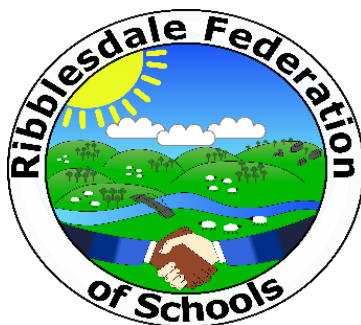


The Ribblesdale Federation of Schools

Do Everything in Love (1 Corinthians 16:14)



Supporting Pupils with Medical Conditions Policy

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Executive Headteacher	C. Maddock	Chair of Governors	John Bradley

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The Ribblesdale Federation of Schools welcomes and supports Children and Young People (CYP) with medical and health conditions. We aim to include all CYP with medical conditions in all school activities, including off site visits, differentiated as appropriate. We recognise that some medical conditions may be defined as disabilities and consequently come under the Equality Act 2010.

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions;
- Pupils with medical conditions are properly supported so that they can:
 - play a full and active role in school
 - remain healthy
 - achieve their academic potential
 - access the same opportunities as other pupils including school trips and sporting activities

Parents and pupils have confidence in the school's ability to provide effective support for medical conditions in school

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained;
- Making staff aware of pupils' conditions, where appropriate;
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions;
- Providing supply teachers with appropriate information about the policy and relevant pupils;
- Developing and monitoring Individual Health Care Plans (IHCPs).
- Working collaboratively with NYCC and Health Services

The named person with responsibility for implementing this policy is Catherine Maddocks (Executive Headteacher).

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [Supporting Pupils with Medical Conditions at School](#).

It has been written alongside NYCC's Policy & Procedures for supporting children at school with medical conditions and children who cannot attend because of health needs.

3. Planning ahead

We have a responsibility to plan ahead for pupils with medical conditions who may enrol for our school in the future and we do this by:

- having some staff who have the duties of administering medicines and undertaking health care procedures written into their job descriptions
- ensuring other staff are aware that they may volunteer to do these duties and that they also have responsibilities in emergency situations
- having record keeping procedures in place for administering medication
- having storage facilities in place for medication
- having identified a suitable area within school for undertaking health care procedures

- having suitable toileting facilities for CYP which are clean, safe and pleasant to use
- having flexible policies which take into account medical conditions e.g. we do not refuse access to the toilet at any time to any CYP with a medical condition that requires this
- appointing a member of staff to be our Named Person for medical needs
- following NYCC's Policy & Procedures for supporting children at school with medical conditions and children who cannot attend school because of health needs

4. Roles and responsibilities

4.1 The Governing Body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

4.2 The Headteacher

The Headteacher holds overall responsibility for the following but may delegate some of the responsibilities to a named person:

- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- Liaise between interested parties including CYP, school staff, pastoral support/welfare officers, teaching assistants, Health Services, NYCC, parents and governors
- Ensure information held by the school is accurate and up to date and that there are good information sharing systems in place using Individual Health Care plans
- Ensure CYP confidentiality
- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all Individual Health Care Plans (IHCPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development & monitoring of IHCPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the Growing Healthy 0-19 Service for advice, consultation and support for children and families with Emotional Health & Resilience needs.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure absences due to medical needs are monitored and alternative arrangements for continuing education are in place
- Check medication held in school monthly for expiry dates and dispose of accordingly
- Inform parents when supply of medicine needs replenishing / disposing
- Quality assure record keeping

- Work together to quality assure staff competency in specific procedures
- Regularly remind staff of the school medical policy and procedures
- Where a CYP is open to the MES the head teacher will:
 - Identify a named school contact to liaise directly with the MES
 - Ensure the named contact arranges regular Pupil Reintegration Education Plan (PREP) meetings in a timely way
 - Ensure the CYP's teachers liaise directly with the MES & share appropriate resources (laptop/schemes of work/lesson plans etc) prior to provision from the MES starting
 - Arrange an appropriate space in school for the CYP to have provision from the MES
 - Ensure school is in regular contact with the CYP and parent/carer
 - Maintain safeguarding responsibility & identify the Designated Safeguarding Lead (DSL)
 - Enter the CYP for exams & arrange access & invigilation arrangements
 - make arrangements for EHCARs and EHCP Reviews where appropriate
 - facilitate career interviews
 - be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration into school
 - Support transitions

