

Scapegoat Hill J & I School



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Medicine Policy

Approved by: School Governors

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Introduction

- 1.1. This policy is written in line with the requirements of:
 - Children and Families Act 2014 – Section 100.
 - Supporting Pupils at School with Medical Conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE) December 2015.
 - Special Educational Needs and Disability (SEND) Code of Practice, DfE January 2015.
 - Mental Health and Behaviour in Schools: Departmental Advice for School Staff, DfE November 2018.
 - Equalities Act 2010
 - School Admissions Code, DfE December 2014
 - Kirklees Council Policy on Supporting Pupils at School with Medical Conditions.
- 1.2. This policy should be read in conjunction with the following school policies
SEN Policy, Safeguarding Policy, Complaints Procedures,
- 1.3. This policy was developed with consideration of pupils in school with medical conditions and meetings with external agencies, parents and pupils and will be reviewed annually or immediately if a new medical condition comes to light.

2. Definitions of Medical Conditions

- 2.1. Pupils' medical needs may be broadly summarised as being of two types:
 - Short-term: affecting their participation at school because they are on a course of medicine.
 - Long-term: potentially limiting access to education and requiring on-going support, medicines, or care while at school to help them to manage their condition and keep them well, monitoring and intervention in emergency circumstances. It is important that parents/carers feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe. (Further information on specific medical conditions is available in the Kirklees Council Policy on Supporting Pupils at School with Medical Conditions – these documents are printed in the medical folder in the staffroom and also electronically available to staff on the staff drive. Parents can request copies of any of the documents to be emailed to them)
 - 2.2. Some pupils with medical conditions may be considered disabled under the definition set out in the Equalities Act 2010. Where this is the case, the Governing Body complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a Health Care Plan (HCP) which brings together health and social care needs, as well as their special educational provision. For pupils with SEN, this policy should be read in conjunction with the SEND Code of Practice which explains the duties of the Local Authority, health bodies and the school to provide for those with SEN. For pupils who have medical conditions that require Health Care Plans, compliance with the SEND Code of Practice ensures compliance with this policy in respect to those pupils.
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3. The Role of the Governing Body

3.1. The Governing Body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The Governing Body of Scapegoat Hill Junior and Infant School fulfil this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child.
 - Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life.
 - Ensuring that the arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.
 - Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures, and systems are properly and effectively implemented.
 - Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents/carers and school staff (this policy).
 - Ensuring that the policy includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation).
 - Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notification is received that a pupil has a medical condition).
 - Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions and that they are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed (see section below on individual healthcare plans).
 - Ensuring that the policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support).
 - Ensuring that the policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs).
 - Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises).
 - Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures).
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- Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section below on day trips, residential trips, and sporting activities).
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice).
- Ensuring that the correct level of insurance is in place and appropriate to the level of risk (see section below on liability and indemnity).
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support of pupils with medical conditions (see section below on complaints).

4. Policy Implementation

- 4.1. The statutory duty for managing arrangements for supporting pupils at school with medical conditions rests with the Governing Body. The Governing Body have delegated the implementation of this policy to the staff below, however, the Governing Body remains legally responsible and accountable for fulfilling our statutory duty.
 - 4.2. The overall responsibility for the implementation of this policy is given to Natalie Shackleton, Headteacher. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.
 - 4.3. Natalie Shackleton will be responsible for briefing supply teachers, preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.
 - 4.4. Natalie Shackleton will be responsible in conjunction with parents/carers, for drawing up, implementing, and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.
 - 4.5. All members of staff are expected to show commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.
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5. Procedure to be Followed when Notification is Received that a Pupil has a Medical Condition

- 5.1. This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to Scapegoat Hill Junior and Infant School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Scapegoat Hill Junior and Infant School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.
 - 5.2. In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure parents/carers and pupils have the confidence in our ability to provide effective support for medical conditions in school, so that arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.
 - 5.3. We will ensure that staff are properly trained and supervised to support pupil's medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in off-site visits, or in sporting activities, and not prevent them doing so. We 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. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk, for example, from infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.
 - 5.4. Scapegoat Hill Junior and Infant School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure the right support can be put in place, these discussions will be led by Natalie Shackleton, Headteacher, and then an individual healthcare plan will be written in conjunction with the parents/carers by Natalie Shackleton, and put in place.
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6. Health and Care Plan (HCP)

