

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Name of Governing Body Representative: Kristofer McGhee

Signed by (GBR):

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Introduction and Overview

Contents

- 1. Policy statement
- 2. Legislation and statutory responsibilities
- 3. Roles and responsibilities
- 4. Equal opportunities
- 5. Being notified that a child has a medical condition
- 6. Individual health care plans
- 7. Managing medicines
- 8. Emergency procedures
- 9. Training
- 10. Record keeping
- 11. Liability and indemnity
- 12. Complaints
- 13. Monitoring arrangements
- 14. Links to other policies
- 15. Appendices:

Appendix 1- Individual health care plans

Appendix 2- Permission to administer medication

1. Policy Statement

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 health care plans (IHPs)

The named person with responsibility for implementing this policy is Hannah Blunden.

2. Legislation and statutory responsibilities.

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

3. 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 and SENCO

The Headteacher and SENCO 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 health care plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of health care Plans
- 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

Staff

- 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.
- 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. It is the
 responsibility of teachers to check the medical register regularly to ensure they
 are aware of any updates to the medical needs of children they are working
 with.

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

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

School nurses and other healthcare professionals

The school nursing service (Homerton University Hospital Nursing Team) 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 school nurses and notify them of any pupils identified as having a medical condition.				

4. Equal opportunities

Princess May Primary 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.

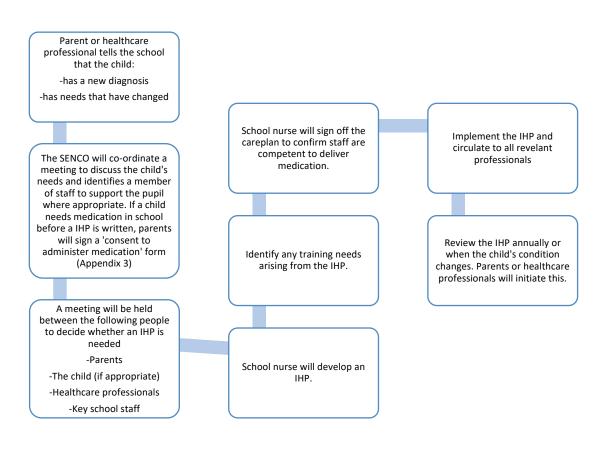
Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

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 Health Care Plan (also known as a IHP).

The school 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 school. If pupils require medication before the health care plan has been written, parents must sign the 'permission to administer medication form' (Appendix 4).

Procedures to follow when being notified of a medical condition



6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Hannah Blunden (SENCO)

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 a Health Care Plan. It will be agreed with a healthcare professional and the parents when a Health Care Plan 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.

Health Care Plans will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or 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 SENCO, 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 selfmanaging 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

7. Managing medicines

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 (Appendix 3)

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 school 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. Pupils will be informed about where their medicines are at all times and be able to access them immediately. This is either in the school medical cupboard and, if necessary, also within the classroom.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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 administered at the schools should be noted on the written permission form. Please see appendix 4. Medicines will be returned to parents to arrange for safe disposal when no longer required.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's health care plan, 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
- 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 the pupil, including with toileting issues.
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' health care plans 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.

9. 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.

10.Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. These records are kept on the online school system 'Scholarpack'. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in the medical cupboard, alongside pupil medication. An electronic copy of these is also kept on the online staff drive (Sharepoint). Staff are aware of where the IHPs can be found.

11. 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.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the SENCO in the first instance. If the SENCO cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing body every two years.

14. Links to other policies

- -Accessibility plan
- -Complaints
- -Equality information and objectives
- -Health and safety
- -Safeguarding
- -Special educational needs policy and information report

Appendices

Appendix 1- individual health care plans

Name of School: Princess May Primary School

CARE PLAN FOR

Child's Information			
Child's Name: Group/Class/Form: Date of Birth: Emergency Contact Emergency Contact			
Date of Assessmen	t		
Care plan completed by:	Designation:	Date:	Review date:
Care Plan Reviewed By:	Designation:	Date:	Review Date:
Family Contact Info	rmation		
Name: Relationship:			
Phone number (Mob (Home):	ile):		
Name: Relationship:			
Phone number (Mob Home):	ile):		

GP:	GP Practice:				
GP Phone Number:					
Hospital Dr/Speciali	st: Specialist Phone Number:				
	0 114				
Medical Diagnosis or Condition					
Medication					
Describe medical needs (triggers)					
Symptoms					
Describe what constitutes an emergency for the child, and the action to take if this occurs					
School staff to take	the following procedure if any of the above symptoms occur:				
	Care Plan Responsibility				
	relevant staff as required				
SENCO	•				
School Health Service	•				
Classroom Staff	•				
Parent	•				
Child	•				

Clinic/Hospital Contact

Daily Care Requirements		
•		
Who is responsible in an activities)	emergency? (State if diffe	rent for off-site
•		
E-II O-II-		
Follow-up Care		
•		
	EDICATION MUST BE IN T SED BY THE PHARMACY MUCH TO GIVE.	
of writing and I give const the medication. I will info	to the best of my knowled ent to school staff / transp rm the school immediately frequency of the medication	oort staff administering v, in writing, if there is
Parent/Carer Signature:	Print Name:	Date:
School Nurse Signature:	Print Name:	Date:
SENCO Signature:	Print Name:	Date:
Form copied to: School	□ SENCO □	Child's Parents

If Child does not start to feel better or if you are worried at any time call 999.

Appendices

Appendix 2- permission form to administer medication



Name of child Date of birth Group/class/form Headteacher: Mr. Kevin Reynolds
Princess May Primary School
Princess May Road, London, N16 8DF
Telephone: 020 7254 1589

Email: admin@princessmay.hackney.sch.uk Website: www.princessmay.hackney.sch.uk

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

Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
Medicines must be in the original co the child's name on the label. Contact Details	ntainer as dispensed by the pharmacy with
Name	
Daytime telephone no.	
Relationship to child	
I understand that I must deliver the medicine personally to	

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