4.3 School Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

All staff have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- Understand and implement the medical policy
- Know which CYP in their care have a medical condition
- Allow all CYP to have immediate access to their emergency medication
- Maintain effective communication with parents including informing them if their child has been unwell at school
- Ensure CYP who carry their medication with them have it when they go on a school trip or out of the classroom e.g. to the field for PE
- Be aware of CYP with medical conditions who may be experiencing bullying or need extra social support
- Ensure all CYP with medical conditions are not excluded unnecessarily from activities they wish to take part in
- Ensure CYP have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

4.4 Teaching staff

Teachers at this school have a responsibility to:

- Ensure CYP who have been unwell catch up on missed school work
- Be aware that medical conditions can affect a CYP's learning and provide extra help when needed
- Liaise with parents, healthcare professionals and special educational needs co-ordinator if a CYP is falling behind with their work because of their condition
- If a child is open to the Medical Education Service (MES) the CYP's teachers will:
 - Liaise directly with the MES
 - Share schemes of work, lessons plans & resources with the MES in a timely manner prior to the provision starting
 - Moderate & standardise work completed by the CYP at least once a term
 -

4.5 First aiders

First aiders at this school have a responsibility to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school
- When necessary ensure that an ambulance or other professional medical help is Called
- Check the contents of first aid kits and replenish as necessary

We have trained first aiders on site at all times throughout the school day who are aware of the most common serious medical conditions at this school. All PE teachers are first aid trained. Training is refreshed every three years.

4.6 Special Educational Needs Co-ordinator (SENCo)

has a responsibility to:

- Help update the school's medical condition policy
- Know which CYP have a medical condition and which have special educational needs because of their condition
- Ensure teachers make the necessary arrangements if a CYP needs special consideration or access arrangements in exams or coursework
- Where a child has SEN but does not have an EHCP, ensure their SEN is mentioned in their IHCP.
- Where the child has a SEN identified in an EHCP, ensure the IHCP is linked to or apart of that EHCP.

4.7 Parents

Parents will:

- Tell school if their child has / develops a medical condition
- Immediately inform (the school office) in writing if there are any changes to their child's condition or medication.
- Ensure that they/ their emergency representative is contactable at all times.
- Administer medication out of school hours wherever possible
- Undertake health care procedures out of school hours wherever possible

- Ensure they supply school with correctly labelled in date medication.
- Complete the necessary paperwork e.g. request for administration of medication
- Collect any out of date or unused medicine from school for disposal
- Keep their child at home if they are infectious to other people
- Ensure their child catches up on any school work they have missed.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- Be involved in the development and review of their child's IHCP and may be involved in its drafting;
- Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

Parents who do not provide this support should be aware that we may not be able to fully support their CYP's medical condition in school.

4.8 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs. They are also expected to comply with their IHCPs.

Pupils will:

- Treat other CYP with and without a medical condition equally
- Tell their parents, teacher or nearest staff member when they or another CYP is not feeling well. We remind all CYP of this on an annual basis in (assembly)
- Treat all medication with respect
- Know how to gain access to their medication (includes emergency medication)
- Ensure a member of staff is called in an emergency situation

5. Equal Opportunities

Our school is clear 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.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

6. Being Notified that a Child has a Medical Condition

Notification of a CYPs medical condition may come via a number of routes e.g. by parents, Healthy Child nurse, admission forms etc.

Whatever the route the Headteacher / named person must be informed as soon as possible.

They must then:

- Seek further information about the condition
- Determine with the support of parents and relevant health professional whether an Individual Healthcare Plan is required
- Identify any medication / health care procedures needed
- Identify any aspects of a CYPs care they can manage themselves
- Identify which staff will be involved in supporting the CYP
- Identify what, if any, training is needed, who will provide this and when
- Identify which staff need to know the details of the CYPs medical condition and inform them as appropriate
- Ensure parent/s written permission is received for any administration of medication

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

7. Individual Health Care Plans

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHCP. NB Please note that the IHCP would normally cover everything that would be covered in a Risk Assessment, so it is unlikely that a separate risk assessment would be required.

The Headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to the Federation SENDCo, Nicola Devereux.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be kept according to NYCC guidance & the requirements of the UK GDPR.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done;
- When;
- By whom.

Not all pupils with a medical condition will require an IHCP. It will be agreed with a Health care professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision. Any decisions made and the reasons for them must be adequately recorded and the information shared with parents unless there is a safeguarding concern.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHCPs will be linked to, or become part of, any Education, Health and Care plan (EHCP). If a pupil has SEN but does not have an EHCP, the SEN will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the headteacher and the individual with responsibility for developing IHCPs, will consider the following when deciding what information to record on IHCPs:

- 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;
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupil's condition and the support required;
- Arrangements for written permission from parents 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 pupil can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition;
- What to do in an emergency, including who to contact, and contingency arrangements.

We send completed and signed Individual Health Care Plans electronically to: insurance@northyorks.gov.uk this includes Individual Health Care plans detailed using the NYCC template or any other format.

8. Managing medicines

8.1 Administration of medication at school

Wherever possible we allow CYP to carry their own medicines and relevant devices and where CYP self-administer we will provide supervision as appropriate

- We will only administer medication at school when it is essential to do so and where not to do so would be detrimental to a CYP's health.
- We will only accept medication that has been **prescribed** by a doctor, dentist, nurse prescriber or pharmacist prescriber and are in-date, labelled and provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- Non-prescribed medication can only be administered in a school/setting where it is absolutely essential and where it would be detrimental to the pupil's health not to do so and where it cannot be taken out of the schools/settings hours and when instructed to do so by a medical professional. If possible it is preferable for parents/carers to come to school to administer this medication.
- When non-prescribed medicine is administered it must have prior written parental consent form and a record of administration form must be kept
- The school/setting should ensure they treat the non-prescribed medication the same as if it were prescribed i.e. Checking the packaging, expiry date, dosage, administration instructions, correct storage etc.
- Non – prescribed medication should be provided by the parents. The School will not routinely hold their own stocks of medication.
- We will not give **Aspirin** to any CYP under 16 unless it is prescribed
- We only give medication when we have written parental permission to do so.
- Where appropriate, CYP are encouraged to carry and administer their own medication with a spare being kept in their classroom
- Medication not carried by CYP is stored in their classroom, or in a temperature controlled place such as the fridge
- Controlled drugs are stored in a locked drawer in the school office in a fixed piece of furniture
- CYP who do not carry and administer their own medication know where it is stored and how to readily access it.

8.2 Administration of medication - general

- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a CYP taking medication unless they have been specifically contracted to do so or it is in their job description.
- For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils but only with a parent's written consent.
- Some medicines require staff to receive specific training on how to administer it from a registered health professional.

8.3 CYP who can manage their own needs

We encourage all CYP to manage as much of their own needs as is appropriate. The Headteacher / named person will determine after discussion with parents whether a CYP is competent to manage their own medicine and procedures. Where a CYP has been recently diagnosed or has an additional disability/condition e.g. visual impairment, we support them to gradually take on more of their own care, over time, as appropriate with the aim of them becoming as independent as possible.

We aim for our CYP to feel confident in the support they receive from us to help them do this.

8.9 Safe storage – general

- The Headteacher ensures the correct storage of medication at school
- The Headteacher / named person ensures the expiry dates for all medication stored at school are checked (frequency) and informs parents by letter in advance of the medication expiring.
- Some medications need to be refrigerated. These are stored in a clearly labelled airtight container in the fridge located in the staff kitchen. This area is inaccessible to unsupervised CYP.
- Pupils will be informed about 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 will always be readily available to pupils and not locked away.
- Medicines will be returned to parents to arrange for safe disposal when no longer required.

8.10 Safe disposal

- Parents are asked to collect out of date medication.
- If parents do not collect out of date medication, it is taken to a local pharmacy for safe disposal.
- Disposal of medication is recorded on the administration of medication record.

9.0 School Trips

Staff organising our school trips ensure:

- they plan well in advance.
- they seek information about any medical / health care needs which may require management during a school trip. This is specifically relevant for residential visits when CYP may require medication / procedures that they would not normally require during the daytime.
- that any medication, equipment, health care plans are taken with them and kept appropriately during the trip.
- They do a risk assessment which includes how medical conditions will be managed in the trip. Staff are aware that some CYP may require an individual risk assessment due to the nature of their medical condition.

