



# Laying the foundations for a bright future

The Parable of The Wise and The Foolish Man (Matthew, Chapter 7, verses 24 to 27 and the Gospel of Luke, Chapter 6, verses 46 to 49)

### SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Reviewed: Autumn 2021

Date of next review: Summer 2024

Approved by Governing Body

Signature of Chair of Governors:

Signed:

A Phillips

NB: This policy has been discussed and considered for equality giving consideration to the protected characteristics- gender, age, race, disability, religion or belief, sexual orientation, gender reassignment, pregnancy or maternity and any other recognised area of discrimination.

# HUNDON AND THURLOW PRIMARY FEDERATION SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

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#### 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 to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, 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 healthcare plans (IHPs)

The overall responsibility for the SUCCessful administering and implementation of this policy lies with the Headteacher  $\sim$  Sharon FITZGerald

#### 2. Legislation and statutory responsibilities

This policy meets the requirements under <u>Section 100 of the Children and Families Act 2014</u>, 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: <u>Supporting pupils at</u> school with medical conditions.

#### 3. Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term, affecting their participation in school activities because they are on a course of medication.
- Long-term, potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

#### 4. Roles and responsibilities

#### The governing board

The governing board 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.

#### The Headteacher

The Headteacher will:

- 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 healthcare plans (IHPs), and will ensure cover
  arrangements in case of staff absences or staff turnover to ensure that someone is
  always available and on site.
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Be responsible for briefing supply teachers, carrying out risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

#### Staff

All staff will be expected to show a commitment and awareness of children's medical conditions. 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. At Hundon and Thurlow Primary Federation, we recognise that a first-aid

certificate does not constitute appropriate training in supporting children with medical conditions.

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.

#### **Parents**

#### Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

#### **PUPILS**

If it is deemed, after discussion with the parents/carers, that an older child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within their Individual Health Care Plans. The school recognises however, that children who can take their medicines themselves or manage procedures may still require an appropriate level of supervision.

#### School NURSEs and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and pediatricians, will liaise with the schools' nurses and notify them of any pupils identified as having a medical condition.

#### 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.

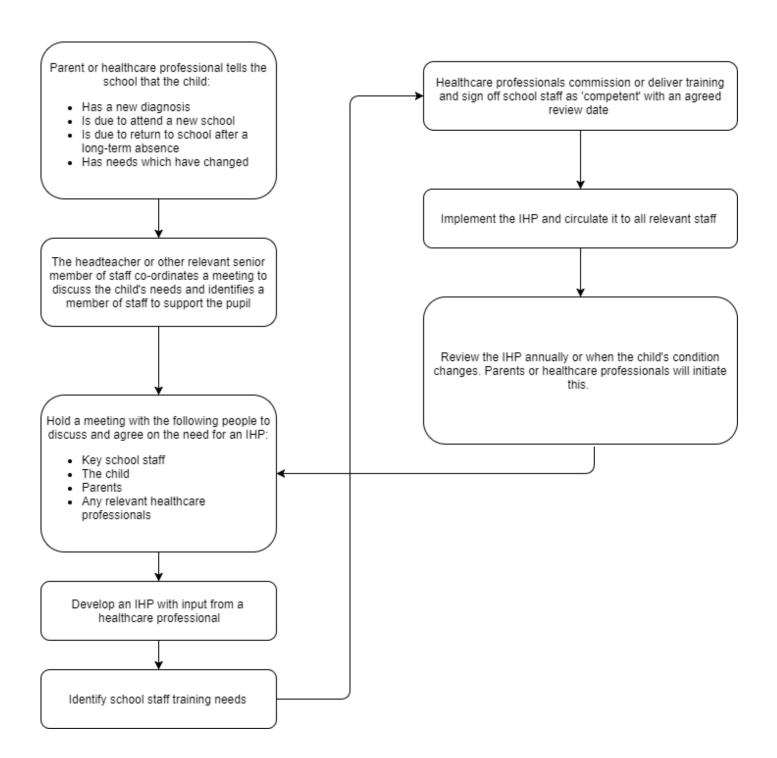
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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

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 IHP.

The schools within our Federation 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 settings.



#### 7. Individual Healthcare Plans

Whilst the Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions the operational work required has been delegated to the SENDCo - Emily Budinger.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. 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 IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

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.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

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 and the Headteacher / SENDCo will consider the following when deciding what information to record on IHPs:

- 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

#### 8. Managing Medicines

Prescription [and non-prescription] medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent see Annex B. (The exception to this rule is the giving of 'Calpol' or 'Piriton' which can be given after verbal consent has been given by the Parent/carer, with the form completed retrospectively.)

