Administering Medicines and Supporting Pupils with Medical Conditions

Reviewed and revised February 2023

Our Vision

St Marie's is proud to be a Catholic school, using the teachings of Christ as our foundations.

Within the care of Our Blessed Lady, we aim to make our school a place where children can safely learn through outstanding and innovative teaching, build on their potential, fulfil their dreams, and grow in faith and love

Our Mission

As Christ's hand and feet on earth, we will…

- Follow the teachings of Christ so that all may grow in faith
- Recognise and value each child as a loved and unique child of God
- Treat each person with respect, tolerance and honesty in an atmosphere of love and security.
- Celebrate, nurture and strengthen the relationship between our school family: Our school, our families, our parish and our community
- Inspire those within our care to become successful, caring members of our diverse society and transform the lives of others.

1. Statement of Intent

At St Marie's we endeavour to support our pupils to have excellent attendance and to fully access our curriculum offer. To do this, we acknowledge that some pupils need additional medical support, be that in the administration of medicines or supporting them with medical conditions.

This policy is based upon the statutory Department for Education (DfE) guidance document *"Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England" (April 2014, revised December 2015).* **Section 4** of the guidance places statutory duty on the governing bodies to make arrangements to support pupils at school with medical conditions.

St. Marie's appreciates that all children require to have their needs met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have an Education, Health Care (EHC) plan (previously known as a Statement of Special Educational Needs) which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), the DfE statutory guidance *document 'Special Educational Needs and Disability Code of Practice 0-25 Years',* in January 2015.

This policy will be reviewed regularly and made readily accessible to parents, staff and, where appropriate, other adults working or volunteering in school.

2. Organisation and Responsibilities

The Governing Body

The Governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this policy.

The Governing body are to ensure that:

- No child with a medical condition is denied admission or prevented from taking up a place at this school because of arrangements to manage their medical condition have not been made. While at the same time, in line with safeguarding duties, ensure that no pupil's health is put at unnecessary risk, for example, from infectious diseases;

- There is an effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authority, parents and pupils as outlined in this policy;
- Sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
- Staff who provide such support can access information and other teaching support materials as needed;
- Funding arrangements support proper implementation of this policy \9staff training, resources etc).

The Head Teacher – Mr McRae

The head teacher has a responsibility to ensure that this policy is developed and implemented effectively with partners.

To achieve this, Mr McRae, as the head teacher, will have and overall responsibility for the development of Individual Health Care Plans (IHCP) and will make certain that school arrangements ensure that:

- All staff are aware of this policy and understand their role and responsibilities;
- All staff and other adults who need to know, are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.;
- Where a child needs one, an IHCP id developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed.
- Sufficient trained number of staff are available to implement the policy and deliver against all IHCP, including in contingency and emergency situations;
- Staff are appropriately insured and are aware that they are insured to support pupils in this way;
- Appropriate health professionals i.e. school nursing service are made aware of any child with a medical condition that may require support in school that has not already been brought to their attention;
- Children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the Local Authority, alternative education providers e.g. hospital tuition, parents etc. aims to ensure a good education for them;
- Risk assessments take into account of the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

School Staff

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines. While administering medicines is not part of a teacher's or other staff's, professional duties, they should still consider the needs of the pupils with medical conditions they teach.

Arrangements made in line with this policy should ensure that we attain our commitment to staffing receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support children with medical conditions.
In school, the Designated First Aider and Designated Medical Officer, is responsible for working with the head teacher and the school staff to ensure children requiring medication to be administered within school have up to date and relevant information regarding the children's medical needs. The procedure outlined in the section ***Procedures & Arrangements*** outline how this is carried out in school.

Any member of staff should know what to do and to respond accordingly when they become aware that a pupil with a medical condition needs help.

Mrs Susan Dandy has a specific responsibility for the development of IHCPs within school.

School Nurses and other Healthcare Professionals

This school has access to a school nursing service, which is responsible for notifying school when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts school and our arrangements for liaison support process.