10.0 Unacceptable practice

School staff use their discretion about individual cases and refer to a CYP's Individual Healthcare Plan, where they have one, however; it is not generally acceptable to:

- Prevent CYP from accessing their inhalers or other medication
- Assume every CYP with the same condition requires the same treatment
- Ignore the views of the CYP and their parents
- Ignore medical evidence or opinion although this may be challenged
- Send CYP with medical conditions home frequently or prevent them from staying for normal school activities e.g. lunch unless it is specified in the CYP's Individual Healthcare Plan
- Send an ill CYP to the school office or medical room without a suitable person to accompany them
- Penalise CYP for their attendance record if their absences relate to their medical condition e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need in order to manage their medical condition
- Require parents, or otherwise make them feel obliged to come into school to provide medical support to their child, including toileting issues and manual handling issues
- Prevent CYP from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring the parent to accompany the CYP.

11. Emergency procedures

We are aware that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

We have a procedure in place for dealing with emergencies and all staff know they have a duty to take swift action. The Headteacher / named person ensures that all staff feel confident in knowing what to do in an emergency. Details of how to call an ambulance are kept by the 'phone at the school office (add any others e.g. swimming pool phone). This procedure is revisited (frequency) at whole school staff meetings.

If a CYP needs to be taken to hospital, an ambulance will be called and, if parents are not available, a member of staff will accompany, and school will phone the parent/s to meet the ambulance at casualty. The member of staff will stay with the CYP until a parent arrives. Health professionals are responsible for any decisions on medical treatment in the absence of a parent.

Staff will not take a CYP to hospital in their own car unless it is an absolute necessity.

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHCPs will clearly set out what constitutes an emergency and will explain what to do.

12.0 Training

Staff who support CYP with specific medical conditions must receive additional training from a registered health professional. Training requirements are determined via Individual Health Care plans. The Head teacher / named person is responsible for ensuring staff are suitably trained by liaising with the relevant healthcare professional. Any member of staff who is trained but feels unable to carry out these duties competently (for example due to having an injury/condition themselves or due to further training being required) must report this as soon as possible to the Headteacher / named person who will make appropriate arrangements.

The Headteacher / named person keeps a training record and ensures training is refreshed as appropriate. The Headteacher is involved in determining the competency of a member of staff in undertaking specific procedures.

Staff who complete records are shown by the Headteacher / named person how these are to be completed and managed. The Headteacher / named person quality ensures this on termly basis.

Arrangements for induction of new staff are completed by the Headteacher or named person.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist is sufficient and the Headteacher / named person will determine this.

12.1 Whole school staff awareness training

We aim for all staff to receive basic awareness training in the following more common conditions:

- asthma
- epilepsy
- allergic reaction

This training is delivered by the National Health Service and a local Further Education College as part of our First Aid Training

This is supported by having information about these conditions located in prominent positions

13.0 Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

The following records are kept in school

Name of record	Location of record	Who completes it	Who quality assures it & how often
Whole school administration of medication record			
Individual administration of medication record - for CYP who have frequent & regular medication			
Staff training log – including first aid			
School Medical Register			

All these records will be kept securely and in accordance with NYCCs Records Retention and Disposal Schedule & the requirements of the UK GDPR. All electronic records will be password protected.

Enrolment forms

We ask on our enrolment form if a CYP has any medical /health conditions and ask parents/carers to update school as necessary and on an annual basis.

Individual Healthcare Plans

School Medical register

We keep a centralised register of CYP with medical needs. The Headteacher / named person has responsibility for keeping the register up to date.

