

The Levett School



Medical Support in School Policy

<i>Policy agreed by Governors on:</i>	23.01.2024
<i>Review date for Governors:</i>	January 2026
<i>Allocated Group/Person to Review:</i>	Emma Place
<i>Agreed frequency of Review, by allocated person:</i>	Every Two Year
<i>Last Review Date:</i>	January 2024

Lower School, Melton Road, Sprotbrough, Doncaster, DN5 7SB
Upper School, Lansdowne Road, Intake, Doncaster DN2 6QN

Vision Statement: “Where New Beginnings Start”

The vision is one of pupils who, by the time they leave the School, will be informed, self-motivated and responsible citizens, ready for their next phase of education.

Pupils will leave our School happy, with a sense of well-being and with positive memories of their experiences and achievements of their time in School.

They will be active learners who are able to tackle problems. They will be able to deal with the everyday demands of literacy, numeracy and technology and have a moral and spiritual awareness.

They will be confident and have increased positive attitudes that will prepare them well for life in the community and the wider world.

This policy is a statement of the arrangements for medical support at The Levett School.

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, DfE December 2015

0-25 SEND Code of Practice, DfE 2015

Mental Health and behaviour in schools: departmental advice for school staff, DfE 2018
Equalities Act 2010

Schools Admissions Code, DfE 1 2021

This policy should be read in conjunction with the following school policies: SEN Policy
Safeguarding Policy, Off-site visits policy, Complaints Policy.

This policy was developed in conjunction with the school nursing team and will be reviewed bi-annually.

Definitions of Medical Conditions

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 medication.

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, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered 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 (SEND) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND policy and the individual healthcare plan will become part of the EHCP.

Common Childhood Medical Conditions

Asthma

Asthma is the most common chronic childhood condition, affecting one in eleven children. On average, there are two pupils with asthma in every classroom in the UK and this results in over 25,000 emergency hospital admissions a year.

By educating our staff around asthma and its treatment, we aim to enable pupils to medicate effectively in school and for asthma to have as little an impact as possible on their learning.

We will ensure that all pupils who suffer from asthma:

- be linked with specified staff members who know them, their condition, their parents/guardians and their individual health care plan well;
- always have appropriate medicines stored in school (and held by a designated adult when on trips) at all times. Consent will be obtained from parents/guardians and added to the medical register.
- have full access to the curriculum including exercise and PE, educational visits, and residential trips, as far in advance as possible.

At each half term, staff will check the dates and contents of each inhaler to ensure they are still safe to be used and inform parents/guardians if replacements are required.

Our staff will liaise with parents/guardians about the health of their children who suffer with asthma and any requirements while they are in school (medical appointments, spacers etc.).

A pupil should not require a second salbutamol inhaler in an academic year; if the canister requires replacing, it should be replaced, yet this would indicate the pupil's asthma is poorly controlled and they need to see their GP Practice Nurses or Asthma Specialist.

Medical Registers and health care plans will be amended by the Admin Team and/or Miss Emma Place, designated Asthma Lead.

Primary School Asthma Action Plan

Do I have signs of

- Wheezing
- Shortness of breath
- Coughing • Or complaining that my chest hurts (I may express this as my tummy hurts)

Stay with me and call for help if necessary. Give me 2-4 puffs of my rescue (blue) inhaler with my spacer following the guidance in the green box

- Keep calm and reassure me
- Sit me up and slightly forward
- Shake my rescue (blue) inhaler before use, remove the cap and then place in my spacer
- I need to place the mouth piece of the spacer between my teeth and lips to make a seal. I need to spray one puff and then take 10 breaths.
- I will repeat the above steps for each puff of the rescue (blue) inhaler
- I may need help with these steps

If my rescue (blue) inhaler has had little or no effect:

- I have difficulty walking
- I am coughing and wheezing a lot more
- I am unable to talk or complete sentences
- I am breathing hard and fast
- I may go very quiet
- My nostrils may be flaring

Give me up to 10 puffs of the rescue (blue) inhaler with my spacer using the guidance in the green box. You do not have to give the full 10 puffs before you call 999 if you are worried.

