



# Alexander Hosea Primary School

*'Roots to grow, wings to fly'*

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This policy is supplemental to the South Gloucestershire's 'Policy for access to education for school age children and young people with medical needs' (December 2016) and Alexander Hosea Primary School's 'Health and Safety' Policy and has been reviewed in line with Statutory Guidance issued by the Department for Education April 2014.

### **Rationale**

Every child should have the best possible start in life through a high quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum (DfE 2014).

### **The Ambition of South Gloucestershire Council and Alexander Hosea Primary School**

1. South Gloucestershire Council and Alexander Hosea Primary School wish to ensure that pupils with medical needs, both physical and mental health, are properly supported to access a full curriculum in their local school.
2. School governing bodies, school leaders, health and social care professionals work with the children, young people and their parents to ensure that the needs of children with medical needs are properly understood and effectively supported. We, as a school, take a key role in supporting children with medical needs and making reasonable adjustments so they can remain in our school wherever possible.
3. South Gloucestershire Council and Alexander Hosea Primary School are aware that in addition to the educational impacts, there are social and emotional implications associated with medical needs. It is important that our school receives and fully considers advice from healthcare professionals and listens and values the views of parents and pupils. Individual health care plans (IHCP) are key and will be implemented to support learning.

### ***Our Principles***

4. The views of the family and child are pivotal to shaping the education programme.
5. The child is supported in their local school as far as possible; the school will make appropriate adjustments to support the child's learning in line with their medical needs policy.
6. Alexander Hosea Primary School will work in partnership with the parents, local authority and health professionals to meet the individual needs of the child.
7. Health professionals will provide ongoing advice to support the child's medical needs in terms of both physical and mental health.
8. That all children with medical needs achieve good academic attainment particularly in English, Maths and Science.

### **Legal Requirements**

15. This policy is based on the expectation that governing bodies will have regard to their responsibilities as set out in "Supporting pupils at school with medical conditions" (DfE, December 2015) <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> and "Ensuring a good education for children who cannot attend school because of health needs", (DfE, January, 2013) and make arrangements for supporting pupils at their school with medical conditions.

The school, through this policy, seeks to ensure that children, wherever possible, can continue to be educated here at Alexander Hosea, all partners understand their roles and responsibilities and ensure access to a good education for children aged 4-11.

Pupils at school with medical needs, both physical and mental, should be properly supported so that they have access to the full curriculum, including school trips and physical education. This Policy relates to pupils of statutory school age with medical needs, both physical and mental health. Pupils with a wide range of medical needs may need support but it is anticipated that in the vast majority of cases support should be provided by the school, with the support of other professionals. In some cases, for pupils with severe or long term needs, support may be needed beyond that which a school would be reasonably expected to provide.

Some children with medical needs may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act.

Equality Act 2010 - **Disability** is **defined** as: 'a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities'

## Core Duties

### The core duties of governing bodies of schools (S100 Children and Families Act 2014)<sup>i</sup>

16. The Governing body has a duty to make arrangements for pupils who cannot access school as a result of their medical needs. These are outlined in this policy, which is regularly reviewed, and ensures that such children can access and enjoy the same opportunities at school as any other child. The focus of arrangements will be on the needs of each individual child and the impact of the medical condition on school life. The outcome will be that parents and pupils have confidence in the schools' ability to provide effective support in school. Parents have a key role in ensuring that children attend school and this responsibility underpins this policy.
17. **School attendance and illness:** School non- attendance can be significantly affected by medical needs. About 60 per cent of all absence marks in the school registers are `illness` coded. If the School requests the attendance legal process is taken forwards, it will have in place an Individual Health Care Plan (IHCP) where there are medical needs. These needs may have been referenced in early school based attendance or other meetings. This IHCP should be shared with the LA at the point of requesting a legal attendance meeting. A standard template letter to a doctor/GP from the school has been developed by a previously set up medical working group including GP and representative from the Local Medical Council (See Appendix1) (<http://www.southglos.gov.uk/education-and-learning/schools-andcolleges/behaviour-and-attendance/school-attendance/authorised-andunauthorised-absence-from-school/>)
18. Adaptations will be made to ensure that a child is able to attend school and might include:
  - personalised timetable
  - access to additional support in school (to support in class or catch up sessions)
  - access to IT curriculum to access from home
  - movement of lessons to more accessible classrooms
  - place to rest at school
  - special SATs arrangements to manage anxiety or fatigue

