



Supporting Pupils with Medical Conditions Policy/Procedure

Dated: June 2024

Review Date: June 2026

Senior Member of Staff Responsible: HEADTEACHER

Ratified by the Governing Body: July 2024

Signed*Emily Huish*.....
(Chair of Governors)

Date:July 2024.....

Rationale

At School, we believe that pupils with medical conditions should be properly supported so that they have full access to educational opportunities and experiences whilst achieving a high level of attendance at school, including school trips and physical education. We believe every child has the right to be safe and valued as individuals and to be treated with dignity and respect.

This policy sets out the arrangements that are in place within our school to support those pupils with short term, long term and complex medical needs. This policy will ensure no children are adversely affected by medical needs that are required to be undertaken within school time.

Some children with medical conditions may experience barriers to full participation in school. The Governing Body will ensure that the school complies with their duty under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or an Education and Health Care Plan (EHCP) which brings together health and social care needs, as well as their SEN provision. Children may qualify for medical needs funding, and our SENCO will be able to advise parents about this and about EHCP funding. Every child should be consulted in a way appropriate to their level of understanding about their wishes on what is important to them when receiving medical care.

This policy should be read alongside the following school policies; Special Educational Needs Policy, Emergency procedures, Record keeping, Health and Safety, and Equality policy, Administration of medicines policy, Bullying policy, Safeguarding policy, Safer recruiting policy.

Other documents of relevance are;

- Children's and Families Act 2014

- The Equality Act 2010

- Mental Capacity Act

- Special Educational Needs and Disability code of Practise: 0-25 2014

- Supporting Pupils at School with Medical Conditions 2015

- Working together to Safeguard Children 2018

- Managing medicines and providing medical support in schools and early years settings UNISON advice Oct 2010

- Pensford Medical Needs Risk Assessment (Saved in O:/Risk Assessments)

Roles and responsibilities

The Local authority (LA) and the Clinical Commissioning Group (CCG) need to consider if it is appropriate to issue an Education, Health and Care plan and to ensure school has sufficient resources to meet the child's identified needs. School can liaise with the CCG for support in training staff to undertake medical care.

The Role of the Governing Body

The Governing Body will ensure that arrangements are in place to support pupils with medical conditions. They will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Governing Body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Governing Body will ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well

as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that pupils need.

The Governing Body have decided that the **Headteacher** should have overall responsibility for the implementation of this policy.

The role of the Headteacher

The Headteacher will ensure that all staff are aware of the policy for supporting children with medical conditions. He/She will ensure that they consult with health and social care professionals, pupils and parents to ensure that the needs of the child are met. The Headteacher will monitor the number of children with medical needs to ensure that sufficient staff are suitably trained and that all staff are made aware of the child's condition and how to respond in an emergency. In the absence of key staff, the Headteacher will make appropriate arrangements so that a member of staff is always available to support a child with medical conditions.

The Headteacher along with key staff, will ensure that risk assessments are completed for school visits, residential activities and other activities outside of the normal timetable.

The Headteacher, along with health care professionals will ensure an individual health care plan is in place. The Headteacher will also contact the school nurse or specialist nurse in the case of any child who has a medical condition that may require support at school.

School staff

Key staff must be fully trained and assessed by an appropriate healthcare professional before carrying out any medical procedure. They should read and understand the child's Individual Health Care Plan (IHCP) and be willing to undertake the tasks outlined in it. There is a universal duty for staff to respond to an emergency. Training should be given to all staff concerning how to respond in emergency circumstances.

Staff should not deliver care if: they are unfamiliar with the Individual health care plan (IHCP), if the child's condition is unstable, if information or training has been inadequate, or if there is parental concern.

Children with medical needs are vulnerable to bullying: all staff should be watchful and act on any concerns in accordance with bullying policy.

Parents

Parents and carers have prime responsibility for disclosing full information about their child's health to the school. Parents are responsible for ensuring medications and any necessary equipment is available for their child to use at school from the supplies available to the family at home. Parents need to work together with schools to ensure agreed support programs are followed.

Pupils

Every child should be consulted in a way appropriate to their level of understanding about their wishes and what is important to them when receiving medical care. Pupils will be involved in developing their Individual health care plan to help ensure compliance with their care. Where appropriate, arrangements should be made for children who are competent to manage their own health needs and medicines.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans and the wishes of the pupil will be paramount at each stage.