THINK ANAPHYLAXIS, DO I HAVE AN ADRENALINE PEN? IF YES, REFER TO THE GUIDANCE IN YELLOW ALLERGIES BOX BELOW

Call 999 for an ambulance [School Postcode]

- If there is little or NO IMPROVEMENT Continue to give me 10 puffs of my rescue (blue) inhaler every 15 minutes until medical help arrives or my symptoms improve.
 - If I am EXHAUSTED
 - If I am going BLUE
 - You are WORRIED OR UNSURE
 - If I have COLLAPSED
- Call my Parent/carer**

ALLERGIES

- Do I have an adrenaline pen?
- If I'm not getting any better I could be having an anaphylactic reaction making it difficult for me to breathe
- **IF IN DOUBT FOLLOW MY ALLERGY MANAGEMENT PLAN AND *INJECT**
- Call an ambulance and state you suspect I am having an ANAPHYLACTIC REACTION

If my own inhaler/spacer or adrenaline pen is not available or expired, use the Schools emergency inhaler/spacer and adrenaline pen.

Supporting Pupils with Medical Conditions

Epilepsy

On average, epilepsy affects one young person in every primary school and five in every secondary school. It is one of the most common long term conditions in childhood and can have a significant impact on a young person, even if seizures are controlled.

Here at The Levett School, we will ensure that sufficient numbers of staff have training in seizure first aid and (where needed) administering emergency medication. By educating our staff around Epilepsy and its treatment, we aim for the child's Epilepsy to have as little an impact as possible on the child's learning.

We will ensure that all pupils who suffer from epilepsy will:

- be linked with specified staff members who know them, their condition, their parents/guardians and their individual health care plan well;
- always have appropriate medicines stored in school (and held by a designated adult when on trips) at all times. Consent will be obtained from parents/guardians and added to the medical register.
- have full access to the curriculum including exercise and PE, educational visits, and residential trips, as far in advance as possible.

Any/all seizures occurring within the school day will be recorded on form 6 and information will be passed to parents/carers.

Supporting Pupils with Medical Conditions

The statutory duty of the governing body

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 The Levett 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 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 no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- 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 and school staff (this policy);
- Ensuring that the policy includes details on how the policy 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 notifications 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 (see section below on individual healthcare plans);
- Ensuring that the school 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);

Supporting Pupils with Medical Conditions

- Ensuring that the school 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);
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (see section on day trips, residential trips and sporting activities);
- Considering whether to develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
- Purchase and train staff in the use of defibrillators
- Once regulations are changed consider holding asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions (see section on complaints).

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Head teacher, who 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.

Senior Leaders will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

The SENCo 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

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the

Supporting Pupils with Medical Conditions

arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

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 The Levett School for the first time, with sufficient notification being given, the arrangements will be in place for the start date. In cases other cases, such as a new diagnosis, we will make every effort to ensure that arrangements are put in place within two weeks.

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 that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the 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.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in 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 from, for example, 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.

The Levett 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 that the right support can be put in place. These discussions will be led by Senior Leaders and following these discussions an individual healthcare plan will be written by the SENCO, in conjunction with the parent/carers.

Individual healthcare plans

Individual healthcare plans will help to ensure that The Levett 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. However, not all children 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 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 at Appendix 4.

Individual healthcare 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 the plan 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 SEND but does not have an EHCP, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (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 child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which The Levett 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.

The Levett School will ensure that individual healthcare plans are reviewed 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 Levett School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

Where a child 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 child will need to reintegrate effectively.

Form 1 provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information

- 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 corridors, 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 exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

Supporting Pupils with Medical Conditions

- 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/carer and the Headteacher 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 assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at The Levett School.

In addition we can refer to the School Nursing Team 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.

Other healthcare professionals, including GPs and paediatricians should notify the School Nursing Team 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)

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. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

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 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.

Supporting Pupils with Medical Conditions

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Staff training and support

Miss Emma Place is the named staff member in our schools who oversees the implementation of this policy.

School first aiders are:

Shelly Evans
Amanda Jones
Rachel Kelly
Cody Marriot
Xena Needham
Lydia Shipley
Kerry Tucker
Cherie Gill

Form 4 will be used to record staff training for administration of medicines and /or medical procedures.

All staff who are required to provide support to pupils for specific 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 themselves and will ensure that it remains up-to-date.

Training should 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 plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

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 school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see form 7).

Supporting Pupils with Medical Conditions

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. The 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.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in name which room to ensure that the safeguarding of other children is not compromised. The Levett School does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. Form 5 will need to be completed by parents/ carers to request that their child carries their own medication.

If a child 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 individual healthcare plan. Parents will be informed so that alternative options can be considered. It will also be logged on Form 4.

