

**Western Primary School
and Scartho Nursery
School**

**Supporting Children with
Medical Conditions Policy**

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Statement of intent

The governing body of Western Primary School and Scartho Nursery School Federation has a duty to ensure arrangements are in place to support children with medical conditions. The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

It is important that parents/carers of children with medical conditions feel confident that the school provides effective support for their child's medical condition, and that children feel safe in the school environment.

The federation appreciates that there are SEMH (social, emotional mental health) implications associated with medical conditions and be subject to bullying. This policy aims to minimise the risks of children experiencing these difficulties.

Long-term absences as a result of medical conditions can affect attainment, relationships with staff and peers and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some children with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these children, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's [SEND Policy](#) will ensure compliance with legal duties.

To ensure that the needs of our children with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, children and their parents/carers.

Signed by:

_____ Headteacher

Date: _____

_____ Chair of governors

Date: _____

1. Legal framework

1.1. This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

1.2. This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting children at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

1.3. This policy has due regard to the following school policies:

- **Administering Medication Policy**
- **SEND Policy**
- **Drug and Alcohol Policy**
- **Asthma Policy**
- **Complaints Procedure Policy**
- **First Aid Policy**

2. The role of the governing body

2.1. The governing body:

- Is legally responsible for fulfilling its statutory duties.
- Ensures that arrangements are in place to support children with medical conditions.
- Ensures that children with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that children with medical conditions receive a full education.

- Ensures that, following long-term or frequent absence, children with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Ensures that parents/carers and children are confident in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that children's health is not put at unnecessary risk. As a result, the body holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

2.2. The Executive Headteacher holds overall responsibility for implementation of this policy.

3. The role of the Heads of School

3.1. The Heads Of School

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring children with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the appropriate professionals where a pupil with a medical condition requires support that has not yet been identified.

4. The role of parents/carers

4.1. Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.

- Ensure that they, or another nominated adult, are contactable at all times.

5. The role of children

5.1. Children:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of children with medical conditions.

6. The role of school staff

6.1. School staff:

- May be asked to provide support to children with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of children with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting children with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

7. The role of the Health Professionals

7.1. The Health Professionals:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for children with medical conditions.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

8. The role of providers of health services

8.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

9. The role of the LA

9.1. The LA:

- Commissions school nurses for local schools.
- Promotes co-operation between relevant partners.

- Makes joint commissioning arrangements for education, health and care provision for children with SEND.
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Works with the school to ensure that children with medical conditions can attend school full-time.

9.2. Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

10. The role of Ofsted

10.1. Ofsted inspectors will consider how well the school meets the needs of the full range of children, including those with medical conditions.

10.2. Key judgements are informed by the progress and achievement of children with medical conditions, alongside children with SEND, and also by children's spiritual, moral, social and cultural development.

11. Admissions

11.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

11.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

12. Notification procedure

12.1. When the school is notified that a pupil has a medical condition that requires support in school, a meeting with parents/carers, healthcare professionals and the pupil, will be arranged where needs are explored, with a view to discussing the necessity of an IHP (outlined in detail in section 18).

12.2. The school will not wait for a formal diagnosis before providing support to children. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the head teacher based on all available evidence (including medical evidence and consultation with parents/carers) as to whether we can support the needs of the child.

12.3. For a pupil coming from a previous school, arrangements are in place prior to their introduction and informed by their previous institution.

12.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place as soon as possible so the child is not missing out on its entitlement to education.

13. Staff training and support

- 13.1. Any staff member providing support to a pupil with medical conditions, will receive appropriate training.
- 13.2. Staff will not undertake healthcare procedures or administer medication without appropriate training.
- 13.3. Training needs are assessed by the school, on a termly basis for all school staff, and when a new staff member arrives.
- 13.4. Through training, staff have the requisite competency and confidence to support children with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 13.5. A first-aid certificate does not constitute appropriate training for supporting children with medical conditions.
- 13.6. Whole-school awareness training is carried out on a termly basis for all staff, and included in the induction of new staff members.
- 13.7. Suitable training opportunities are offered ensuring all medical conditions affecting children in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 13.8. Parents/carers of children with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

14. Self-management

- 14.1. Following discussion with parents/carers, children who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.
- 14.2. Where possible, children may carry their own medicines and/or relevant devices.
- 14.3. Where it is not possible for children to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- 14.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP is followed. Following such an event, parents/carers will be informed so that alternative options can be considered.