The Role of the School Nurse or specialist nurse

School has access to a School Nurse. The school nurse, when notified by parents/carers, will notify the school when a child has been identified as having a medical condition which requires support in school. They will also help the school in implementing the child's individual Health Care Plan. Where the medical needs are more complex school will also liaise with specialist nurses such as Dietetic nurses or the Lifetime nurses.

The Role of other GPs and Paediatricians

GPs and paediatricians will notify the school nurse when a child has an identified medical condition and what effects the medical condition may have on schooling.

Receiving Notification that a Pupil has a Medical Condition

The prime responsibility for a child's health lies with the parents who have a responsibility to inform the school about their child's medical needs. When a child is identified as having a medical need that may impact on schooling a detailed Individual Health Care Plan (IHCP) will be written by the school in collaboration with parents and appropriate healthcare professionals, eg school nurse or other specialist nurse.

Where the needs are complex consideration should be given to whether an Education, Health and Care Plan (EHCP) should be put in place by the local Authority and CCG. This could be either a statutory or non-statutory plan and would outline the overall outcomes and processes to reach these.

Transition Arrangements

If a child is due to start school or leave for another school, a Team Around the Child meeting may be held to ensure a smooth transition from one setting to another.

Individual Health Care Plans

The Headteacher is responsible for the development of Individual Health Care Plans (see Appendix A). The plans provide clarity about what has to be done, when and by whom.

It should include the following information;

- Details of the child's medical needs
- Specific advice on what to do/not to do to ensure the child receives appropriate care
- Clear guidelines on how procedures should be undertaken
- Name and details of any medication and the side effects of these
- Details of any special requirement, eg dietary, environmental, equipment or supervision/monitoring needs
- Emergency procedures including a Personal Emergency Evacuation Plan (PEEP)
- Details of any specific training required to support staff in meeting the child's needs
- Contact details of professionals involved in the child's care
- Risk assessments associated with the child's medical needs

It is the responsibility of the school, healthcare professionals and parents to agree if a health care plan would be appropriate. If a consensus cannot be reached it is the Headteacher who will take the

final view. The Headteacher must ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Staff Training and Support

Any member of school staff providing support to a child with medical needs should have received suitable training. This will be the responsibility of the Headteacher to liaise with Health Care professionals to ensure that training is appropriate and available. Consideration will be given to what training lunch time supervisors and transport escorts require. This will be identified during the development or review of individual healthcare plans.

The Headteacher will make arrangements for whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing this policy. Induction arrangements for new staff should be included. Health Care professionals should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Managing Medicines on School Premises

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. The IHCP will identify if there is an unpredictable requirement for emergency medication such as inhalers, EpiPen, emergency anticonvulsants, etc. The head teacher will liaise with parents and relevant healthcare professionals if training is required for staff to administer any medication.

Pupils will not be given prescription or non-prescription medicines without their parent's written consent (Appendix B). These forms will be kept in the first aid bag for the child's class, until the end of the period for which the medicine is needed. At that point they can be transferred to their file in the headteacher's office, with the end date of the medication written on the form. For long-term medication, the form will be photocopied and put in both the first aid bag for the class and in the child's file in the headteacher's office.

When a child is given medication, the member of staff administering it will:

- Complete a first aid slip, noting the medicine name and dose given
- Add the child's name to the first aid texts list in the office under the 'medication given' column
- Complete the school record of medication given, on the clipboard above the first aid cupboard.

If the child refuses to take their medication staff should inform the parents as a matter of urgency. Staff should not force the child to take medication, if refusal to take the medication may have a detrimental impact on the child this should be identified in the IHCP and emergency procedures identified.

A child should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

All medicines are stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available and not locked away.

Staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The Governing Body will ensure that the school keeps a record of all medicines administered to individual children (Appendix C), stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.

When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Emergency Procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures (Appendix D). Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. Children with specific needs should have a Personal Emergency Evacuation Plan in place if the universal plan is not suitable for their needs.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, staff should never take the child to hospital in their own car.

Children who are not able to attend school due to a medical condition (as opposed to a short term illness)

If children are too unwell to work from home, the medical advice will be followed and they will not be expected to engage in school work.

Where it is consistent with medical advice, however, the school will support children's learning away from the school site as much as is possible and appropriate for the individual circumstances. A plan will be agreed with parents that details the remote learning provision that will be given. This will be consistent with medical advice for the child concerned, but will otherwise follow as closely as possible the current remote learning offer as detailed [here on our website](#).