- 6.1. HCP will help ensure that we effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom (parents/carers will be encouraged to administer medicines, undertake any medical procedures outside of the school day where this is possible). They 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 likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all pupils will require one. The school, 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, Natalie Shackleton, is best placed to take a final view.
- Pupils with dietary requirements have a specific plan that meets the needs of the school kitchen and also informs staff in school of how to meet these needs.
 - For pupils with healthcare plans provided by medical professionals (e.g. anaphylaxis, diabetes etc) these are used and shared with staff in school.
 - SEN pupils with EHCPs or MSPs, where these are linked to a medical need, these are clear and shared with all staff working with these pupils.

A medical needs folder, outlining all the medical needs of pupil within school and the plans is kept in the staffroom for all staff to access and refresh their knowledge on a regular basis.

Attached as Appendix 1 is the process the school follows for developing HCP.

- 6.2. HCP will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the pupil effectively. The level of detail within the plan will depend on the complexity of the pupil's condition and the degree of support needed. This is important because different pupils with the same health condition may require very different support. Where a pupil has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.
- 6.3. HCP (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g., school, specialist or children's community nurse, who can best advise on the particular needs of the pupil. Attached as Appendix 2 is the model letter inviting parents/carers to contribute to the individual healthcare plan development. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which Scapegoat Hill Junior and Infant School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.
- 6.4. We will ensure that HCP are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They will be developed and reviewed with the pupil's best interests in mind and will ensure that we assess and manage the risks to the pupil's education, health, and social wellbeing, and minimises disruption. Where a pupil is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively.
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- 6.5. Where home to school transport is being provided by Kirklees Council, we will support the development of any risk assessments and share the individual healthcare plan with the local authority and driver/escort. Where pupils have a life-threatening condition or a medical need that requires an emergency response, HCPs should be carried on the vehicle detailing the procedure to be followed in the event of an emergency.
- 6.6. HCP (see Appendix 3 for a plan template) will suit the specific needs of each pupil, but will include the following information:
- The medical condition, its triggers, signs, symptoms, and treatments.
 - The pupil's resulting needs, including medicines (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage the condition, dietary requirements, and environmental issues e.g., crowded corridors, travel time between lessons.
 - Specific support for the pupil's educational, social and emotional needs e.g., how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - The level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medicines, 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 pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
 - Who in the school needs to be aware of the pupil's condition and the support required.
 - Arrangements for written permission from parents/carers and the Headteacher Natalie Shackleton, for medicines to be administered by a member of staff or self-administered by the pupil during school hours (see Appendix 4).
 - Separate arrangements or procedures required for off-site visits or other school activities outside of the normal school timetable that will ensure the pupil can participate e.g., risk assessments.
 - Where confidentiality issues are raised by the parent/carer/pupil, the designated individual is to be entrusted with information about the pupil's condition; and
 - What to do in an emergency, including whom to contact, and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
 - Copies of specific HCP produced by professional (e.g., allergy action plan, diabetes healthcare plan, etc.).
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7. Roles and Responsibilities

- 7.1. Please refer to the section on policy implementation for the functions document that have been delegated to different, named members of staff Scapegoat Hill Junior and Infant School.
 - 7.2. In addition, we can refer to the School Nursing / 0-19 Practitioners for support with drawing up individual healthcare plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.
 - 7.3. Other healthcare professionals, including GPs and paediatricians should notify the School Nursing / 0-19 Practitioners when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g., asthma, diabetes, epilepsy, etc.).
 - 7.4. Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
 - 7.5. Parents/carers should provide the school with sufficient and up-to date information about their child's medical needs. They may, in some cases, be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation e.g., provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
 - 7.6. Kirklees Council will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.
 - 7.7. Providers of health services co-operate with the school as it supports children with medical conditions. They provide valuable support, information, advice and guidance to the school, and their staff, to support children with medical conditions at school.
 - 7.8. The Ofsted common inspection framework came into effect on 1st September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children, alongside those of pupils with special educational needs and disabilities, and by pupils' spiritual, moral, social and cultural development. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.
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8. Staff Support and Training