14.0 Asthma

- School staff are aware that, although it is a relatively common condition, asthma can develop into a life-threatening situation.
- We have a generic asthma plan in place in school which details how asthma attacks are managed. This plan is displayed in the First Aid cupboard in the accessible toilet, on the inside of the cupboard door.
- CYP who have asthma will not have an Individual Healthcare Plan unless their condition is severe or complicated with further medical conditions.
- The Headteacher and Governing body have chosen to keep emergency Salbutamol inhalers and spacers in school for use by CYP who have a diagnosis of asthma and whose parent/s have given us written permission for their CYP to use it. This would be in rare circumstances where an inhaler has become lost or unusable. Parents are informed by standard letter if their child has used the school's emergency inhaler.
- The named person is responsible for managing the stock of the emergency school Salbutamol inhalers.
- The emergency salbutamol inhalers will be kept in the First Aid cupboard in the accessible toilet along with a register of CYP whose parent/s has given permission for these to be used as appropriate.
- The Headteacher / named person is responsible for ensuring the emergency inhalers and spacers are washed as necessary

15.0 The school defibrillator

As part of our first aid equipment we have been given a defibrillator by the DfE. We have notified our local NHS ambulance service of this decision and our first aiders are trained in its use. The Headteacher / named person is responsible for checking the unit is kept in good condition. This is done on a termly basis. The defibrillators in use audio step by step instructions which are activated once in use.

16.0 Data Protection

We will only share information about a CYPs medical condition with those staff who have a role to play in supporting that child's needs. In some cases e.g. allergic reactions it may be appropriate for the whole school to be aware of the needs. In other cases e.g. toileting issues, only certain staff involved need to be aware. We will ensure we have written parental permission to share any medical information.

Refer to the school's obligations under the UK General Data Protection Regulation (GDPR) and set out how the schools privacy notice include the basis upon which health information for pupils is shared as this is special category information and additional safeguards apply. The policy must also set out how all staff who have access to the medical records will receive training regarding their duties under the Data Protection legislation and in particular the UK GDPR duties regarding special category data.

17.0 School environment

We will ensure that we make reasonable adjustments to be favourable to CYP with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

18.0 Physical Environment

We have an accessibility plan which outlines how we aim to develop our facilities and staffing to meet potential future health care needs e.g. improved physical access, improved toilet facilities.

19.0 Education and learning

We ensure that CYP with medical conditions can participate as fully as possible in all aspects of the curriculum and ensure appropriate adjustments and extra support are provided.

Teachers and support staff are made aware of CYP in their care who have been advised to avoid or take special precautions with particular activities.

We ensure teachers and PE staff are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.

Staff are aware of the potential for CYP with medical conditions to have special educational needs (SEN). The school's SEN coordinator consults the CYP, parents and pupil's healthcare professional to ensure the effect of the CYPs condition on their schoolwork is properly considered

20. Home to school transport

Parents are responsible for informing SEN transport or Integrated Passenger transport if their child has a medical need that they may require assistance with during the journey to and from school.

21. Dignity and Privacy

At all times we aim to respect the dignity and privacy of all CYP with medical conditions we do this by only sharing information with those who have a role in directly supporting the CYPs needs.

22. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Long Preston Endowed VA Primary School: Ecclesiastical and DfE Risk Protection Arrangements (RPA)

Hellifield Primary School: DfE Risk Protection Arrangements (RPA)

Giggleswick Primary School: DfE Risk Protection Arrangements (RPA)

NYCCs insurance policy can be viewed on NYCC intranet. Insurance policies should be accessible to the staff who are providing the support. NYCC Liability Insurance does cover staff when undertaking a Health Care procedure. However, if alternative or additional arrangements are required then these will be dealt with by Insurance and Risk Management on an individual case. It is therefore essential that copies of IHCPs are sent to NYCC Risk Management and Insurance following parental consent. Due to the numbers of IHCPs, CYPs Insurance and Risk Management will only contact a school if they have a query or if they think additional cover may need to be taken out. If schools require a receipt for their message they should add a tag for this.

NYCC maintained schools must send completed and signed IHCPs electronically to:

InsuranceAndRiskManagement@northyorks.gov.uk

This includes IHCPs detailed using the NYCC template or any other format.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

23. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Head teacher or Federation SENDCo in the first instance. If the Head teacher or SENDCo cannot resolve the matter, they will direct parents to the school's complaints procedure. For details on how to make a complaint around medical issues in school please follow our school complaints procedure available on the Federation website or via the school office.

24. Monitoring arrangements

This policy will be reviewed and approved by the governing board annually.