While the school nurse will not have an extensive role in ensuring that the school is taking appropriate steps to support the pupils with medical conditions, they are still available to support staff on implementing a child's IHCP and provide advice and liaison, for example on training. The school nurse can also liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs.

Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their medical support needs at a level to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. (See section ***Procedures & Arrangements*** for further guidance on this). The pupil should contribute as much as possible to the development of, and comply with, their IHCP.

Parents

Parents are key partners in the success of this policy. They may, in some cases, be the first to notify school that their child has a medical condition and where one is required, will be invited to be involved in drafting, developing and review of their child's IHCP (See section ***Procedures & Arrangements*** for further guidance on this).

Parents should provide school with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, e.g. provide medications and equipment and ensure they or another nominated adult are contactable at all times.

Procedures & Arrangements

It is understood that school does not have to wait for a formal diagnosis before providing support to a pupil. In some cases, their medical condition may be unclear or there may be difference of opinions. Judgements will need to be made about the support the pupil needs using the evidence available at the time. This should involve some form of medical evidence and consultation from the parents. Where evidence is conflicting, school will present some degree of challenge in the interests of the child concerned, to get the right support put in place.

As far as school is concerned, the term "Medical Condition" can include but isn't limited to allergies / or potential allergies, physical disabilities, long-term or chronic illnesses/conditions (such as Cystitis Fibrosis, asthma, Cohn's disease, Irritable Bowel Syndrome, Blood disorders, immune disorders etc.).

Where it is revealed that a child has or may have a Medical Condition that requires specific care, an IHCP is developed and put into place. The information is shared with the SENCO to ensure the child's "Medical Condition" is managed and supported in school so the child can access the curriculum.

Procedure for notification that a pupil has a Medical Condition

A parent or another health care professional notifies school that a pupil has a Medical Condition or a suspected undiagnosed Medical Condition.

The person will notify school at their first point of contact, this may be the school office staff, the child's class teacher or the head teacher.

The staff in school will pass this information onto Mrs Dandy who will make arrangements to contact the parents to begin the IHCP.

Individual Healthcare Plans (IHCP)

An IHCP is a working document that will help ensure that the school can effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom. It aims to capture the steps which the school should take to help the child and their family manage the condition, whilst the child is of school age and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assess and manage identified risks to their education, health and social well-being and minimise disruption.

An IHCP will often be essential in managing the child's condition in school. In some cases, the symptoms of conditions can fluctuate and, on some occasions, high risk emergency intervention may be needed. It can also be the case that the IHCPs are useful where the medical conditions are complex and/or long term.

Not all children will require a detailed IHCP but all children with a known medical need attending our school will have an IHCP, where the level of care and detail will be determined by the child's medical condition, how it is managed and how school can support with this.

Where appropriate, the SENCO will be more involved to merge any educational plans in place or being put in place. This will depend on the complexity of the child's medical needs and their educational needs. Please see **Annex A** for further details of this.

A general IHCP will cover;

1. Medical condition, its triggers, signs, symptoms and treatments
2. The pupil's needs (medication details, equipment, need for privacy, access to food/drink, toilet accessibility, different environmental adjustments, lunch time routines reviewing and adapting where necessary. In regards to adults the child has lessons with, ensuring these know the IHCP and other staff in school are aware of it.
3. Details where applicable for the level of support required. In our school, as children are young, their medication and needs will be mainly managed by an adult, however, the child is informed and consulted to ensure that the road to managing their own condition is on the right path and the child grows into the role of being responsible for their own condition and medication. The independent management of their condition is dependent on the condition, the age, ability and maturity of the child; considering the parents wishes, the risk assessments carried out within the school and the type of medication and how this is administered. **See Annex C**
4. Training needs for staff and the role and responsibilities of them
5. Parental Consent and arrangements for administering medication and the level of care required for the pupil's condition.
6. Outings and school trips considered and a risk assessment carried out.
7. Who is leading responsible for writing the plan- however, in school a lead will take responsibility to follow plan. Therefore, the school representative must be included in the IHCP meetings, reviewing and updates.
8. Inform parents and child (where appropriate) how the information about their child and the condition is shared and with whom. GDPR policy and procedures are used to inform this.
9. If medical conditions carry a risk that emergency medical treatment is required, an emergency procedure for school to follow should be included in the IHCP and staff involved in child on a day to day basis informed on how to follow this efficiently.
10. In school, all IHCP have expiry dates. See **Annex B** for the type of plan and their expiry dates.