19. Where a child is supported by other agencies, the School will collaborate with these and ensure that any individual health care plan (IHCP) sets out the support needed so that the pupil can learn effectively. The governing body will ensure that the school is being proactive in finding out what other services are involved and liaising with them as appropriate.
20. The governing body will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks in terms of the child's education, health and social wellbeing, and minimises disruption.

### **Individual health care plans**

21. Individual health care plans (IHCP) will ensure that the school effectively supports pupils with medical needs. 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, and are likely to be helpful in the majority of other cases, especially where medical needs are long-term and complex.
22. The format of individual health care plans can be found in Appendix 2 and on the 'J' drive and completed forms will be filed in the Medical needs File located in the main school office so they are 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. Where a child has special educational needs but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual health care plan.
23. The Governing body will ensure that arrangements are in place for children who are competent to manage their own health needs and medication. After discussion with parents and children who are competent, they will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual health care plans. Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily.
24. The local authority may make available additional support and access to the Pathways Learning Centre, but only if the local authority is confident and satisfied that governing bodies can demonstrate clearly that they have complied with the statutory guidance as part of determining what provision should be made/requested and that all reasonable adaptations have been put in place to ensure that the child attends school. The onus is on the governing body to provide this evidence.

### ***The core duties of the local authority***

28. The local authority named officer responsible for the education of children with additional health needs is the Head of Education and Learning, Helean Hughes.
29. Under Section 10 of the Children Act 2004, the local authority has a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, academy trusts, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities are also commissioners of school nurses for maintained schools and academies.

30. The local authority expects schools to support pupils with medical needs to attend full-time education wherever possible, or for schools to make reasonable adjustments to pupils' programmes where medical evidence supports the need for those adjustments. The local authority would expect the school to generally continue to make these arrangements under its Individual Health Care Plans (IHCP) with home learning or other support (TA/HLTA) as a short term measure. This arrangement will ensure that the pupil can continue to obtain the required support linked to the IHCP promptly, from the organisation that best understands their educational needs.
31. The LA policy promotes the positive support of the home school in supporting pupils wherever practical, before referring to the local authority's alternative provision. The local authority has a duty to work with schools to be ready to make arrangements when it is clear that a child will be away from school for 15 days or more because of health needs.
32. Where pupils would not receive a suitable education in a mainstream school because of their severe or long term health needs, the local authority has a duty to make other arrangements. The local authority commissions the Pathway Learning Centre (PLC) to provide education for children and young people who are unable to attend their home school, despite extensive adaptations being put in place by the school to support the child.

#### Pathways Learning Centre (PLC)

33. As outlined above, there will be times when a child with medical needs is unable to sustain their regular attendance at school and despite the reasonable adjustments made, this may not be enough to improve the situation for them. A small number of children may require access to more specialist provision, to support the significant and on-going nature of their medical needs. Where this applies, the school may make a referral to the Pathways Learning Centre.
34. Access to Pathways Learning Centre
- Pathways Learning Centre is only able to take referrals from students who are resident in South Gloucestershire
  - Pathways Learning Centre is unable to take direct requests from parents - A referral form is available on the PLC website: <http://www.pathwayslearningcentre.org.uk/>
  - The form includes detailed guidance about the information required to complete the referral
  - The Referrals and Admissions Panel (RAP) will need to consider health advice from the appropriate and relevant health professional. All medical referrals need to be supported by Tier 3 medical professional input, such as consultant paediatricians or CAMHS. If the pupil has a statement for special educational needs or an Education Health Care plan then the referral will be shared with the local authority's 0-25 team
  - All referrals should be returned to [admissions@pathwayslearningcentre.org](mailto:admissions@pathwayslearningcentre.org) (see appendix 3) promptly. They are considered at the Referral and Admissions Panel (RAP) on a monthly basis.
35. Provision at PLC
- The level of provision will be decided based on the medical advice received from the health professionals

- PLC provides group and individual tuition based at the site in Downend, alongside individual tuition delivered at home or community resources.