- 8.1. Whole school awareness training will be arranged so that staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

A number of staff have accessed training on administering medicines – SHB, HOG, CL and SS

All staff watch the video training on Asthma and Autoinjector each year.

The following staff have received specific/specialist training:

A number of staff receive annual training on diabetes – all staff who work within the relevant year group.

- 8.2. We will record staff training for the administration of medicines and/or clinical procedures (see Appendix 5 for the template).
 - 8.3. All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure it remains up-to-date.
 - 8.4. Training will 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 set out in the individual healthcare plan. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
 - 8.5. For the protection of both staff and pupil a second member of staff will be present while more intimate procedures are being followed.
 - 8.6. Staff must not give prescription medicines or undertake healthcare 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. Healthcare professionals, including the 0-19 team, can provide confirmation of proficiency of staff in a medical procedure, or in providing medicines.
 - 8.7. All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Natalie Shackleton, Headteacher, will seek advice from relevant healthcare professionals about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
 - 8.8. The family of a pupil will often be essential in providing relevant information to school staff about how their child's needs can be met, and parents/carers will be asked for their views. They should provide specific advice, but should not be the sole trainer.
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- 8.9 We will assess whether there are benefits to educating all pupils on different allergies, medical conditions, etc. and the consequences of exposure to allergens, etc. We will ensure any education is delivered in the most appropriate manner for the age of the pupils.

9. The Child's Role in Managing their own Medical Needs

- 9.1. If, after discussion with the parent/carer, it is agreed that the pupil is competent to manage their own medicines and/or procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.
- 9.2. Wherever possible pupils will be allowed to carry their own medicines and relevant devices or should be able to access their emergency medicines for self-medication quickly and easily; these will be stored in a specified place in each classroom either the resource cupboard or shelving area to ensure that the safeguarding of other pupils is not compromised. Scapegoat Hill Junior and Infant School also recognises that pupils who take their own medicines themselves and/or manage may require an appropriate level of supervision. If it is not appropriate for a pupil to self-manage, then relevant staff will help to administer medicines and manage procedures for them.
- 9.3. If a pupil 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 HCP, Parents/carers will be informed so that alternative options can be considered.

