



# **Lawford C of E Primary School**

## **Supporting Pupils at School with Medical Conditions Policy**

**Reviewed May 24**

**Annual review**

# **POLICY DOCUMENT FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS**

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## **1.0 RATIONALE**

The school has a duty under Section 100 of the Children and Families Act 2014 to make arrangements for supporting pupils at school with medical conditions. The governing body will ensure that arrangements are in place to support pupils with medical conditions in doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. 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 arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will 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.

## **2.0 PURPOSE**

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governors 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.

## **3.0 GENERAL GUIDELINES**

When school is notified that a child has a medical condition procedures are in place to cover any transitional arrangements between schools and arrangements for any staff training or support. School does not have to wait for a formal diagnosis before providing support to a pupil. In cases where pupils' medical condition is unclear or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence.

## **4.0 INDIVIDUAL HEALTHCARE PLANS**

- Individual Healthcare Plans (IHP) will help school effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom (See Appendix A). Plans will be drawn up in partnership between school, parents and a relevant healthcare professional e.g. School or Specialist Nurse. Pupils will be involved whenever appropriate. The lead should be either the medical professional or the family.
- Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans will be recorded on 'Medical Tracker'.
- Where a child has a special educational need identified in a statement or Educational Health and Care Plan (EHC), the Individual Healthcare Plan (IHP) will be linked to or become part of that statement or EHC.

Points considered when developing an IHP

- The medical condition, its triggers, signs, symptoms and treatments.
- Specific support for the child's educational, social and emotional needs.  
e.g. how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication this should be clearly stated with appropriate arrangements for monitoring.

- Who will provide this support, their training needs, and expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a Health Professional, and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents for medication to be administered by a member of staff or self-administered by the child during school hours.
- Separate arrangements or procedures for school trips or other school activities outside of the normal school timetable that will ensure that the child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent of a child the designated individuals to be entrusted with information about the child's condition.
- What to in an emergency, including whom to contact and contingency arrangements.

## **5.0 ROLES AND RESPONSIBILITIES**

Supporting a child with a medical condition during school hours is not the sole responsibility for one person. School will work in partnership with healthcare professional, social care professionals, Local Authorities, Parents and Pupils.

### **Governing Body**

The governing body will make arrangements to support children with medical conditions in school and ensure that a policy is developed and implemented. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

### **Headteacher**

The Headteacher will ensure that:

- the school's policy is developed and effectively implemented with partners
- all staff are aware of the policy and understand their role in its implementation
- all staff who need to know are aware of the child's condition
- there are sufficient trained numbers of staff available to implement the policy and deliver against all IHPs including in contingency and emergency situations

### **School Staff**

- may be asked to provide support to children with medical conditions, including administration of medicines (although they cannot be required to do so)
- will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions

### **School Nurse**

Every school has access to school nursing services. This is provided through Essex Child and Wellbeing Service: <https://essexfamilywellbeing.co.uk/article/school-nursing/>. They are responsible for:

- notifying the school when a child has been identified as having a medical condition which will require support in school
- liaising with lead clinicians locally on appropriate support for the child and associated staff training needs
- providing advice and liaising with staff on the implementation of a child's IHP

### **Other Healthcare Professionals including GPs and Paediatricians**

- They should notify the school nurse when a child has been identified as having a medical condition that will require support at school.

- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

### **Children**

- Will be fully involved in discussions about their medical support needs and contribute, and comply with, their IHP as appropriate.

### **Parents**

- Will provide the school with sufficient and up to date information about their child's medical needs.
- Will be involved in the development and review of their child's IHP.
- Will provide medicines and equipment and ensure they, or another nominated adult, are contactable at all times.

### **Local Authority**

The Local Authority should provide support, advice and guidance to support children with medical conditions to attend full time. Where children would not receive a suitable education at Lawford C of E Primary School because of their health care needs the LA has a duty to make other arrangements.

### **Providers of Health Services**

Providers of Health Services should co-operate with school in providing valuable support, information, advice and guidance.

## **6.0 STAFF TRAINING AND SUPPORT**

- The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained. However school may wish to choose to arrange training and ensure this remains up to date.
- Training will be sufficient to ensure that staff are competent and have confidence in their ability to support children. This includes an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. A record of the staff training will be kept (see Appendix C).