Training

In our school, Mr McRae (Head Teacher) has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the policy and deliver against all IHCPs, including in contingency for and emergency planned situations. This needs to include arrangements for staff absences and how supply staff are going to be informed of medical needs in their class.

Training will be provided to ensure that the staff involved in supporting the medical condition of a child are confident, competent and have the capabilities to fulfil the requirements set out in the IHCP. They will need a level of understanding of the medical condition, implications and preventative measures. These will be identified in the development and/or reviewing of the IHCP.
It is common practice for a health care professional to identify and agree on the type and level of training required by staff in school. The health care professional can arrange the training and conform the proficiency of staff with a medical procedure.

School have appointed a selection of staff that are named to be responsible for administering medication (asthma inhalers are not included in this- please see **Annex B** for more information on medication, administering and storing it in school).

The staff appointed are;

<u>Within main school; Reception – Y6</u>
1. Mrs Dandy – Medical Officer and Designated First Aider
2. Miss Renzuli – Next appointed designated person in lieu of Mrs Dandy

<u>Within Nursery</u>
1. Mrs Dandy – Medical Officer and Designated First Aider
2. Mrs Ellor and Miss Scott – Nursery TA and teacher will take main responsibility of medical conditions and medication for children in their care with support and guidance from Mrs Dandy (and others involved in IHCP).

Record Keeping

School will keep records of all medicines administered to individual children.

The following information will be as follows;

- Full name of child (given name used in school)
- Date of Birth
- Medication name
- Dosage
- Frequency
- Reason for it being administered
- Storage instructions
- Possible Side-effects child may have that parents want us to be aware of

- Parent signing to consent
- Staff to complete time medication was administered, dosage administered, by whom and if it was witnessed.

The type of IHCP will determine how much information is collected and stored for its particular purpose. See **Annex B** for more details.

Emergency Procedures

The school has procedures in dealing with emergencies where children or adults in the school may require medical treatment in an emergency. The First Aid policy outlines these procedures and are followed in the event that a child or adult displays unexplained signs/symptoms due to an accident or not, that require emergency medical treatment.

However; some staff or children with specific medical conditions may require medical treatment at different levels depending on their condition and the signs and symptoms that their condition creates. For example; a child may have a condition that brings on seizures; these may not require emergency treatment as a general rule, but certain signs or symptoms could instigate the decision to ring for an ambulance. The IHCP will outline when and how to identify the need and procedures to treat the child whilst emergency medical assistance is on the way.

All staff within the school should be made aware of the procedures on requesting emergency treatment and to do in a prompt and efficient manner. This should also be transferred to educating pupils on when to send for another adult or assistance.

- If a child has required emergency medical assistance and has been taken to hospital in an ambulance, if the parents are not yet on the scene, a member of staff will accompany the child in the ambulance and remain with them until the parents arrive to take over.

- A full report will need to be completed; keep it factual and as accurate as can be recalled.

- If medication has been administered (epi-pen/inhaler etc) take the medication or spent medication cartridges to the hospital with the child.

- As much information about the child as possible to be passed over to the medical staff (in case parents are not available to provide this).

Emergency treatments

Inhalers

As asthma is the most common chronic condition in the UK and it effects 1 in every 11 children, it is deemed appropriate that school have access to emergency inhalers in school.

- In school we currently have a number of children that use inhalers or have their own in school as precaution to treat their symptoms and signs of asthma. Each child where their parent has identified them to school as using an inhaler has an IHCP.
- Some children do not have an inhaler to use unless they are suffering from a cold or cough; these parents choose to take charge of the medical treatment their child receives and brings in the inhaler when they need it. This is subject to the parents and school agreeing on this and the child not displaying signs of requiring it other times of the year.
- Based on these factors, school have available emergency inhalers and parents have signed to consent to these being administered if school deem it necessary.
- For children who have their own inhaler in school, they each have a medical pack in their classroom that has their medication inside. Please see **Annex B** for further details on the medical packs.