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled

 Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The schools will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely as necessary - either in the Office or in the labelled section of the staff-room fridge.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away; these will be stored in the School Office cupboard where both staff and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times. These inhalers will be kept in a labelled container for each class and taken to P.E. lessons.

- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed (Annex C).

Medicines will be returned to parents to arrange for safe disposal when no longer required. Sharps boxes should always be used for the disposal of needles and other sharps.

#### Unacceptable practice

Federation staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, including with toileting issues. No
  parent should have to give up working because the school is failing to support their child's
  medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

#### 9. Emergency Procedures

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

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

#### 10. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the SENCO. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

#### 11. Record Keeping

The administration teams within our schools will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

#### 12. 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.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

#### 13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher or SENDCo in the first instance. If this does not resolve the matter, they will direct parents to the Federation's complaints procedure.

#### 14. Monitoring Arrangements

This policy will be reviewed and approved by the governing board every 2 years.

### 15. Links to other policies

This policy links with a number of other Federation policies and practices, including:

- Accessibility plan
- Complaints procedure
- Equalities Policy
- Safety, Health and Welfare Policy
- Child Protection and Safeguarding Policy
- Special Educational Needs and Disabilities Policy and Guidelines





# INDIVIDUAL HEALTH CARE PLAN (IHP)

Child's Information	
Child's Name	
Class	
Date of Birth	
Child's Address	
Medical diagnosis or condition	
Date of plan	
Review date	
Family Contact Information	
Name	
Relationship to child	
Contact numbers	
Name	
Relationship to child	
Contact numbers	
Clinic/ Hospital Contact	
Name	
Contact number	
GP Contact	
Name	
Contact number	

School Contact				
Who is responsible for providing support in school or in an emergency?				
Medical Needs, Condition, Symptoms, Triggers, Signs	s			
Medication & Daily Care Requirements				
Describe what constitutes an emergency for the child	d, and the action to take if this occurs.			
Follow-up care				
Specific support for the pupil's educational, social an	nd emotional needs			
Arrangements for school visits & trips etc				
Staff training:				
Individual Healthcare Plan developed with:				
	Signed:			
	Signed:			
Forms copied to:				





### RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

NA	IME OF CHILD			
DA	TE MEDICINE PROVIDE	D BY PARENT		
УE	AR GROUP & CLASS			
QL	JANTITY RECEIVED			
NA	IME AND STRENGTH OF	MEDICINE		
EX	PIRY DATE			
QL	JANTITY RETURNED			
DC	SE AND FREQUENCY OF	MEDICINE		
	he child arising from the ad	•	_	•
C	negligence of the Head Teac Council or the school's Gover Signature of parent:	ning Body, as the case r	•	
C	Council or the school's Gover	ning Body, as the case r	nay be.	
C	Council or the school's Gover  Signature of parent:	ning Body, as the case r	nay be.	
C	Council or the school's Gover  Signature of parent:  DATE	ning Body, as the case r	nay be.	
C	Council or the school's Gover  Signature of parent:  DATE  TIME GIVEN	ning Body, as the case r	nay be.	
C	Council or the school's Gover  Signature of parent:  DATE  TIME GIVEN  Dose given  Name of member of	ning Body, as the case r	nay be.	
C	Council or the school's Gover  Signature of parent:  DATE  TIME GIVEN  Dose given  Name of member of staff	ning Body, as the case r	nay be.	
C	Council or the school's Gover  Signature of parent:  DATE  TIME GIVEN  Dose given  Name of member of staff  Staff initials	ning Body, as the case r	nay be.	
C	Council or the school's Gover  Signature of parent:  DATE  TIME GIVEN  Dose given  Name of member of staff  Staff initials  DATE	ning Body, as the case r	nay be.	
C	Council or the school's Gover  Signature of parent:  DATE  TIME GIVEN  Dose given  Name of member of staff  Staff initials  DATE  TIME GIVEN	ning Body, as the case r	nay be.	





#### RECORD OF MEDICINE ADMINISTERED TO ALL CHILDREN

DATE	CHILD'S NAME	TIME	NAME OF MEDICINE	DOSE GIVEN	ANY REACTIONS	SIGNATURE OF STAFF	PRINT NAME