



Policy for Supporting Children With Medical Conditions

Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. The DfE publication 'Supporting Pupils at School with Medical Conditions' published April 2014 and reviewed in December 2015 which includes statutory guidance.

Aims

- To ensure pupils at school with medical conditions are properly supported so they can play a full and active role in school life, including school trips and physical education.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.
- To ensure that governing bodies comply with their duties under the Equality Act 2010 for children with medical conditions who may be considered to be disabled.
- To ensure that where Children have medical needs and SEN their health and education needs are catered for and regard is given to the 'Special Educational Needs And Disability (SEND) code of Practice 2014.

Procedure

The person with named responsibility for the implementation of this policy is : Sian Pritchard

The named person is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed (this will be carried out by Team Leaders)
- risk assessments for visits are carried out (class teachers in liaison with EVC)
- individual healthcare plans are put in place and are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

Where children are joining Earith Primary School at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks. School will require medical evidence of the medical condition although it is not essential to wait for a formal diagnosis.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical

record and the child's individual record.

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans help to ensure that schools effectively support pupils with medical conditions and provide clarity about what needs to be done, when and by whom. It should be drawn up by school, parents and relevant healthcare professional and pupil as appropriate

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan (Appendix A) and a template for an IHP (Appendix B) are attached.

The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEN but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

IHPs will be reviewed at least annually with parents and pupil (as appropriate). Responsibility for completing the plan and its implementation rests with the school.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Body

Should monitor that:

- arrangements are made to support pupils with medical conditions and that this policy is developed and implemented
- that children with medical conditions can access and enjoy the same opportunities at school as any other child
- that the focus is on the needs of each individual child and how their medical condition impacts on their school life including their ability to learn and develop confidence and promote self-care.

- that sufficient staff are receiving suitable training, are able to access information and other teaching support materials as needed and are competent to support children with medical conditions
- that other pupils' health (in line with their safeguarding duties), is not put at unnecessary risk i.e. they do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- that the appropriate level of insurance is in place and appropriately reflects the level of risk and that they meet their statutory duties.
- that written records are kept of all medicines administered to pupils

The Head Teacher

- should ensure all staff are aware of this policy and understand their role in its implementation including supply teachers
- should ensure all staff who need to know are informed of a child's condition
- keep an up to date medical conditions list which should be updated and reviewed regularly
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development and review of IHPs
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- staff should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions. Records of training must be kept. (Appendix C)
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

School Nurses

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

Other Healthcare Professionals

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

Pupils

- should, wherever appropriate, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP
- After discussion with parents, children who are competent should be encouraged to take responsibility for managing their on medicines and procedures and this should be reflected within individual healthcare plans. Children should carry their own medicines etc as appropriate so they can self medicate quickly. Some children may require an appropriate level of supervision. This will be outline on IHP

Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation eg provide medicines and equipment and ensure that they or another nominated adult are contactable at all times

Local Authorities

Under S10 of children's Act 2004 they have a duty to promote co-operation between relevant partners such as governing bodies.

Medicines

- Where possible unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours. If it must be taken 4 times a day it can be administered in school.
- Prior to staff members administering any medication the parents/ carers must complete and sign a parental consent to administration of medicine form. (Appendix D)
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription
- Medicines MUST be in date, labelled and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered
- All medicines should be stored safely. Medicines /devices such as asthma inhalers and adrenaline pens should be readily available for children and not locked away and children should know where they are
- Medication should never be administered without first checking maximum dosages and when the previous dose was taken.
- Where children are prescribed controlled drugs these must be kept securely in a non-portable container and only named staff should have access. A record should be kept of any doses used and the amount of the controlled drug held in school

- School 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.
- Written records must be kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects should be noted. (Appendix E)
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should be used for the disposal of needles and other sharps.
- Medicines will be stored in the School Office

Emergency Procedures

As part of general risk management arrangements for dealing with emergencies are as follows:

- Where a child has an individual healthcare plan this should clearly define what constitutes an emergency and explain what to do. All relevant staff should be aware of emergency symptoms and procedures. Other pupils in school should know to inform a teacher/ adult if they think help is needed.
- If a child needs to be taken to hospital, staff should stay with the child until parent/ carer arrives or accompany the child to hospital by ambulance.

See Appendix F for protocol on calling emergency services

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.