**Staff will not give prescription medicines or undertake healthcare procedures without appropriate training – the training will be updated to reflect any IHP**

A first-aid certificate does not constitute appropriate training in supporting children with medical needs.

- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine.
- School will have arrangements in place for whole school awareness training regarding supporting children with medical conditions (e.g. inset day, induction arrangements) to 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.
- The family of a child will be key in providing relevant information to school staff about how their child's needs can be met.

## **7.0 THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

- The governing body will ensure that arrangements are made, for children who are competent, to manage their own health needs and medicines. This should be reflected in their IHP.
- Wherever possible children will be able to access their medicines for self-medication quickly and easily. Some children may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will be informed when the medication has not been administered for this reason.

## **8.0 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.
- No child will be given prescription or non-prescription medicines without their parent's written consent. Forms are available from the office.
- No child will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum doses and when the previous dose was taken. Parents must complete a consent form.
- School will only accept medicines that are in date, labelled, provided in the original container (as dispensed by a pharmacist) and include instructions for administration, dosage and storage (exception to this is insulin, which must still be in date but may be available inside an insulin pen or a pump, rather than in its original container).
- All medicines will be stored safely. Children will be informed where their medicines are and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children either in their class or in the school office (consideration of this will be taken when off school premises e.g. school trips).
- School will keep controlled drugs that have been prescribed for a pupil securely stored and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any dosage used and the amount of the controlled drug held in school
- School staff may administer a controlled drug to whom it has been prescribed 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 will be noted This will be done on 'Medical Tracker'
- When no longer required, medicines will be returned to the parent to arrange for safe disposal.

## **9.0 RECORD KEEPING**

Written records will be kept of all medicines administered to children ( on Medical Tracker'). Parents will be informed if their child has been unwell in school. Records of asthma inhalers administration are also maintained.

## **10.0 EMERGENCY PROCEDURES**

- Where a child has an IHP 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. Other children in the school should know what to do in general terms such as informing a teacher immediately if they think help is needed.
- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives or accompany a child to hospital in an ambulance.

**When local emergency services are called staff will give precise details of which entrance to use.**

### **11.0 DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES**

The Governing body will ensure that arrangements are clear and unambiguous about the need to support actively children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. School will make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician states that this is not possible. A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included (refer to guidance on school trips).

### **12.0 POINTS FOR CONSIDERATION**

- School does not assume that every child with the same condition requires the same treatment.
- School will not send children with medical conditions home frequently, or prevent them from staying for normal school activities, unless this is specified in their IHP.
- If a child becomes ill, they will not be sent to the school office or medical room unaccompanied.
- School take into consideration hospital appointments when monitoring attendance.
- School does not prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- School will not require parents, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No parent will have to give up working because the school is failing to support their child's medical needs, except in the most extreme circumstances – for example all trained personnel in delivering specialised care are unwell/incapacitated and there is no safe alternative..
- School will not prevent children from participating in any aspect of school life, including school trips, by requiring parents to accompany.

### **13.0 Medicines other than medical conditions.**

The school will administer prescription medication, such as antibiotics, in order to support children in attending school. The medicines must be in their original packaging and the parents are responsible for ensuring that staff know the correct dosage. The correct dosage must also be visible on the packaging of the medicine to be administered. We will also administer non – prescription medication such as Calpol. The school does not hold Calpol or similar for general use.

All medicines must be brought in from home and a permission for to administer medicines must be completed. This will also be required for all trips including residential. If a child on a residential does not have any medicines given to the school by the parents, then they will not get non-prescription medication administered by staff. Staff will contact parents to bring medication in these circumstances.

Staff will not administer medication suitable for an adult to a child. They will not split non-prescription pills. School will do so, where it is for a child with a specific medical condition and the parents have provided the appropriate cutting equipment and written direction from the pharmacist/GP – this may be on the packaging.

### **14.0 LIABILITY AND INDEMNITY**

School has an Insurance Policy that provides liability cover relating to the administration of mediation.