Managing medicines on school premises and record keeping

At The Levett School the following procedures are to be followed:

- Medicines should 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 written consent (see form 2) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- With parental written consent (form 2) we will administer non-prescription medicines (except aspirin or containing aspirin except prescribed by a doctor). Medication, e.g. for pain relief, should never be administered without first checking maximum dosage and when previous dose was taken. Parents should be informed and the administration of the medicine logged on form 4.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;

Supporting Pupils with Medical Conditions

- The Levett School 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 schools inside an insulin pen or a pump, rather than its original container;
- All medicines must be signed in and out of school using form 3.
- Most pupil medicines will be stored safely in the Main 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 readily available, state where and not locked away. Asthma inhalers should be marked with the child's name.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so (parents must complete form 5), but passing it to another child 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. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses (form 4) used and the amount of the controlled drug held in the school;
- Staff administering medicines should do so in accordance with the prescriber's instructions. The Levett School will keep a record (see form 4) 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 school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed (appendix 2 talks staff through the school procedure for administering medications);
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Emergency procedures

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. 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 needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Refer to appendix 1.

Day trips, residential visits, and sporting activities

We will actively support pupils with medical condition to participate in day trips, residential 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.

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. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Refer to appendix 3.

Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

Once regulations have changed the Governing Body will consider whether to hold asthma inhaler on site for emergency use.

Unacceptable practice

Although staff at The Levett School should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents\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 breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or

Supporting Pupils with Medical Conditions

- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability and indemnity

The Governing Body fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following governing body guidelines.

Complaints

Should parents\carers be unhappy with any aspect of their child's care at The Levett School, they must discuss their concerns with the school. This will be with the child's class teacher 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 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 parent\carer must make a formal complaint using the The Levett School Complaints Procedure.

Supporting Pupils with Medical Conditions

Form 1

THE LEVETT SCHOOL – Individual Health Care Plan

Date Plan Produced
Date Plan will be reviewed

CHILDS DETAILS

Name	
Class	
DOB	
Address	
Medical diagnosis/condition	

FAMILY CONTACT INFORMATION

Contact 1

Name:	Relationship to child:
Telephone:	
Mobile:	

Contact 2

Name:	Relationship to child:
Telephone:	
Mobile:	

CLINIC/HOSPITAL CONTACT

GP CONTACT

Name:	Name:
Position:	Position:
Telephone:	Telephone:

Supporting Pupils with Medical Conditions

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, side effects.

Daily Care Requirements (when to be taken, administered by self/ adult.)

Describe what constitutes an emergency for the child, and the action to be taken if this occurs:

Other information:

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with:

Form copied to:

Form 2

The Levett School

Parental Agreement for School to **Administer Medicine**

Commencement Date	
Name of School	
Name of Child	
DOB	
Class	
Medical condition/diagnosis	
Name of medicine	
Expiry date	
Quantity of medication being handed over to school	
Dosage specified on medicine	
Time of day when medicine must be given	
Any side effects that school need to be aware of?	
Any other instructions.	
Self-administration?	
NOTE: MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY PHARMACY	
Daytime telephone number of parent or agreed contact	
Name and telephone number of GP	
Agreed finish/review date	
Procedures to take in an emergency	

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

Parent's signature

Print name Date

If more than one medication is to be given a separate form should be completed for each.

Supporting Pupils with Medical Conditions

Form 5

The Levett School

REQUEST FOR CHILD TO CARRY HIS / HER OWN MEDICATION

This form must be completed by parents/carers

If staff have any concerns, this request should be discussed with healthcare professionals.

Child's name	
Class	
Name of medicine	
Procedures to be taken in an emergency	

CONTACT INFORMATION

Name	
Daytime telephone number	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed

Date

If more than one medicine is to be given, a separate form should be completed for each one.

Form 6

Record of seizures occurring during the school day

Name Address:	Date of Birth: Telephone: Emergency Contact Numbers:
--	---

Date of seizure: **Time it occurred:**

How long did seizure last?

Action Taken (if any)

Were there any warning signs (for example mood changes, restlessness, sensation, taste, sound)?

What was she/he doing when she/he had the seizure?
.....

Did she/he fall? If so describe
.....

Did she/he lose consciousness?

What colour was his/her face?

Did his/her body move during the seizure?

If so please describe
.....

Was there incontinence? Bladder Bowel (if yes please tick)

What was she/he like after the seizure?
Immediately recovered Sleepy Confused Agitated

Other

Was she/he injured during the seizure? If so how?
.....
.....

Was first aid required?