Day Trips, Residential Visits and Sporting Activities

The Governing Body will ensure that the school's arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. Risk assessments are carried out so that

planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and children and advice from the relevant healthcare professional to ensure that the child can participate safely. Pupils will have access to medical equipment and medication indicated in the IHCP throughout all trips and sporting activities.

Intimate Care, Toileting and Continence

The IHCP should identify what support is needed involving contact or exposure to a child's body and how these needs should be met. Staff should be sensitive to the needs of children receiving intimate care and support the child in a consistent way and only provide care that is outlined in the IHCP.

Staff should explain what they are doing in a manner that is appropriate to the pupils level of understanding. Consideration should be given to whether a chaperone is needed during episodes of intimate care.

Massage is commonly used with pupils for complex needs to develop sensory awareness and as a means of relaxation and behaviour management. It is recommended that massage is confined to hands, feet and face to safeguard the interests of both pupils and staff. Any massage needs should be detailed in the IHCP and records kept of each episode.

Physio therapy Treatment in school may be carried out either by a trained physio or if agreed in the IHCP trained school staff may be involved in the physio program in schools.

Oxygen in schools the need for oxygen should be clearly defined within the IHCP. Guidance on managing the use and storage of oxygen cylinders and equipment should be sought locally by the provider of the oxygen. School should inform their insurers that oxygen is stored on site.

Equipment to Support Medical Needs in school. Parents must liaise with their health team to ensure equipment is available and regularly serviced and appropriate for the child's needs. School will provide sufficient space for the storage and use of necessary equipment.

Hygiene, Infection Control and Disposal of Medical Waste

The Headteacher will ensure all staff should be aware of basic hygiene precautions such as hand washing and drying to avoid cross infections. Staff should have access to appropriate personal protective equipment such as disposable gloves and protective aprons and hand washing facilities. The school will make arrangements for the disposal of clinical waste produced in school. Needles and sharps will need to be disposed of in the correct sharps bins; these can be obtained by parents from their own GP and brought into school by parents.

Unacceptable Practice

The Governing Body recognises that although staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion;
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;

- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Monitoring and Review

This policy will be reviewed at any time on request from the governors, or at least once every two years.

Model Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear **Parent Name**

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the 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 on your child's case. The aim is to ensure that we know how to support your child 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 will require one. We will need to make judgements about how your child'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 your child's individual health care 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 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

HEALTH CARE PLAN FOR PUPILS WITH MEDICAL NEEDS

Name _____

Date of Birth _____

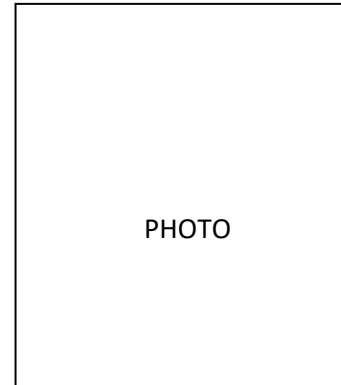
Condition _____

Class/Form _____

School _____

Date _____

Review Date _____



CONTACT INFORMATION

Family Contact 1

Name: _____

Phone No. (work) _____

(home) _____

Relationship _____

Clinic/Hospital Contact

Name _____

Phone No. _____

Family Contact 2

Name: _____

Phone No. (work) _____

(home) _____

Relationship _____

GP

Name _____

Phone No. _____

Describe condition and give details of pupil's individual symptoms:

Daily care requirements: (eg before sport/at lunchtime)

Describe what constitutes an emergency for the pupil, and the action to take if this occurs:

Follow up care:

Who is responsible in an Emergency: (state if different on off-site activities)

Form copied to:

Signature of Parent/Guardian

Signature of SENCO

PARENT/GUARDIAN REQUEST FOR THE SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless this form has been completed and the Head teacher has agreed that staff can administer the medication

Details of pupil

Surname _____

Forename (s) _____

Address _____

_____ Date of birth _____

_____ Class _____

Medication

Name/ Type of Medication _____

For how long will your child take this medication _____

Date To Be Dispensed _____

Full directions for use _____

Dosage and method _____

Timing _____

Special precautions _____

Side effects _____

Self Administration YES / NO

Emergency procedures:

Contact details

Name _____ Relationship to pupil _____

Daytime telephone number _____

Address _____

I understand that I must deliver the medicine personally to the School Office and that the school is not obliged to undertake this service.

Signed _____ Dated _____

