



Individual Health Care Plan Policy

This policy supersedes the previous administration of medicines policy and has been updated in line with the DfE guidelines published in September 2014. This has come about as a result of the Children and Families Act 2014 (section 100), which places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

Rationale

British International School wishes to provide a fully inclusive educational and pastoral system. To do this we need to ensure that correct procedures and protocols are in place to enable any student with a long-term medical condition to be able to attend school or have minimum disruption to their education.

The purpose of this policy is to

- Ensure that students with medical conditions are well supported in school and have full access to education, including school trips and physical education.
- Ensure that there is clarity around the holding and administering of medication at school
- Ensure that information about a child's needs is shared appropriately by health professionals, school staff, parents and students
- To develop staff knowledge and training in all areas necessary for our students.

Definition of the term 'medical condition' used in this context

A medical condition is one that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled. Where this is the case the Governing body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the local authority's Local Offer.

Children with medical conditions (e.g. anaphylaxis, epilepsy, diabetes) all have Individual health care plans (IHCP), usually written in conjunction with the school nurse and parents. The deputy principal has an overview of all systems in place for children with medical conditions.

The school will:

- Ensure that students with medical conditions are identified as they transfer to the school and through the ongoing annual data check process.
- Arrange for written permission from parents/carers and a member of the Senior Leadership Team for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Ensure that IHCP are shared with relevant members of staff
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate (e.g. including individual children on risk assessments)



- Designate individuals to be entrusted with information about a student's condition where confidentiality issues are raised by the parent/child
- Have an identified key worker trained to specifically meet the needs of students with a statement of SEN linked to a medical condition
- Be clear about what to do in an emergency, including who 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
- Make all staff working directly with students aware of the students in the school with medical conditions
- Provide sufficient training for staff to meet the needs of students at the school with medical conditions.

We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as a child with an identified medical condition starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

Training regarding specific conditions will be delivered as required. This is usually within the term of a new student beginning school, but if necessary before they commence their education at BIS.

First aid training will continue to be under the guidance of the Health and Safety Policy. Students requiring continuous support for a medical condition will need an Individual Health Care Plan (IHCP), this is often provided by a specialist (e.g. epilepsy nurse). IHCPs should be discussed by parents and school staff.

It is important that parents or carers update the school if their child's condition or medication changes. The school will review medication and care plans yearly with the parent to ensure that information is up to date and shared with class teachers. It is the parent's responsibility to make sure that all medicines are in date and to dispose of any that are out of date.

Individual Health Care Plans

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive.

An IHCP will:

- Be clear and concise, giving brief details of the child's condition
- Be written in partnership with parents, child, healthcare professional and key staff
- Give details of what constitutes an emergency, what action to take and who to contact
- Special requirements e.g. dietary needs, pre-activity precautions
- Be reviewed annually or when there is a change in the condition of the child
- Be easily accessible whilst preserving confidentiality. A copy is kept with the medication in both the child's classroom and the school office. Copies of all IHCPs are kept in a file in the school office with children's photos attached.
- Outline educational provision if the student is unable to attend school
- Contain details of the medical condition, its triggers, signs, symptoms and treatments
- Include relevant SEN information
- Provide details of the student'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, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons

- Outline 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
- State 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.

Expectations

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of professionals.

It is expected that:

- Parents will inform the school of any medical condition which affects their child and provide evidence where requested
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container and details included inside the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate

Management of Medication

Students will not be able to carry any medication with the exception of epipens, inhalers for asthma control, or care plan specified medication. No student is allowed to carry any non-prescription drugs in school; this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication.

Managing Medicines during the School Day

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Prescription medicines must be in date, labelled, in the original container including prescriber's instructions re administration, dosage and storage.

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask doctors for timed-release medication for a minimum number of daily doses.