Name:

Post held in school **Date**

STAFF TRAINING RECORD – ADMINISTRATION OF MEDICINES

Name

Type of training received
.....

Date training completed

Training provided by
.....

Profession and title
.....

I confirm that has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (state how often)

Trainer's signature

Date

I confirm that I have received the training detailed above

Staff signature

Date

Suggested review date

Appendix 1

CONTACTING EMERGENCY SERVICES

Dial 999, ask for ambulance and be ready with the following information:

1. **Your telephone number – 01302 390761**
 - Option 1 for Lower
 - Option 2 for Upper

2. **Give your location as follows:**
 - Levett Lower – Melton Road, Sprotbrough
 - Levett Upper – Landsdowne Road, Intake

3. **State the postcode is -**
 - Upper - DN2 6QN
 - Lower - DN5 7SB

4. **Give exact location in the school**

5. **Give name of the pupil and a brief description of child's symptoms:**

6. **Inform Ambulance Control of the best entrance and state that the crew will be met by school staff on arrival**

PROCEDURES FOR ADMINISTERING MEDICINE DURING THE SCHOOL DAY

Following a parent/carer request for administering medicines, Reception staff must ask parents to complete an authorisation form. (Form 2 or 3). No medication can be accepted at this point.

1. All requests will be given to the SENCo who will arrange for a member of staff to provide the medicine. If a Health Care Plan is needed the SENCo will arrange a meeting with parents/carers to write this and will seek guidance from healthcare professionals as necessary.
2. Staff administering medicines can receive training from the school nursing service in how to administer the medication, if required. This should be discussed with a member of SLT. Tablets and liquid medicine does not require training.
3. Once a member of staff has agreed to administer medicines, parents or carers can bring the medication to the school.
4. Staff administering medicines must complete the header of form 4 (Record of medication administered to an individual child) and verify, from the pharmacy label:
 - Name of child on medication
 - Name of medicine
 - Dosage is specified
 - Written instructions provided by prescriber
 - Expiry date
 - Number/amount of medication provided

A copy of the child's photograph will be attached to the form.

No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber. If it is short term medication such as paracetamol or ibuprofen then written instructions and signed consent from the parents/ carers is fine (form 2).

5. When administering medicines staff must:
 - Ensure they wear protective clothing if necessary
 - Check they have the correct child by comparing with the photograph attached to the form.
 - Ensure a member of staff witnesses them administering the medication
 - Ensure they complete an 'record of medicine administered in school record' after each dose (form 4)
 - Ensure medication is kept in the locked cupboard in reception after each dose.