### **Responsibilities of the home school (Alexander Hosea Primary)**

- The home school must take responsibility and lead the monitoring and review for the pupil, and attend any agreed reviews and participate fully in securing reintegration with the goal of achieving good provision and transitions
- If the intention is that the medical need is temporary and that the pupil will return to their home school, then the pupil will stay on the roll of the home school (registered as MAINDUAL) even if they are provided with tuition at the PLC
- The home school should not remove a pupil from their school roll without parental consent and appropriate consultation with the local authority

### ***Key Responsibilities of the Health Services***

37. Providers of health services are required by the statutory guidance to cooperate with schools that are supporting children with a medical condition and this may include liaison, information, outreach or training. Those commissioning services need to be responsive to children's medical needs in order for compliance with statutory duties (s100 Children Act 2014) so that pupils' medical needs can be met in school. The requirement is for health personnel to set out the specific medical needs and provide advice about how schools can support the pupil. General advice should be provided to enable the local authority to determine the appropriate provision, based on the needs. They may include recommended core services, provision commissioned by the health service only or services to be commissioned by the school or Local Authority.
38. The school has access to school nursing services. Other health care professionals such as GPs and paediatricians are required by the statutory guidance to inform the school nurse when a pupil has medical needs that will require support through specific health care plans and interventions. They may also be able to provide training or advice in shaping an individual health care plan and in implementing it or signpost schools to where they can access training and advice from. They will also play a key role in liaison with clinicians regarding the appropriate support for planning.
39. It is the responsibility of the home school to make a referral for the PLC. Where a pupil is absent from school and parent/carers indicate that absence is persistently because of medical reasons the school will (if the absence appears to raise concerns) ask parents for permission to contact health professionals (e.g. School Nurse or GP) for further information as part of their procedures for securing good attendance and planning. Where parents refuse permission the school should note the decision and inform parents of the risks in relation to safeguarding their child.
40. Where the status of a school currently receiving a school nursing service changes to academy status school nursing provision will continue. New academies will be required to commission their school nursing provision.
41. Counselling services in South Gloucestershire are commissioned jointly by the Clinical Commissioning Group and the Local Authority, and currently provided by Off The Record. These services are available to all young people aged 11 and over and can be accessed via referral from school, GP or by self-referral. Where a young person is under the care of the specialist CAMHS team (CCHP), psychological therapies may be offered as part of their care plan.

42. Where physiotherapy or occupational therapy is required above the core level of service available to all children, it is expected that this need will be recorded in an EHC Plan and will be commissioned for the pupil by the Clinical Commissioning Group.
43. Where speech and language therapy is required above the core level of service available to all children, it is expected that this need will be recorded in an EHC Plan and will be commissioned for the pupil by the Local Authority or school.
44. Where a pupil is unable to attend school, the key health professionals involved will be requested to provide information relating to the nature of the child's medical condition and specific advice around managing their health needs. Key health professionals are likely to include some or all of the following:
- General Practitioner (GP)
  - Lead Consultant
  - Community Paediatrician
  - Psychiatrist
  - Clinical Psychologist
  - Other CAMHS Tier 3 Practitioner
  - School Nurse
  - Community Nurse
  - Occupational therapist, physiotherapist, speech and language therapist
45. Advice received from a GP should be supported by a referral and intervention from one of the other professionals listed above. Once a child's needs are identified, a GP can provide evidence of ongoing medical needs. Health professionals will be expected to offer their written advice or be represented in the referral to Pathways Learning Centre.
46. Health Services should also:
- work closely with the home school, PLC staff, social care, the child or young person and their parents to ensure that the medical needs and the appropriate educational responses required are fully understood and clarified in any referral
  - aim to provide intervention and advice that secures a personalised approach in the individual health care plan
  - provide information that identifies the needs and the level of education (e.g. hours or days) that the child can manage given medical needs; review this regularly
  - where mental health needs are complex, professionals will ensure that the local authority representatives will have the advice and support necessary to ensure both eligibility and access to effective provision quickly. In such situations responsibility for liaison with the relevant partners will be clarified; and
  - respond to requests for advice in the management of young people to ensure that the local authority is able to make effective responsive provision promptly.