Any parents of pupils dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved parents may make a formal complaint via the school's complaints procedure

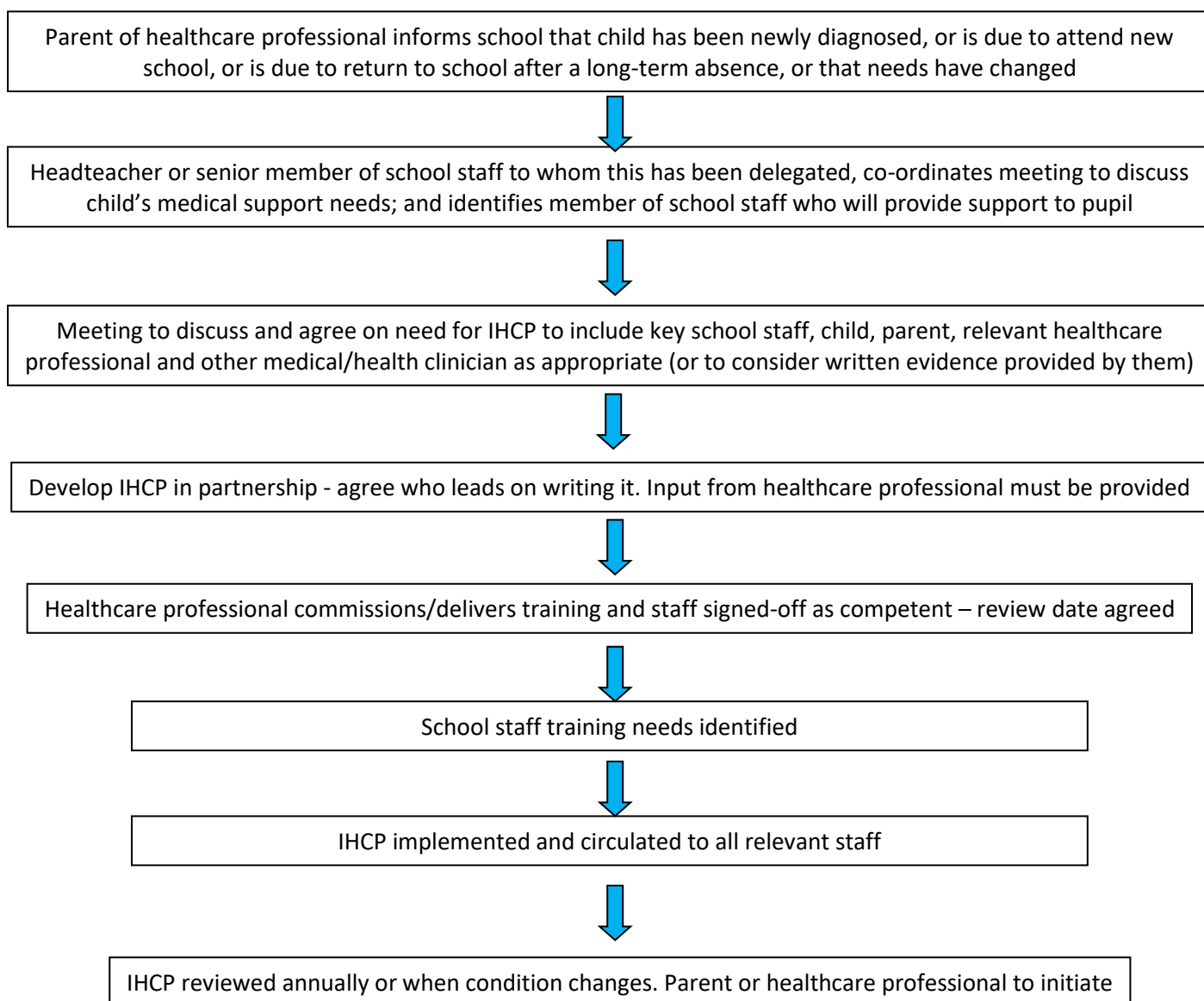
The Headteacher will have overall responsibility that this Policy is implemented and that risk assessments for school visits are undertaken.

The Headteacher will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHPs are monitored.



## Appendix A

### Model process for developing individual healthcare plans



## Appendix B

### Parental instructions for school to administer medicine

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

Name of school/setting	LAWFORD C OF E PRIMARY SCHOOL
Name of child	
Date of birth	
Year Group	
Medical condition or illness	

#### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

#### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	School office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) ..... Date .....

### Appendix C – Record of administration of medicines ( where not able to use Medical Tracker)

**Child's Name** .....

**Medication to be given and dose .....**

[illegible]

**Ad Hoc medication e.g. non-prescription and antibiotics (where not able to use Medical Tracker)**

[illegible]