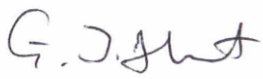
Document owner	Etwall Primary School	**Approved by:**	Full Governors
Author:	Michelle Jenkins	**Minute number**	17/21-22 cc)
Version:	September 2021	**Next Review**	September 2022
Signed by Chair of Governors		**Signed by Headteacher**	
This policy has been reviewed on 27/07/2021 and has been impact assessed in the light of all other school policies and the Equality Act 2010.			

Policy for Supporting Pupils at School with Medical Conditions

At Etwall Primary School, we will have due regard to the following documents:

- Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', April 2014 (This statutory guidance also refers to other specific laws.)
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs Code of Practice (July 2014)
- Other school policies, such as Child Protection, Equal Opportunities, Administering Medicines and Special Educational Needs.

Introduction

At Etwall Primary School, children with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can:

- play a full and active role in school life;
- remain as healthy as possible;
- achieve their academic potential;
- access and enjoy the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. We recognise that each child's needs are individual and may change over time.

Their medical condition may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary reintegration programmes. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education, Health and Care Plan (EHCP).

We will work together with other schools, health professionals, support services, and the Local Authority.

The admission to school is conducted by Derbyshire County Council. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does 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, e.g. where a hospital has advised a child to remain at home but the parent chooses to send them to school.

Policy Implementation

- The Headteacher will ensure that sufficient staff are suitably trained.
- All relevant staff will be made aware of the child's condition.

- Cover arrangements will be put in place to cover for staff absence to ensure that someone is always available to meet the child's needs.
- Supply teachers will be briefed and records kept in the front of the Supply Handbook to remind supply teachers of children who may have additional health needs.
- Risk assessments will be put in place for educational visits, and other school activities outside the normal timetable.
- Individual healthcare plans (IHP) will be monitored frequently.

Procedure to be followed when notification is received that a pupil has a medical condition

The school, in consultation with all relevant stakeholders including parents, will:

- Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- Put arrangements into place in time for the start of the new school term if it is a child starting at the school.
- In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place within two weeks.
- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing Health Care Plans.
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Any staff training needs are identified and met.

Individual Healthcare Plans

The purpose of IHPs is to provide clarity about what needs to be done, when and by whom. They are particularly essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. IHPs are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption.

IHPs, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents, and relevant healthcare professionals, e.g.. Specialist or community nurse.

Wherever possible, the child will also be involved in the process. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring the plan is finalised and implemented rests with the school.

The IHP is a confidential document and the level of detail will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have an EHCP, their special educational needs will be mentioned in their IHP. If they have an EHCP, the IHP will be linked to it, including at review times.

The IHPs are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed or there are arising difficulties.

However, not all children with a medical condition will require an IHP. The school, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take the final view.

A flow chart for agreeing an IHP is provided in Annex A.

The information to be recorded on IHPs

When deciding on the information to be recorded on individual healthcare plans, the following will be considered:

- 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;
- specific support for the pupil's educational, social and emotional needs – for example, 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 child is self managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child'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 child'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 child can participate, eg. risk assessments;
- where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. (Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their IHP).

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, both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

1. <u>Governing Body</u>

The Governing Body will ensure that:

- ➢ pupils in school with medical conditions are supported;
- ➢ a policy is developed, implemented and monitored;
- ➢ staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions.

2. Headteacher

The Headteacher will ensure that:

- ➢ the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented with partners;
- ➢ all staff are aware of the policy and that they understand their role in implementing the policy;
- ➢ all staff who need to know are aware of a child's condition;
- ➢ sufficient trained numbers of staff are available to implement the policy and deliver against all the IHPs, including in contingency and emergency situations;
- ➢ the development of IHPs is carried out;
- ➢ all staff are appropriately insured to support pupils in this way;
- ➢ liaison with the school nurse is carried out in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.

3. School Staff

- ➢ Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional duties, they should take into account the needs of pupils with medical conditions they teach.
- ➢ Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4. School Nurses

- ➢ They should notify school when a child has been identified as having a medical condition which will require support in school.
- ➢ They can support staff on implementing a child's IHP and provide advice and liaison e.g. training.
- ➢ They can liaise with lead clinicians on appropriate support.

5. 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.
- ➢ They can advise on IHPs.