### ***The local offer for children and young people with medical needs***

Local Offer

<http://www.southglos.gov.uk/local-offer/>

Pathway Learning Centre

<http://www.pathwayslearningcentre.org.uk/>

Mental health services



## **Introduction**

The school policy is to accommodate requests from parents to administer long-term medication where this is necessary for the child to continue to be educated at this school. The school will therefore support the administration of long-term medication and medical techniques where this is necessary for the pupil to continue to be educated at school. To this end the following procedures must be adhered to, to ensure that all concerned staff, parents, pupils and where relevant, health professionals are aware of the pupil's condition and what steps have been agreed either to manage the condition on a daily basis or are in place should an emergency arise.

## **Aims**

- To ensure that all children with medical conditions, in terms of both physical and mental health, are properly understood and supported in school, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure that pupils with medical needs can access and enjoy the same opportunities at school as any other child.
- To implement a safe system to manage the condition.
- To clarify roles and responsibilities for storage and administration of medicines at Alexander Hosea Primary School.
- To ensure arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

## **Staff Liability**

Staff administering medication or providing other medical support do so voluntarily and in accordance with agreed procedures. In such situations South Gloucestershire Council provides an indemnity for them should there be unforeseen complications as a result of undertaking an agreed procedure. This means he/she is covered by the Council's liability insurance and would be supported by the Council in any legal action. He/she would be advised and represented at no financial cost.

## **Definitions**

**Medical condition** - This is a condition that has been identified by medically qualified personnel.

**Daily Care Requirements** – These are the agreed actions that staff will take in school to help manage the medical condition on a daily basis. This could be administration of medication, carrying out medical techniques or simply to remind and/or supervise a pupil/student taking medication.

**Short term medication** - This medication needs to be administered for a few days e.g. completing a course of antibiotics, or for recurring conditions, to allow the pupil, who is to all intents and purposes, fit to return to school. It is the parent's responsibility to administer this to children. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

**Emergency Short Term Medication** - This is medication that parents may approve, for administration as part of a school trip.

**Long Term Medication** - This is medication required to manage a long-term medical need, e.g. asthma, epilepsy etc., where the medication will be required for extended periods. These children will be identified on the school's 'Medical Needs' list and those with more severe medical needs, including children with asthma, will have an Individual Health Care Plan in place – preferably produced by the School Nurse in consultation with the child's parents and the Headteacher.

**Individual Health Care Plan (IHCP)** - This is the agreed plan to be followed in managing a medical need and will include day to day support and/or details of emergency action to be taken as appropriate. These will be monitored annually.

**Medical Techniques** – These are specialist techniques which will either be undertaken routinely or in an emergency situation. Staff must have received appropriate information, instruction, training and supervision identified as necessary when preparing the IHCP.

**Emergency Situation** – This is a situation where a pupil/student exhibits certain defined symptoms that have been identified as requiring emergency action.

**Emergency Action** – This is action that will be taken in the event of a medical emergency. Action will be to dial 999 unless a pupil/student exhibits certain defined symptoms that are covered by a health care plan and an alternative has been specified, e.g. phone parent/carer, administer emergency medication.

**Emergency Medication** – This is medication held in school which will be administered if specified symptoms are observed in a student who has been identified with a medical condition and for which an individual health care plan is in place.

### **Implementation of the policy**

The Headteacher will have overall responsibility for the implementation of the policy and will:-

- ensure that sufficient staff are appropriately trained
- ensure that all relevant staff are made aware of the child's medical needs
- ensure staff understand confidentiality in respect to some medical needs
- provide a briefing for new staff and supply teachers as part of the induction process
- provide risk assessments for home visits (including lone working arrangements, see Alexander Hosea School's Lone Working Policy) holidays and other school activities outside the normal timetable
- explain how the policy operates in relation to the school's attendance policy including monitoring of individual healthcare plans

### **PROCEDURES**

- All parents requiring their child to have medication in school must request so in section 2 of the Health Care form shown as Form A. For on-going medication, an Individual Health Care Plan, (shown as Form B ) as well as an Agreement for School to Administer Medication Form (Form C )
- Copies of Individual Health Care Plans for children requiring an Epipen will be kept in the child's classroom, in the staffroom and in the school office.
- The school will only administer medication where an Agreement for School to Administer Medication Form (Form B) has been completed by the parent / carer of a pupil. No medication will be given unless this form is completed. The form is to be completed prior to the pupil starting at the school or, if already in attendance, as soon as the condition is identified.