25. Distribution of the school medical policy

Parents are informed about this school medical policy:

- In the school newsletter (as appropriate)
- When their child is enrolled as a new pupil
- Via the school's website, where it is available all year round

School staff are informed and reminded about this policy

- At scheduled medical conditions training / school training days
- whole school staff meetings
- Via email
- Staff Shared area

Governing Bodies should review this policy annually

26. Links to other policies

This policy links to the following policies and procedures:

NYC Procedures for Supporting Children and Young People with Medical Conditions, including all relevant appendices

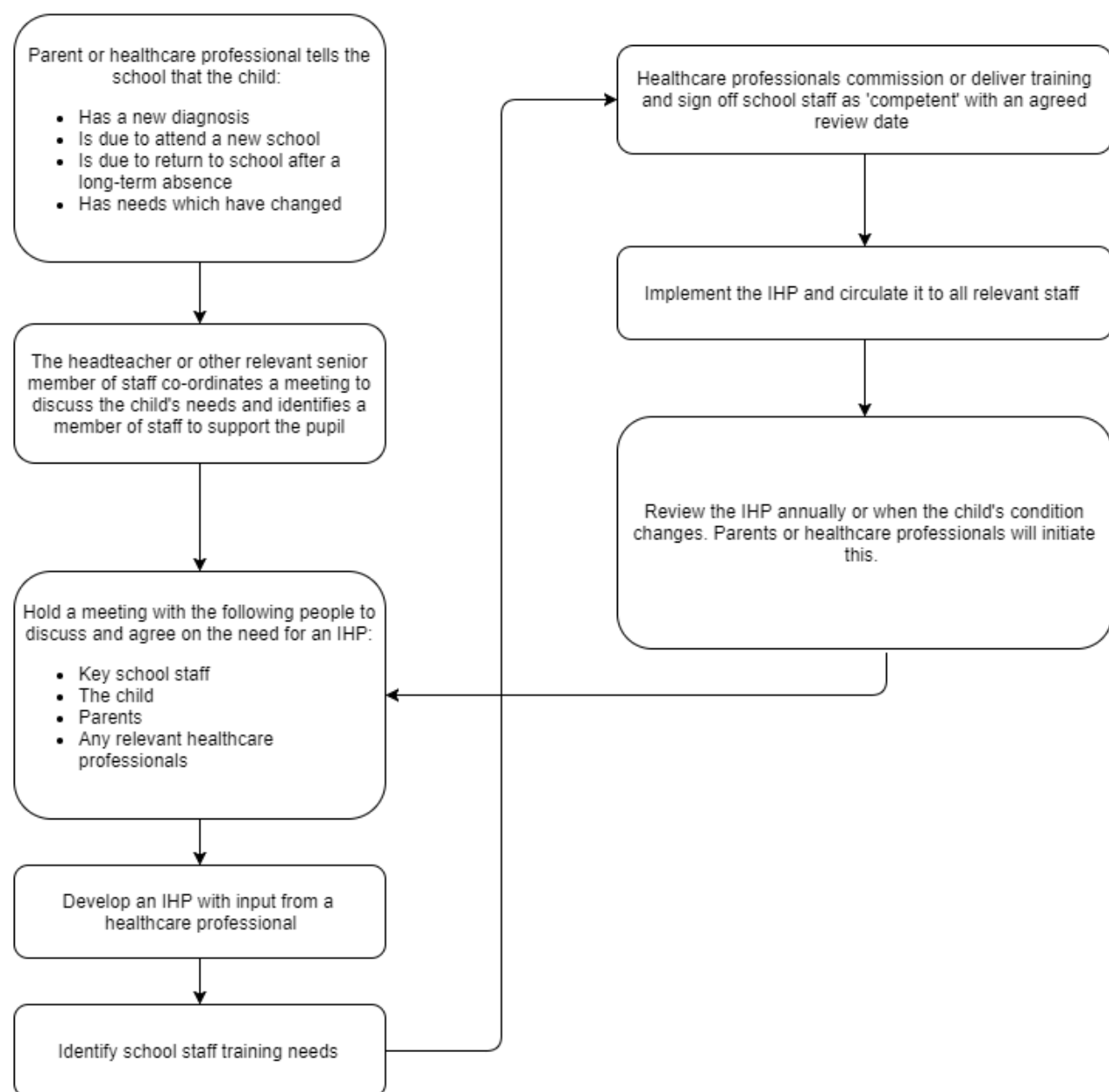
Asthma Policy

Complaints Policy

Admissions Policy

SEND Policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Request for Child/Young Person to Carry and Self - Administer Medication

Request for Child/Young Person to Carry and Self - Administer Medication

This information will be held securely and confidentially and will only be shared with those who have a role or responsibility in managing the administration of medication to your child.