Appendix 3

PROCEDURES FOR ADMINISTERING MEDICINE DURING RESIDENTIAL TRIPS

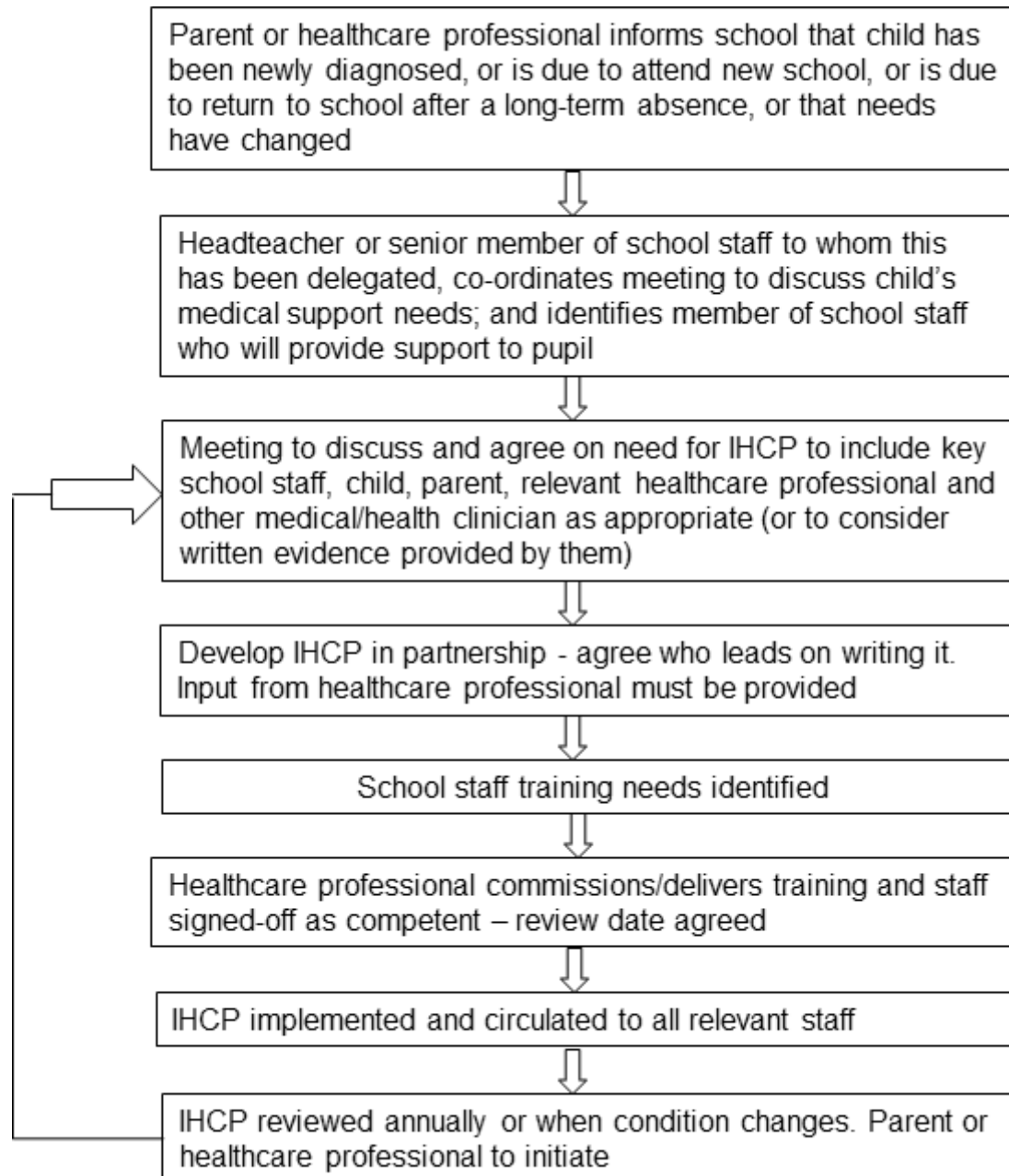
1. Parents wishing staff to administer medicines during residential trips must complete an authorisation form prior to trip departure date.
2. Requests will be considered by a member of SLT, and staff accompanying children on the trip will be asked to volunteer to administer medicines.
3. Once a member of staff has agreed to administer medicines, parents or carers can bring the medication into School. This should not be done on the day of departure for the trip but should be done in advance when possible.
4. Staff administering medicines must complete the header of 'Record of medicines administered to an individual child' and attach a photo of the child to it. Before giving any medication and verify (using the pharmacy label) –
 - a. Name of child on medication
 - b. Name of medicine
 - c. Dosage is specified
 - d. Written instructions provided by prescriber
 - e. Expiry date
 - f. Number/amount of medication provided

No dosage or administering instructions can be accepted from the parent/carer. They must be from the prescriber.

5. Record the child on the Educational Visits paperwork - Log of children requiring medication
6. All medicines must be kept in secure, locked containers throughout the duration of the trip.
7. One identified person is responsible for administering each child's medicines on the trip. (For example, adult A administers child A's medicine.)
8. When administering medicines staff must:
 - a. Ensure they wear protective clothing if necessary
 - b. Check they have the correct child by comparing with the photograph attached to the form.
 - c. Ensure a member of teaching staff witnesses them administering the medication
 - d. Ensure they complete an 'individual child administering medicines record' after each dose.
 - e. Update 'Educational Visits - Log of children requiring medication.
 - f. Ensure medication is kept in the secure locked container after each dose.
9. At the end of the trip all medicines must be returned to parents.

Appendix 4

Model process for developing individual healthcare plans



Appendix 5

Letter informing parent of medications in bag.

Dear Parent/ Carer of.....

Please be aware that your child has medications in their school bag. Please dispose of these correctly. Please inform the school if this has not arrived home today.

Thank you

Miss E Place
Assistant Headteacher

Appendix 6

Letter about medication required in school.

Dear Parent / Carer of.....

MEDICATION REQUIRED IN SCHOOL

Please could you send in a further supply of

Date	Medication and Dose	Parent/ Carer name and signature	Date received in school	School staff name and signature

Please make sure that the medication is dispensed with a prescription label which states:Child's name, name of drug, dosage to be given, expiry date, unopened bottle.

We cannot accept opened or decanted medications in school.Thank you

Miss E Place
Assistant Headteacher