### **N.B. If a pupil simply turns up with medication the parent/carer will be contacted and asked to administer this.**

- Members of staff will become a designated administrator after attending 'Administering Medication in Schools' training and any other necessary medical needs training. Pupils, in consultation with parents, will be encouraged to administer their own medication under adult supervision.
- No pupil is to carry their own medication but will have access to their medication if self medication has been agreed.
- The School will only accept prescribed medicines that are in-date, labelled -including the child's name, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump rather than the original container.
- They will normally be kept in the First Aid cupboard in the main school office. Epipens and inhalers will be kept in the classroom and the pupil will know where they are stored. A second Epipen is kept in the staffroom and is checked monthly.

## **Training / Instruction**

- Staff are deemed competent to administer medication in tablet form or as medicine orally, but must have received training by a qualified medical practitioner or specialist trainer in any other medical techniques required e.g. use of Epipen for anaphylaxis. Epipen and any other relevant training are updated annually in September, as necessary. Details of completed training should be recorded on Form F. It is the headteacher's responsibility to ensure sufficient staff are suitably trained to facilitate cover arrangements in case of staff absence / turnover.

Where staff agree to manage medical needs and administer medication, the agreed procedure must be followed:-

## **LONG TERM MEDICAL NEEDS**

### **Step 1 – Obtain Information on Pupil/Students Long Term Medical Conditions**

25. Prior to children starting school, parents/carers are requested to complete information on their child's health on the Health Care Form shown at Form A and it is the parents' responsibility to keep the school informed of any changes during the year. Prior to the start of each academic year, they are asked to update this information using the same Health Care Form, to ensure all records are up to date. We also ensure that we have current emergency contact numbers for all pupils by annually sending a data collection form extracted from SIMS for parents to amend any incorrect data and return to school.

Any reintegration / transitional arrangements will be made for children starting school and transferring between schools and will be in place in time for the start of the relevant school term. In other cases such as a new diagnosis, children moving to a new school mid-term or whose needs change, every effort will be made to ensure that arrangements are put in place within two weeks and that staff are adequately trained to meet the needs.

NB: Parents/carers are not required to disclose information but if they do not, the school cannot ensure the safety of their child.

A list of children's medical conditions and needs will be retained in the office and all staff made aware of these, including Lunch Break Supervisors and the school cook, where appropriate, to ensure the child's safety. For those with extreme medical needs, posters are displayed in the classroom, staff room, office and school kitchen, where appropriate.

### **Step 2 – Assess the information provided**

The following assessment criteria will be followed:

#### **a) Request for pupil to self-administer long term medication**

The information provided will be used initially to assess whether the pupil will be allowed to self-administer. This decision will be based upon the pupil's maturity and the type of medication.

#### **b) Request for assistance to administer long term medication**

The information provided will initially be used as the basis for discussion with staff as to whether the assistance can be provided. If not, the responsibility will fall to the parent. It may be possible after consultation with the consultant/GP, to vary when medication needs to be provided. If staff feel able to support the administration of medication then an IHCP will be completed, see appendices Form B.

#### **c) Request to undertake medical techniques**

The information provided will initially be used as the basis for discussion with staff to see if they are happy to provide the support. If they are not, then the Head Teacher will look at other possibilities and discuss these with the parents/carers. Where staff agree to provide support, they must be provided with information, instruction, training and supervision as necessary and an IHCP must be produced, see Form B.

#### **d) Administration of emergency medication**

The information provided will be considered. There are many allergies that pupils have which are generally not life threatening, e.g. hay fever, but any pupil with anaphylaxis, which is an extreme allergic reaction, will require the completion of an IHCP, see Form B.