10. Managing Medicines on School Premises and Record Keeping

At Scapegoat Hill Junior and Infant School the following procedures are to be followed:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
 - No child under 16 should be given prescription or non-prescription medicines without their parents/carers written consent (see Appendix 4) – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality.
 - With parental/carer written consent we will administer non-prescription medicines. However, this is at the headteacher's discretion, as we must consider whether we have the necessary staffing resources to do so throughout the school day.
 - Medication, such as pain relief, should never be administered without first checking maximum dosage and when previous doses were taken. Parents/carers should be informed.
 - If a child requires four doses of medication throughout the day, we ask that, where possible, parent administer the first dose at home, allowing the school to administer the midday dose. The third dose can then be given at home by the parent or carer.
 - This approach will minimise the number of times a staff member leave their usual duties to administer medication.
 - Medicines must be provided in the original packaging, with clear directions and written records must be kept in line with the school policy.
 - The school will obtain confirmation from the parent/carer that the child has used this medication before and did not suffer any allergic or other adverse reaction.
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- Please note: the DfE's statutory guidance Supporting Pupils at School with Medical Conditions states a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
 - Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
 - We will only accept prescribed medicines, with written permission from parent/carer 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 be in-date but will generally be available to the school inside an insulin pen or a pump, rather than its original container this must be labelled with the child's name and class.
 - We have systems in place to check that medicines held in school is in line with the pupil's HCP and is within date.
 - It is recommended that a primary school pupil should never carry medicine to and from school. Medicine must be handed to any member of school staff (class teacher, office staff, school business manager, ETA or SLT) as soon as the pupil arrives at school.
 - All non-emergency medicines will be stored safely in the staffroom locker. All non-emergency medicines will be kept in a locked cupboard used only for that purpose. Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines.
 - Pupils will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility, all staff can access the locked staffroom.
 - Medicines and devices, such as asthma inhalers, blood glucose meters, hypo treatment, buccal midazolam and adrenaline pens should be always readily available and not locked away. Asthma inhalers should be marked with the child's name.
 - A pupil who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another pupil for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. The name of the person(s) responsible for the cabinet or administering medicines should be stated on the cabinet. Controlled drugs should be easily accessible in an emergency. In cases of emergency the key must be readily available to all members of staff to ensure access. A record should be kept of any doses used and the amount of the controlled drug held in the school.
 - Staff administering medicines must do so in accordance with the prescriber's instructions. Scapegoat Hill Junior and Infant School will keep a record of all medicines administered to individual pupils (see Appendices 6 and 7), stating what, how and how much was administered, when and by whom. Any side effects of the medicine to be administered at school must be noted. Written records are kept of all medicines administered to pupils. Those records offer protection to staff and pupils and provide evidence that agreed procedures have been followed.
 - Only one member of staff at any one time should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system will be arranged to avoid the risk of double dosing, e.g., a rota, routine consultation of the individual pupil's medicine record before any doses are given, etc.
 - When no longer required, medicines are returned to parents/carers to arrange safe disposal. Sharp boxes should always be used for the disposal of needles and other sharps.
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- We hold stocks of emergency salbutamol inhalers on site. These are kept in the staffroom. If they are needed, they are given to the pupil who has used them and replaced. One emergency inhaler should be taken on all educational off site visits.
- We hold one emergency autoinjector pen on sites. These are kept in the staffroom in the locker.

11. Emergency Procedures

- 11.1. Natalie Shackleton, Headteacher, will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.
- 11.2. Where a pupil has an individual healthcare plan, this will 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 in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 11.3. If a pupil needs to be taken to hospital, staff will stay with them until a parent/carer arrives, or accompany the child taken to hospital by ambulance (see Appendix 8). The school is aware of the local emergency services cover arrangements and the correct information will be provided for navigation systems.

12. Off-site Visits and Sporting Activities

- 12.1. We will actively support pupils with medical conditions to participate in off-site visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician, such as a GP, that this is not possible.
- 12.2. We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. The individual healthcare plan will be updated with specific information required for the visit/activity and a copy will be taken on the visit. All staff supervising off-site visits will be made aware of any medical needs and relevant emergency procedures. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by our Off-Site Visits Policy.
- 12.3. Staff with the role of administering medicines must have relevant and current training to do so. A first aid qualification does not cover the skills and knowledge for the administration of medicines.

13. Hygiene and Infection Control

- 13.1. All staff will be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff will have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and Guidance for Schools on First Aid.

14. Equipment

- 14.1. Some pupils will require specialist equipment to support them whilst attending school. Staff will check the equipment, in line with any training given, and report concerns to Natalie Shackleton
- 14.2. The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure will be detailed within HCP.
- 14.3. Staff will be made aware of the use, storage, and maintenance of any equipment.
- 14.4. There is an Automated External Defibrillator on site. It is kept in the First Aid room. Helen Taylor and Natalie Shackleton check the status of this each day and are responsible for ensuring the pads are within date.

15. Unacceptable Practice

- 15.1. Although staff at Scapegoat Hill Junior and Infant School should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is not generally acceptable practice to:
 - Prevent pupils from easily accessing their medicines and administering their medicines when and where necessary;
 - Assume that every pupil with the same condition requires the same treatment;
 - Ignore the views of the pupil or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
 - Send pupils with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their HCP;
 - Send a pupil who becomes ill to the school office or medical room unaccompanied, or with someone unsuitable;
 - Penalise pupils for their attendance record if their absences are related to their medical condition e.g., hospital appointments;
 - Prevent pupils from drinking, eating or taking toilet 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 medicines or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs; or
 - Prevent pupils from participating, or creating unnecessary barriers to pupils participating in any aspect of school life, including school trips e.g., by requiring parents/carers to accompany the child.