This form must be completed by the parent before the request can be considered

Name of Provision

Child's/Young Person's Details

Name.....DoB

Address

Parent/carer name and contact

GP's name and contact number

Emergency contact name and number

Emergency contact name and number

Details of Medication

Medical condition/illness

Medication name and strength

Medication formula (eg tablets)

Action to be taken in an emergency

--

Parental Request and Statement of Agreement

I (printed name of parent/carer) • request that my child carry and self administer the above named medication • confirm that the information given is accurate and up-to-date • will inform the provision in writing of any changes to this information • understand that the self-administering of the medication will not be supervised by staff • agree to not hold staff responsible for loss, damage or injury associated with my child carrying and self-administering their medication Signature of parent/carerDate:.....

Provision Statement of Consent

(Name of Provision) agrees to allow (Name of child/young person)..... to carry and self-administer their named medication Name of Headteacher/Manager (please print) Signature of Headteacher/Manager Date..... NB The Headteacher/Manager must take into consideration any risk/insurance implications for the child/young person or others before consent is given
--

If more than one medication is to be carried and self-administered then a separate form must be completed for each.

Appendix 3: Model Individual Health Care Plan

Model Individual Health Care Plans (IHCP)

INDIVIDUAL HEALTHCARE PLAN				
Date of plan				
Planned review date				
1 Child's/Young Person's Information				
1.1 Child/Young Person's Details				
Child's/ Young Person's name				
Name of school/setting				
Address of school/setting				
Academic Year				
Date of birth				
Child's address				
Medical diagnosis or condition				
1.2 Family Contact Information				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Address				
Email				
Name				
Relationship to child				
Phone no. (work)				
(home)				

(mobile)	
Address	
Email	

2 Health contacts	
2.1 Clinic/Hospital Contact	
Name	
Phone no.	
2.2 G.P.	
Name	
Phone no.	
2.3 Nurse	
Name	
Phone no	
3 Education Contacts	
Class teacher	
SENCo	
Other support staff in school (if relevant)	
Who is responsible for providing support in school	
4 Medical Information	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
5 Medication	
Name of medication	
Dose	
Method of administration	

When to be taken		
Side effects/contra-indications		
Administered by Supervision needed		
6 Daily Care Requirements		
7 Support for pupil's educational, social and emotional needs- including useful strategies		
8 Reasonable Adjustments/ Support for School /Recommendations		
9 Emergency Situations		
What is considered an emergency?		
What are the signs and symptoms?		
What are the triggers?		
What action must be taken?		
Follow up action		
10 Staff Training		
What training is required?		
Who needs to be trained?		
Sign and date when training is completed.		
11 Names of those involved in drawing up the plan.		
Name	Signature	Date

Appendix 4: Sample Letter Inviting parents/health professions to contribute to individual healthcare plan development

Sample letter inviting parents / health professionals to contribute to individual healthcare plan development

Dear Parent / health professional (delete as appropriate)

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR (name of child)

Thank you for informing us of (child's name) medical condition. A copy of the school's medical policy can be found.....

A requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise us on your child's case. The aim is to ensure that we know how to support the child / young person effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children / young people will require one. We will need to make judgements about how the child / young person's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing the individual healthcare plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete relevant sections of the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Headteacher

Appendix 5: Parental Request for medicine to be taken in school

Parental request for medicine to be taken at school

School staff will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer certain medicines.

