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Osmani Primary School

Reach For The Stars

Medicine and Supporting Pupils at School with Medical Conditions Policy

Our Motto

Reach For The Stars

Our Vision Statement

Our vision is to develop an inclusive school, which promotes and achieves excellence, and continues to nurture the values, confidence and skills of pupils, staff and the community, in order to meet the emerging opportunities of the 21st century.

Our vision and values support Articles 2, 12, 15, 19, 24, 27, 28, 29, 31 of the United Nations Convention on the Rights of a Child.

Our Rights

- ★ **Article 19: We have the right to be safe.**
- ★ **Article 28:We have the right to quality education.**
- ★ **Article 12:We have the right to give our opinion and listen to others.**
- ★ **Article 15/31:We have the right to join in and be part of a team.**
- ★ **Article 29:We have the right to develop our personalities, talents and abilities.**
-

Our Values

★ **Striving Teamwork All Included Responsibility Success** ★

★ Striving

Our aim is that we are a school that:

- **uses our Growth Mind-set (learning from mistakes and always willing to have a go)**
- **never gives up and always find ways of improving**
- **enjoys challenges and aims high**

★ Teamwork

Our aim is that we are a school that:

- **encourages and supports each other to be the best we can be**
- **learns from each other**
- **listens to and respects each other's ideas**

★ All Included

Our aim is that we are a school that:

- **has high expectations of everyone**
- **encourages everyone to take an active part in learning and life of our school**
- **nurtures and celebrates what makes each and every one of us unique**
-

★ Responsibility

Our aim is that we are a school that:

- **takes ownership of the choices we make**
- **takes ownership/charge of our own learning**
- **looks after each other and our school**

★ Success

Our aim is that we are a school that:

- **provides an education that encompasses academic, creative, social, emotional, physical and cultural development.**
- **celebrates our efforts and achievements**

Equal Opportunities and the Single Equality Scheme

We believe that all those who work in Osmani - children and adults - have the right to be treated fairly and with respect by everyone connected with the school.

We aim for Osmani to be a safe, supportive place, where all children and adults feel valued as individuals, whatever their ability, age, disability, gender identity, marriage or civil partnership, pregnancy & maternity, race, religion or belief, sex and sexual orientation.

The school aims to foster the social and personal skills of co-operation, sharing and mutual respect.

This policy supports the school in addressing Article 24: of the UN Convention on the Rights of the Child.

Medicine and Supporting Pupils at School with Medical Conditions Policy

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the School with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.
The Statutory framework for the Early Years Foundation Stage, publication, under Health, Medicines, section 3.44 – 3.46, mirrors the advice provided by the DfE publication, 'Supporting pupils at school with medical conditions'.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our School website.

Policy Implementation

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy is given to Remi Atoyebi, Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

Penny Seymour Deputy head/SENCo will be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

Definitions of Medical Conditions:

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in school activities because they are on a course of medication.

- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Roles and responsibilities

The Governing Body ensures the school's policy is implemented effectively and have identified Remi Atoyebi , Headteacher, as having overall responsibility for policy implementation.

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice and the Osmani Primary School SEN Information Report.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child.

Osmani health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At Osmani School we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
Healthcare professionals, including the school nurse,Celes Hutchinson , who we have regular access to, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication. (Appendix E)

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support.

For children starting at Osmani Primary School, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to Osmani Primary School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, Osmani School 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 will also acknowledge that some will 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.

The School will ensure that arrangements give Parents/Carers and pupils confidence in the School's ability to provide effective support for medical conditions in school. The arrangements will 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.

Osmani School will ensure that 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.

Osmani School 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.

Risk assessments for individual children with complex medical needs will be produced to ensure all risks are identified and reduced in order for children to take part in school life and out of school activities.

The school will make sure that no child with a medical condition is denied admission or prevented from attending school because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

Osmani 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 the 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 that the right support can be put in place. This will usually be led by Penny Seymour, SENCO or Remi Atoyebi, Headteacher. Following the discussions an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the School should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by the School nurse and SENCo but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

All class teachers have access to children's care plans on their pupil page on Scholarpack. . This is updated by the HSLO regularly and when changes to children's medication or conditions occur. There is also a whole school list of children with their photos, listing their medical conditions on a confidential folder on the shared site.

Individual Healthcare Plans will help to ensure that Osmani School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. 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. All children with high risk of emergency intervention - children with complex medical needs and those with autoinjectors e.g. EPIPENs for allergies, have an individual risk assessment based on the care plan. This is made in collaboration with parents and is shared with relevant staff.This is updated for events, trips and activities which use food, including trips and parties. It is shared by the classteacher with the HOP and SENCO before any events take place.