16. Liability and Indemnity

Maintained Schools

Individual cover may need to be arranged for any healthcare procedures, in particular those which would be considered invasive or normally undertaken by a medical professional. If in any doubt please contact the Insurance and Risk Management Team who will check with external insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear in the healthcare plan 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 rather than the employee.

- 16.1. Staff who assist with administering medicines to a child in accordance with the procedure detailed within this policy are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against you, please contact the Insurance and Risk Management Team. Any member of staff will be fully supported throughout the process should an allegation be made.

17. Complaints

- 17.1. Should parents/carers be dissatisfied with the support provided, they must discuss their concerns directly with the school. This will be with the child's teacher/form tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the school leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents/carers must make a formal complaint using the Scapegoat Hill Junior and Infant School Complaints Procedure.
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Appendix 1: Process for Developing Individual Healthcare Plans

Parent/carer or healthcare professional informs the school that the child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.



Head Teacher or senior member of school staff to whom this has been delegated, coordinates meeting to discuss child's medical support needs; and identifies the member(s) of school staff who will provide support to the child.



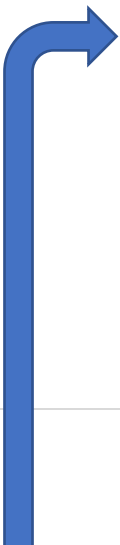
Meeting to discuss and agree on need for the individual healthcare plan to include key school staff, child, parent/carer, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them) *



Develop HCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.



School staff training needs identifying.





Healthcare professional commissions/delivers training and staff signed off as competent – Review date agreed.



Individual healthcare plan implemented and circulated to all relevant staff.



Individual healthcare plan reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate.

- * This includes key stakeholders, for example if Home to School Transport (Passenger Travel Team) is required then the school need to consult with this team.
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Appendix 2: Model Letter Inviting Parents/Carers 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 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/carers, 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 most 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

Appendix 3: Health and Care Plan

Name of school/setting

--

Child's name

--

Group/class/form

--

Date of birth

--

Child's address

--

Medical diagnosis or condition

--

Date

--

Review date

--

Family Contact Information

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Relationship to child

--

Phone no. (work)

--

(home)

--

(mobile)

--

Clinic/Hospital Contact

Name

--

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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

Name of medicine, 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.

Other information (insert any specialist healthcare plans here)

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

Form copied to

Appendix 4: Parental/Carer Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

--

Medicine

Name/type of medicine

(as described on the container)

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the school/setting needs to know about?

--

Self-administration – y/n

--

Procedures to take in an emergency

--

NB: Medicines must be in the original container as dispensed/purchased

Contact Details

Name

--

Daytime telephone no.

--

Relationship to child

--

Address

--

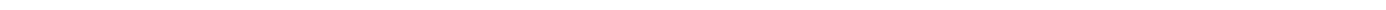
I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.

Signature(s) _____

Date _____



Appendix 5: 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 [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Appendix 6: Record of Medicine Administered to an Individual Child

Name of school/setting

Name of child

Date medicine provided by parent/carer

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature _____

Signature of parent/carer _____

Date

Time given

Dose given

Name of member of staff

Staff initials

--	--	--

Date

--	--	--

Time given

--	--	--

Dose given

--	--	--

Name of member of staff

--	--	--

Staff initials

--	--	--

C: 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 7: Record of Medicine Administered to all Children

Name of school/setting

Date

Child's name

Time

Name of
medicine

Dose given

Any reactions

Signature
of staff

Print name

Appendix 8: 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
2. your name
3. your location as follows : Scapegoat Hill Junior and Infant School, School Road HD7 4NU
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
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