Epi-pens/ auto-injectors to administer adrenaline

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a person becomes exposed to an allergen (food or sting). Reactions to allergens can vary in severity depending on the person, the allergen and the amount of exposure but all cases are individual to the person. Reactions can begin within minutes of exposure and can progress rapidly but it is possible for the reactions to occur 2-3 hours later.
Allergic reactions can be life threatening and anaphylaxis always needs emergency medical treatment.

At present, there are children attending our school, that have their own emergency adrenaline. These are children have been diagnosed or have displayed allergic reactions that have the potential to increase in severity to anaphylaxis at any time.

These children have access to their medication in their classroom. (See **Annex B** for further details).

The school have decided at this time to not have supplies of auto-injectors in school available as additional emergency treatment. The decision has been made after reviewing the relevant risk assessments and will be reviewed as required (at least annually).

Defibrillators

Defibrillators are devices that restore a normal heartbeat by sending an electric pulse or shock to the heart. They are used to prevent or correct an arrhythmia (a heartbeat that is uneven or that is too slow or too fast). They can also be used to restore the heart's beating if the heart stops.

When any of these things happen, ***quick action*** – can save lives (performing early CPR and defibrillation).

Day Trips, Residential Visits and Sporting Activities

Through the development of the IHCP the school and staff will be made aware of how a child's medical needs might impact on their participation in educational off-site visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activities offered to all children i.e. changing a less accessible venue for a more accessible venue and the same educational aims and objectives be achieved. A pupil will only be excluded from an activity if the head teacher considers, based on the evidence, that no reasonable adjustments can make it safe for them or evidence from a clinician such as a GP states that is not possible for that child.

A risk assessment for an educational visit will need to consider planning arrangements and controls required to support a pupil with a medical condition. The IHCP will be used alongside usual risk assessments to ensure that such arrangements are adequate. This also requires consultation with parents and pupils and advice from a relevant healthcare professional. In some cases, it may be deemed necessary and appropriate to share elements of the pupil's healthcare needs with the transport operator.

Kitchen Catering Staff, Food Technology and other food related activities

Our school kitchen staff adhere to the regulations set out regarding allergens and the requirements around these.

The kitchen staff and school will liaise to share information about the children with allergies or suspected allergies and any other dietary requirements.

School staff are made aware of allergies and suspected allergies within the school. The information is display on the staff room notice board and the school admin department collate information as part of the enrolment process and keeping their records up to date. This information is shared with the Medical Officer, who then actions it accordingly.

Unacceptable Practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to;

- Prevent children from easily accessing their medication when and where necessary (this includes inhalers and other medication);
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP;
- 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 etc);
- Prevent pupils from drinking, eating or taking toilet breaks or other breaks whenever they need to in order to manage their medical condition effectively;
- Make unnecessary demands on parents and make them feel obligated, where school are able to make reasonable adjustments, to meet the needs of the child during school hours. In addition, prevent the child from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips by requiring parents accompany the child. If a parent's involvement is required; these requirements will be discussed with parents, a Health professional involved in the child's medical care and the school to establish how and where adjustments can be made to enable children to participate in school life (without the direct care of their parents – in line with how other children participate in school life).

Insurance

Staff will be appropriately insured to carry out tasks associated with supporting pupils with medical conditions and the insurance policy wording is made available to such staff in request.

The insurance policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHCP process.

Every IHCP review must consider whether the current insurance arrangements remain compatible with any identified changes required. A significant change, for example an entirely new medical procedure required, will be checked as compatible with the current insurance arrangements direct with the school's insurers. If current insurance is inadequate for the new procedures, the insurance cover will be reviewed and amended by the Headteacher as applicable.

The Headteacher must be consulted in these cases and will make any appropriate decisions.

Complaints

In the first instance, parents/ carers that are dissatisfied with the support their child is receiving or have any concerns, they should discuss these with the Lead Medical Officer. If this does not resolve the matter, parents/carers should follow the school's complaints procedure – the procedures are available on request from the school office.