15. Individual healthcare plans (IHPs)

- 15.1. Where it is decided by relevant professionals, including the school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no agreement can be reached, the head of school will make the final decision.

15.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

15.3. IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the head of school for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

15.4. Where a pupil has an emergency healthcare plan prepared by health care professionals, this will be used to inform the IHP.

15.5. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

15.6. IHPs are reviewed termly, or when a child's medical circumstances change, whichever is sooner.

15.7. Where a pupil has an EHC plan, the IHP may be linked to it or become part of it.

15.8. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHP where appropriate.

15.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

16. Managing medicines

16.1. Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

16.2. Children are not given prescription or non-prescription medicines without their parent/carer's written consent

16.3. Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so i.e pain relief
- When instructed by a medical professional

16.4. No pupil will be given medicine containing aspirin unless prescribed by a doctor.

16.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

16.6. Parents/carers are informed any time medication is administered that is not agreed in an IHP.

16.7. The school only accepts medicines that are in-date, labelled named, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

16.8. All medicines are stored safely. Children know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit.

16.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

16.10. The school holds asthma inhalers for emergency use. The inhalers are stored in the medical room and their use is recorded. Inhalers are always used in line with the school's Asthma Policy.

16.11. Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

16.12. Records are kept of all medicines administered to individual children – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

17. Adrenaline auto-injectors (AAIs)

- 17.1. A Register of AAIs will be kept of all the children who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- 17.2. Where a pupil has been prescribed an AAI, this will be written into their IHP. .
- 17.3. For children who have prescribed AAI devices, these are stored in a suitably safe and central location.
- 17.4. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 17.5. In the event of anaphylaxis, a designated staff member will be contacted
- 17.6. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 17.7. If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the pupil needs restraining.
- 17.8. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted.
- 17.9. Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 17.10. In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.
- 17.11. Where any AAIs are used, the following information will be recorded on the AAI Record:
 - Where and when the reaction took place
 - How much medication was given and by whom
- 17.12. For children under the age of six, a dose of 150 micrograms of adrenaline will be used.
- 17.13. For children aged 6-11 years, a dose of 300 micrograms of adrenaline will be used.
- 17.14. AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, children at risk of anaphylaxis will have their own AAI with them and the school.

18. Record keeping

- 18.1. In accordance with paragraphs 19.10, 19.11, 19.12 and 19.13, written records are kept of all medicines administered to children.
- 18.2. Proper record keeping protects both staff and children, and provides evidence that agreed procedures have been followed.

19. Emergency procedures

- 19.1. Medical emergencies are dealt with under the school's emergency procedures.
- 19.2. Where an IHP is in place, it should detail:
 - What constitutes an emergency.
 - What to do in an emergency.
- 19.3. Children are informed in general terms of what to do in an emergency, such as telling a teacher.
- 19.4. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.
- 19.5. When transporting children with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

20. Day trips, residential visits and sporting activities

- 20.1. Children with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- 20.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable children with medical conditions to participate. In addition to a risk assessment, advice is sought from children, parents/carers and relevant medical professionals.
- 20.3. The school will arrange for adjustments to be made for all children to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

21. Unacceptable practice

- 21.1. The school will never:
 - Assume that children with the same condition require the same treatment.
 - Prevent children from easily accessing their inhalers and medication.
 - Ignore the views of the pupil and/or their parents/carers.
 - Ignore medical evidence or opinion.

- Send children home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise children with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to children participating in school life, including school trips.
- Refuse to allow children to eat, drink or use the toilet when they need to in order to manage their condition.

22. Liability and indemnity

- 22.1. The governing body ensures that appropriate insurance is in place to cover staff providing support to children with medical conditions.
- 22.2. The school holds an insurance policy with Zurich Municipal.
- 22.3. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

23. Complaints

- 23.1. Parents/carers or children wishing to make a complaint concerning the support provided to children with medical conditions are required to speak to the school in the first instance.
- 23.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy.
- 23.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
- 23.4. Parents/carers and children are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

24. Home-to-school transport

- 24.1. Arranging home-to-school transport for children with medical conditions is the responsibility of the Local Authority.

24.2. Where appropriate, the school will share relevant information to allow the Local Authority to develop appropriate transport plans for children with life-threatening conditions.

25. Policy review

25.1. This policy is reviewed on an annual basis by the Governing Body and Executive Headteacher

25.2. The scheduled review date for this policy is February 2020.