Childs name:		DOB:
Medical condition/illness:		Class/form:
Name/type of medicine <i>(as described on the container)</i>	NB: Medicines must be in the original container as dispensed by the pharmacy	
Expiry date		
Dosage and method		
Times of day medicine is to be administered		
Date and time the most recent dose was given (school should not give the first dose of a medicine)		
Special precautions / instructions		
Are there any side effects that the school needs to know about?		
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 to school staff administering medicine in accordance with the school policy and the prescribers instructions.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that, where medicine is not self- administered, it will be given by non-medically qualified staff.

I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration/supervision of medication unless resulting from their negligence

I will abide by the schools policy and procedure for the delivery and return of medication

I will ensure adequate supply of in date medication

Name of Parent.....

Signature of parent..... Date.....

Relationship to Child.....

School Consent:

- The school agree to administer the above as requested
- Staff administering medication or supervising the administration of medication have received any necessary training
- Staff are insured to undertake the above

Name of Headteacher/designated person.....

SignatureDate.....

NB : If more than 1 medication is to be administered then a separate form should be used for each one.

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

[Insert school name]

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....

.....

.....

Telephone:

E-mail:

Appendix 7: Specimen letter to inform parents of emergency Salbutamol Inhaler use.

**SPECIMEN LETTER TO INFORM PARENTS OF
EMERGENCY SALBUTAMOL INHALER USE**

Child's name:

Class:

Date:

Dear.....,

[Delete as appropriate]

This letter is to formally notify you that.....has had problems with his / her

breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. .

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Appendix 8: Administration of medication record

Sheet number..... (in chronological order)

School		
Name of CYP		DOB: Class/form:
Name of medication		Formula e.g. tablets, liquid
Quantity received from parent		
Quantity returned to parent		
Dosage and times		
Any special instructions		

Date & time of administration	Dose given	Any reactions and any action taken by staff	Name of person(s) administering / supervising <i>(please print)</i>	Signature of person(s) administering / supervising	Additional information e.g. • Repeat prescription supplied • Medication returned to parent • Medication returned to pharmacy (Pharmacist signature required) • Parents signature (Early Years Children only)
Date & time of administration	Dose given	Any reactions and any action taken by staff	Name of person(s) administering / supervising <i>(please print)</i>	Signature of person(s) administering / supervising	Additional information e.g. • Repeat prescription supplied • Medication returned to parent • Medication returned to pharmacy (Pharmacist signature required) • Parents signature (Early Years Children only)

Appendix 9: Staff training record

Staff Training Record

Name of school/setting	
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that this 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(frequency)

Trainers Name _____

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above and that I feel competent to implement it.

Staff signature _____

Date _____

Suggested date for updating training _____

Appendix 10: Off-site visits planning checklist

Off-site visits planning checklist

Name of child/young person:	DOB:	Class/group:
Details of proposed visit:		
Name(s) of staff involved in planning:		

Planning	Action	Person Responsible	Timescale
Parents consent			
Identify health care needs – procedures, training, resources			
Transport			
The journey			
Undertaking health care procedures during the visit – what, where, when, who, how?			
Access to the venue/activity			
Moving and handling tasks			
Additional considerations			

Appendix 11: Moving & handling child/young person Risk Assessment

Moving & Handling of Child/Young Person Risk Assessment

Name:

D.O.B:

Height:

Weight:

Physical/Medical Condition/s (if diagnosed):

Provision / Location:

Does the Task involve...	Is there a risk?		Identified Issues	Action to reduce risk
	Yes	No		
Holding away from trunk				
Twisting/pushing/pulling				
Stooping/posture constraints				
Reaching upwards				
Vertical movement				
Carrying a distance				

Repetition				
Other				

Staff	Is there a risk		Identified issues	Action to reduce risk
	yes	No		
Physical capabilities				
Knowledge/capability				
Other e.g. clothing, footwear, sharp nails				

Environment				
Posture constraints				
Floor e.g. variation in level, uneven surface				
Cold / hot / humid				
Strong air movement				
Available space				
Other				

Child/Young person				
Impact of condition e.g. involuntary movements, brittle bones, hyper mobility				
Behaviour issues				
Other e.g. epilepsy,				

Tasks needing assistance	Method	Equipment	Number of staff
Walking / mobility			
Using steps/stairs			
Transfer to & from chair / wheelchair			
Transfer to & from toilet / change bed / bath			
Moving/turning over in bed			

Transfer to & from transport			
Other			