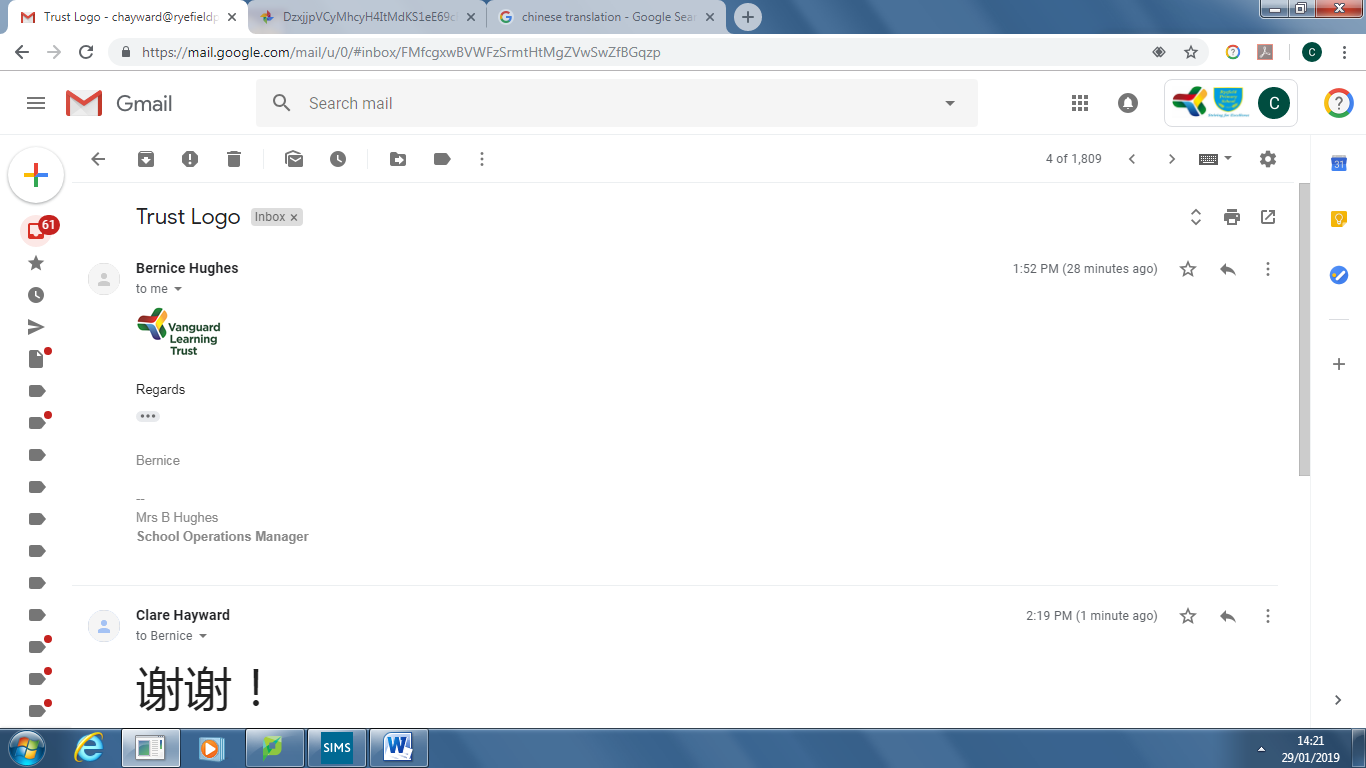
10. Parents will provide a snack/packed lunch as required. Where a parent wishes a student to purchase food at school, the parent must supply written consent in advance, see attached form. The school catering team have been trained on the management of allergies and are always available to be consulted about particular ingredients in food.

11. Prior discussion will take place between school and parents regarding provision of food and medicine when school outings are planned.

12. When planned curriculum involves contact with food items (eg cookery), prior discussion will take place between the school and parents/carers to agree on suitable ingredients.

13. Training support for staff will be reviewed on at least on an annual basis.

Appendix 7: ANAPHYLAXIS ARRANGEMENTS Parental consent form

 **RYEFIELD PRIMARY SCHOOL** 

**ANAPHYLAXIS ARRANGEMENTS**

**Parental consent form**

**Please only complete this section if your child is Anaphylactic.**

**Name of Student**:

**Date of Birth:**

**Name Parent / Carer:**

I take full responsibility for my child in purchasing and consuming food within the school grounds as well as during any organised school activities/trips.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_