#### **Information on allergies**

Any food allergies will be shared with the catering staff and guidance will be issued to all parents regarding the foods which must not be brought to school. Regular reminders will be issued via newsletters.

It will usually be sufficient to include such information on the class/year group medical record form, a report has been set up in SIMs entitled Medical by Class.

#### **Step 3 – Complete an Individual Health Care Plan (IHCP)**

An individual Health Care Plan (see appendices Form B) will be prepared by the School Health Nurse (where possible), together with the parents / carers. The Individual Health Care Plan follows a standard format but will vary dependent on the medical needs e.g. short term or a specific condition.

Any support identified as necessary when completing the IHCP, whether in terms of facilities, equipment or training, must be provided.

#### **Step 4 – Add information to summary sheet**

All information on the medical needs of pupils will be added to the class/year group medical record form J in the appendices. This information aims to make staff aware of these issues and ensures they know who has a medical need and what that is. It will include as much detail as possible about what constitutes an emergency situation and what the daily care requirements are, if any.

Posters of pupils with an EpiPen will be displayed prominently for information.

#### **Storage of Medication**

All medication is stored safely:-

EpiPens – one in the classroom and one in the staffroom

Inhalers – in classrooms

All other medication – in the First Aid box in the office or staffroom fridge if temperature critical

**Responsibility for checking medication is in date and properly functioning rests with the parent, however the school also does a termly check. It is also the responsibility of the parents / carers, not the school, to request that Individual Health Care Plans are updated.**

#### **Record Keeping**

It is necessary to record whenever medication is administered or there is a need to undertake a medical technique. This may help us to identify patterns and triggers which bring on a medical condition. Form D or E in the appendices, should be completed for each individual whether the administration of medication or the medical technique undertaken is planned or an emergency intervention.

If there is no regular planned time for administering medication e.g. allergy relief, parents will be advised by text message of the date and time the medication was administered.

#### **Review**

Parents/carers are required to update the school concerning their child's medical needs and a review of the existing procedures needs to occur whenever this happens or there is any reason to suspect the IHCP is out of date or ineffective.

### **Short Term Medication**

In the case of short term medication the school will look at individual requests but will only administer medication where agreed by the Headteacher and only when a written request is received, see appendices Form C. It is the responsibility of the parents/carers to supply the medication which must be in-date, labelled – including the child's name, provided in the original container as dispensed by the pharmacist and include instruction for administration, dosage and storage.

The pupil will be required to come to the office at the beginning of lunch or otherwise as required in order for the medication to be administered. A record of the medication administered will be recorded on Form D.

### **Emergency short term medication**

#### **School trips / residential visits**

In the case of emergency short term medication (for school trips / residential visits), parents are asked to indicate any particular needs of the pupil, whether medical, dietary etc. and to sign an undertaking confirming the child is fit for the trip and giving approval for their child to go. Parents will be advised that the school cannot administer medication to children 12 years old or younger without written permission from the parents, and information on what medication the child can have.

Staff must ensure that any long term medication and instructions / Individual Health Care Plans are carried securely by an adult on school trips, in case they are needed during the day, and that a risk assessment for this has been completed.

### **Complaints**

Should parents be dissatisfied with the support provided to pupils with medical conditions, 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 school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

### **Conclusion**

This policy will be brought to the attention of staff (including supply teachers), governors, parents and volunteers.

All relevant staff will be made aware of individual pupils' medical conditions.

Blank copies of the appendices are stored on file in the 'I' drive under medical forms and hard copies can also be found in the Medical Needs file in the main office.

Requests to administer medication will be received sympathetically and the child's right to education will not be compromised, where requests are reasonable.

### **Equalities Impact Assessment (EIA)**

This policy has been screened to ensure that we give 'due consideration' to equality of opportunity and has been agreed and formally approved by the appropriate reviewing and ratification Committee.

<b>Author</b>	Valerie Quest	<b>Date reviewed</b>	February 2017
<b>Position</b>	Headteacher	<b>Date ratified</b>	6 <sup>th</sup> July 2017
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<b>Version (from 2017)</b>	1	<b>Reviewing committee</b>	HSW&P