Annex A – Individual Healthcare Plans

Depending on the child's medical conditions, and the level of care will determine the type of IHCP put in place.

In school we use;

- ✓ Short Term IHCP
- ✓ Medium Term IHCP
- ✓ Long Term IHCP

Short-Term IHCP is usually used for children who require medication prescribed for a short amount of time to treat an illness. For example; antibiotics to treat an infection.

These plans are recorded in the Medicine Book (stored in the office on top of the medicine fridge). When booking in medication to administer to a child, as well as information on the child, the following information on/for the medication is ascertained;

1. Reason for medication
2. Length of course of medication
3. Dosage – In school we strongly advise parents to administer at home where the dose is three times daily or less. If it is four times daily or more, or where specific times to be administered have been instructed by the doctor (and these times are in the school day), the school will agree to administer the required dose.
4. Any side-effects

Medium-Term IHCP is usually used for children who require medication prescribed for a a longer amount of time to treat an illness or where the child's current health is under review and in the mean time may require some form of over the counter or emergency medication in school as a precautionary measure. For example; antihistamines for a suspected or unidentified allergy or pain relief for tooth ache – whilst waiting for dentist appointment. Depending on the reason for the medication, the type of medication and whether it is to be used in an emergency situation (reliver inhaler), will depend on whether the IHCP is in the Medicine Book or a Long-Term plan is put in place with a shorter more specified review date.

Long-Term IHCP is used for children who require medication to be held in school for a full school year or nearer to that length of time. In most cases, children who have Long Term IHCPs in place will carry the plans over each school year, however, to ensure that ALL details and medication is in date and current, every IHCP expires at the end of the first month of a new school year (September). By having the expiration date in this period, it allows school to update their records with parents without compromising the child's health. Parents are instructed to collect All medication from school on the last day of the school year to ensure the safe storage of it during the summer months when the school is closed or having maintenance work carried out. This can be returned in September and used until the IHCP has been reviewed.

Mrs Dandy is responsible for implementing IHCP that do not require direct healthcare professional involvement and is also responsible for liaising with other professionals in school, or linked with school and the child, when an IHCP is being put in place or reviewed.

Annex B – Reviews, Records and Storing Medicines & Equipment used in treating a medical condition

Reviewing any IHCP

Individual Healthcare Plans are working documents and therefore should be used as such. This requires the flexibility to review and amend them as necessary. Some plans, may go unchanged through a whole school year, where others may need reviewing and changing much more often. It depends on the child, their condition and the treatment required for it.

If a child is on a Short-Term IHCP and circumstances with an illness or undiagnosed condition means the child requires treatment for a longer period than a few weeks due to any investigations or monitoring by a healthcare professional, a medium-term plan can be put in place with a set review date. This review date will be set to coincide with a half term break, with a view to be updated on the first day back after a holiday. The review will be with parents to update the school on any progress, the progress with any investigations being carried out, how the treatment in place is working for the child whilst in school and any adjustments that can be made and a new date set.

On many occasions, children can be prescribed medication to help with seasonal changes that spark specific illnesses/conditions/symptoms but the child doesn't necessarily require this treatment all year round. Such as; an inhaler to treat chest and breathing difficulties brought on by having a bad cold or flu during the winter months; or antihistamines to treat seasonal hay fever.

The parents will have overall responsibility in updating parents on when these occasions occur and providing the necessary treatment and information. The information will remain archived on file for reference if ever required but if parents do not bring in any medication, it will be assumed the child doesn't require treatment.

Holding and storing records

As each child with an IHCP will need it updated annually, if not sooner, any outdated records will be labelled *"archived"* and kept in the school's Medical File. These provide a history of the child's medical requirements in school.

These records are kept the amount of time appropriate, inline with current guidelines for pupil records.

Handling, Storing & Accessibility of medicines and equipment

Any type of medicine or equipment that a child requires to treat an illness or medical condition must be **"Booked in & Booked out"** through the school office. Here the office staff or Medical Officer will check the medication, the details for dosage and administering times and the details the parents provide for the child and reasons for the medicine. Once everything has been checked, the Medical Officer will ensure the handling, storing and accessibility is taken to the next step.