Prescription Medication

- Named member of staff may administer such a drug to whom it has been prescribed, according to the instructions
- Prescription drugs will be returned to the parents when no longer required. Parents are responsible for the disposal of any remaining prescription drugs (should be taken to pharmacist)



- Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration

Non-prescription

Unless there is written confirmation from a GP that this has been agreed, no non-prescription drug will be administered on a regular basis.

Medicines containing aspirin will only be given if prescribed by a doctor.

Recording

When a parent requests administration of medication, the form in appendix 1 of Administration of medicine policy must be completed at the school office. A member of SMT must sign the form giving consent for it to be administered in school. Medication (other than epipens and asthma inhalers) is stored in the office and generally dispensed by a senior member of staff in the school office. In the case of nursery children, the medication is stored securely in the classroom and administered by nursery staff in accordance with this policy.

When a child takes medication the dose and time are recorded. Younger children with spacers for their inhalers may need supervision by staff in order to ensure they are used appropriately.

When the administration of non-emergency medication is required staff may exercise their voluntary right to not administer, this right maybe selective on the grounds of the type of medication in question.

Epipens

Epipens are stored in clear plastic boxes with the picture of the child on the outside and the care plan enclosed. Children are required to have 2 epipens in school, one in class and one in the school office.

Parents/carers have the responsibility of checking whether the medication is in date, however this will also be checked annually by school staff when the children change class.

A register of students who have been prescribed an epipen is kept in the school office. All staff have annual training in the recognition and management of an allergic reaction/anaphylaxis. (See also https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/33-anaphylaxis-and-severe-allergic-reaction#download_access which is also available in the staff handbook.)

Details of children's triggers are given on their care plans. When a child starts at BIS they are also given a form to complete for the school dinner providers detailing any food allergies.

Asthma pumps

Children with asthma should have easy access to their inhaler, which must be clearly marked with their name. Children from Year 2 and above are expected to take care of their own inhalers. Inhalers for younger children should be kept in a clearly marked box in the classroom. Medicine should not be locked away.

The only inhaler a child should have at school is their blue inhaler, which is the relief inhaler. Other inhalers are preventative and should be taken in the morning and the afternoon at home.



The school holds a spare blue inhaler in case of emergency. Permission to use this is sought in writing from parents whose children are asthmatic.

Ritalin and related drugs

Ritalin is a controlled drug. It needs to be kept in a more secure environment than suggested above. Generally children are prescribed slow release Ritalin and do not need to take at school. If this is not the case the drug will be locked in the school safe. The adult taking it out of the safe will need to do so with an observer who will check the number of tablets going out and back in again and ensure that the child takes the tablet.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed immediately. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Managing Medicines on Trips and Outings

When arranging a school trip, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. A copy of the care plan is taken alongside the medication. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

Children with medical needs will be encouraged to take part in residential visits. The visit leader will carry out a specific and additional risk assessment. Where children without care plans have been prescribed medication parents should include these details in the form provided for school journeys and complete a school medical form. Medication should be in the original packaging.

A named member of staff will take responsibility for medication, ensuring that it is stored securely during the time away, that it is administered according to the information provided by the parent and that a record is kept every time the medication is administered. (As per medicine administration during a school day).

PE / Sports

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow students to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).



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Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

As an inclusive school we strive to ensure that children with medical conditions fully participate in school life.

Roles and Responsibility

The ultimate responsibility for the management of this policy in school is with the deputy Principal and Governing Body. The Deputy principal will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

Liability and Indemnity

The Governing Body of BIS ensure that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions.

Complaints

Should any parent or carer be unhappy with any aspect of their child's care at BIS, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not resolve the problem then it should be taken to a member of the senior team. In the unlikely event of this not resolving the issue, the parent/carer can make a formal complaint using the school complaints procedure.

This policy will also be made available to parents on the school website. We will ask parents for annual updates regarding medical information.

Parental Agreement for the Administration of Medicines

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



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Policy Review

This policy is reviewed annually.

Reviewed July 2019