However, not all children will require a care plan for risk assessment . The school, health care professionals and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher, Remi Atoyebi, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in (Annex A).

Individual Health Care Plans 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 child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan.

Template A shows a possible template for the Individual Health Care Plan and the information needed to be included. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child and will be
The Individual Health Care Plan must be completed by the Lead Professional (usually the SENCO) with support from 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 child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the School.

The School will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

Template A provides a template for the Individual Health Care Plan but it is a necessity that each one includes;

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded/noisy conditions, travel time between lessons;

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from Parents/Carers and Remi Atoyebi for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.

Training

The school in conjunction with the Health professionals will ensure suitable training is identified during the development of the HCP; and that a 'First Aid' Certificate does not constitute appropriate training in supporting pupils with medical conditions.

The relevant healthcare professional will lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. This would include the preventative and emergency procedures. 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 recorded in the individual HCP's;

Healthcare professionals, including the School Nurse will provide confirmation of the proficiency of staff in a medical procedure or in providing medication;

All staff will be provided with awareness training for supporting pupils with medical conditions and there role in implementing the Policy.

Continuous Professional Development (CPD) opportunities for staff underpins this Policy.

The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans, e.g. applying their own eczema cream.
After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily."

For children, access to their medicines should be quick and easy; these will be stored in the medicine cupboard in the school office to ensure that the safeguarding of other children is not compromised. The School does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

Managing Medicines on the Osmani Primary School Primary Site

- The following are the procedures to be followed for managing medicines:
- Only members of the Admin Team and SLT will administer medicines to children.
- Medicines should only be administered at the School when it would be detrimental to a child's health or school attendance not to do so.
- The Department for Education has confirmed that a prescription is not required for non-prescription 'over-the-counter' medications (e.g. Calpol) and non-prescription medication can be administered where parents have given written consent.
- After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily
- We will only administer medicine prescribed by a GP or hospital for use 4 times a day or more, or over the counter medicine needed 4 or more times a day.
- Parents/Carers must complete the parental agreement for setting to administer medicine from ((Template B)
- No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent.
- No child under 16 should be given medicines containing aspirin unless prescribed by a doctor and having read the instructions for their safe use and the parent/carer informed.
- Osmani School will only accept prescribed and non prescribed medicines that are in-date, labeled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely in the medicine cupboard in the school office. Children should know where their medicines are at all times and be able to access them immediately.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children. These will be stored in the medicine cupboard in the school office. If a child requires an asthma inhaler it is crucial that there is an inhaler in the School at all times.
- Asthma pumps must only be accepted with a signed purple asthma card from a GP.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's/manufacturer's instructions. Osmani School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted. Template C and D outline these procedures-Osmani uses template D).
- Written records are kept of all medicines administered to children. Annex F will be used to record children who have asthma pump and cream. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

- The HSLO will carry out a monthly check on medicines expiry date and will inform parents when they need to replace them with up to date medicines.
- Any ' controlled' medicines will be kept securely locked in a non-portable container and only named staff should have access;
- Controlled drugs should be easily accessible in an emergency; and
- A record should be kept of any doses used and the amount of the controlled drug held,
- Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accord with the prescribed instructions recorded in the HCP and/or EHP;
- Osmani School will keep a record of all medicines administered to individual children.

Unacceptable Practice

Although Osmani School staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their Parents/Carers; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require Parents/Carers, or otherwise make them feel obliged, to attend the School to administer medication 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 children from participating, or create unnecessary barriers to children participating in any aspect of School life, including school trips, e.g. by requiring Parents/Carers to accompany the child.

Emergencies

Osmani staff will follow the emergency actions on the individual HCP, which defines what constitutes an emergency, and explains which actions should be taken and by whom.

Complaints

Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the School. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the School's Compliments and Complaints Policy.

Annex A

Model Process for Developing Individual Health Care Plans

Template A: individual healthcare plan (format may vary according to the Health professional involved)

Name of school/setting	Osmani 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	
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 medication, dose, method of administration, when to be taken, side effects, contraindications, 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

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

Template B: parental 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	Osmani Primary School
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 by the pharmacy

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 medication or if the medicine is stopped.

Signature(s)_____ Date_____

Template C: record of medicine administered to an individual child

Name of school/setting	Osmani Primary School
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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			

Template D: record of medicine administered to all children

Name of school/setting	

Date	Child's name	Time	Names of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: staff training record – administration of medicines

Name of school/setting	Osmani Primary School
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

Template F: Daily Medicine Administration log

For Asthma pumps/creams

Name of Child: Class:

Name of medicine: Dosage:

Date	Signature	Comment

Last Review Date: Summer 2020
Next Review Date: Summer 2021