The Storing and Accessibility of the medicine will depend on the medicine, the reason for it, the child and the IHCP in place.

Things taken in to consideration when making decisions on the accessibility of the medicine/equipment;

1. What type of medicine is it and what is its main purpose? (Emergency treatment such as an epi-pen, inhaler etc., antibiotics, hay fever medication etc.).
2. Frequency of administration and equipment required to do this effectively.
3. Age of the child and how they communicate their needs.
4. The risk to child if delayed in being able to administer medicine.
5. Risk to other children (if they were to access it).
6. IHCP in place and details in this.

Accessibility of any medicine deemed Emergency Medication will be put in a Medication Pack and accessible to the child, the staff involved in their care in school. On school trips or moving to areas of the school that makes accessing the medication longer or more difficult, these will be carried with the adult leading the session/ group.

Medication deemed to be for emergency can include but isn't limited to;

- Inhalers being used to treat any child's breathing difficulties, even if they are not diagnosed with Asthma.
- Auto-injector pens that are used to treat severe allergic reactions /anaphylaxis.
- Antihistamines being used to treat known or unknown allergic reactions where the element of controlling the allergen isn't possible. (Regular reviews carried out on children with an undiagnosed allergy).
- Equipment or medicines used to treat long-term medical conditions where the child's health is compromised if the treatment isn't accessible and administered correctly (Crones, IBS, Cystic Fibrosis).
- Any medicines that a health care professional deems necessary to administer in any case of an emergency medical situation.
- Diabetic treatments.

Medication deemed to be for treating an infection, hay fever symptoms, symptoms associated with other medical conditions will be stored in the school office, in the fridge if required or in the medical basket if not for refrigeration can include but isn't limited to;

1. Antibiotics (frequency either 4 times a day or more, or very specific times set out by a health care professional)
2. Paracetamol
3. Ibuprofen
4. Antihistamines

Each of these medicines will only be kept on school premises for a short period of time under a Short-Term IHCP. If a child requires paracetamol/ ibuprofen to treat symptoms of a diagnosed Medical Condition, these will be stored here long term under a Long-Term IHCP.

Antihistamines used to treat seasonal hay fever symptoms will be stored here under a Medium-Term IHCP where appropriate; however, this condition will be managed at home by the parents in the first instance. When on outings, it may be necessary to carry some medicines. These will be carried in the First Aid bag for that class or group and administered by the appointed person accompanying the trip.

Annex C – Pathway to independence

Children with long term/ life time medical conditions are often encouraged to learn how to be responsible for their own health and medical condition and the treatment that is used to manage and/or treat symptoms associated with it.

This is difficult to navigate in a primary school because of the age of the children throughout the whole school and the risks involved to the child with the medical condition, alongside other children attending the school.

Where appropriate, a child may be given particular responsibilities relating to their condition to support the transition between being dependent on adults to manage their condition and them taking control. The following will be considered before beginning the transition in school;

- The age of the child – Year 5/6 is generally considered a reasonable age for a child to begin these steps to prepare them for high school.
- The child's willingness and capabilities to take on some responsibilities.
- The condition and the level of treatment required.
- Any equipment required to treat any conditions.
- Accessibility of the medicines and equipment used.
- Parental and professional discussions.
- Risk Assessments- protecting the child, other children and staff in school has to be one of the main priorities.

The school will endeavour to support the child and their family where appropriate with a child's independence.

If any child refuses to take medicine or allow staff to carry out necessary procedures, staff will not force them to do this against their will. However, it will be a priority to encourage the child to co-operate. Parents will be informed if this is the case and if a child refuses and school are unable to convince them otherwise, parents will be notified as soon as reasonably practicable (depending on the type of medicine and its purpose, this may be immediately or at the end of the day).

This is an occurrence that may trigger a review of the current IHCP.

Annex D – Covid-19 in school

Please see the school's Risk Assessment for details of the school's procedures to respond to the pandemic.