6. Pupils

- ➢ Pupils with medical conditions may be best placed to provide information about how their condition affects them.
- ➢ They should be involved in discussions about their medical support needs and contribute as much as possible to the development of their IHP.
- ➢ They should comply with their IHP.
- ➢ Other children will often need to be sensitive to the needs of those with medical conditions.

7. Parents

- ➢ Parents should provide the school with sufficient and up-to-date information about their child's medical needs.
- ➢ They may, in some cases, be the first to notify the school that their child has a medical condition.
- ➢ They will be involved in the development and review of their child's IHP.
- ➢ They should carry out the action they have agreed to as part of its implementation, e.g. provide medicines and equipment.
- ➢ They should ensure they or another nominated adult are contactable at all times.

8. Local Authority

- ➢ Has a duty to commission a school nurse service to this school.
- ➢ Should provide support, advice and guidance, including suitable training for school staff.
- ➢ Work with schools to support pupils to attend full time.
- ➢ Provide alternative arrangements for education if a child cannot attend school because of their health needs (when it is clear that a child will be away from school for 15 or more days, whether consecutive or cumulative across the school year).

9. Providers of Health Services, Clinical Commissioning Groups

All of these agencies should co-operate with schools that are supporting children with a medical condition (e.g. information, advice and training)

-

Staff training and support

- All members of staff providing support to a child with medical needs will have been trained beforehand so that they are competent and have confidence in their ability.
- Only the trained staff will be able to give prescription medicines or undertake health care procedures.
- It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions.
- The type of training, and frequency of refresher training, will be determined by the child's medical condition and the staff's existing knowledge.
- 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.
- Parents can provide advice but they will not be the sole trainer.
- Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- All staff will be made aware of children with an IHP and who the trained staff are.
- The Supporting Pupils with Medical Conditions Policy will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

The child's role in managing their own medical needs

- Children who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff.
- If a child refuses to take medicine or carry out a medical procedure, staff will not force him or her to do so, but follow the procedure agreed in the IHP. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises – *please also refer to Administration of medicines policy*
Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- The school will keep a written record of doses administered, stating what, how and how much was administered, when and by whom.
- No child will be given prescription or non-prescription medication without their parent's written consent. The school has adopted the LA Administration of medicines policy.
- For the administering of non-prescription medicines during an educational visit, parents should provide written consent and the consent needs to be taken by the trip leader.
- No child will be given a medicine containing aspirin unless it has been prescribed by a doctor.
- 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 exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Medicines will be stored safely and be readily accessible to involved staff.
- Children who need to access their medicines immediately, such as those requiring asthma inhalers, will know where they are kept.
- On educational visits, medicines will also be available and will be looked after by a relevant member of staff.
- If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child.
- Any side effects of the medication to be administered will be noted and parents informed.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal.
- Parents are responsible for ensuring medicines kept in school are up to date.

(A record form for parental consent to staff administering medicines is provided in Annex B. Also see Etwall Primary School's Policy for the Administration of medicines.)

Emergency procedures

- A child's IHP will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.
- If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.
- Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

Educational visits and sporting activities

- The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.
- The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's IHP, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the child becomes ill, send them to the school office or headteacher's office unaccompanied or with someone unsuitable.
- Penalise children 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 child, 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g. by requiring parents to accompany the child. Any special arrangements needed will be discussed and agreed with the parent.

Liability and indemnity

The Governing Body at Etwall Primary School ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions, with administration of medication and any necessary health care procedures. Any requirement of the insurance company, e.g. training for staff, will be complied with.

Complaints

Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they should make a formal complaint via the school's complaints procedure.

Other issues for consideration

- The school has a number of trained First Aiders amongst the staff. They have been trained in CPR, and there is a defibrillator in the school entrance.
- The school hold an asthma inhaler for emergency use after the regulations were changed by the Department for Health in October 2014. This can be used for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). Please refer to the "Guidance on the use of emergency salbutamol inhalers in schools Document" - March 2015 prepared by the Disabled and Ill Child Services Team, Department of Health.

Annex A

Flow Chart for developing Individual Healthcare Plans (IHPs) (*from DfE Guidance*)

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.

↓

Headteacher &/or SENCO co-ordinates meeting to discuss child's medical support needs; and identifies members of school staff who will provide support to pupil.

↓

Meeting to discuss and agree on need of IHP to include key school staff, child (where appropriate), parent, a relevant healthcare professional and other medical/health clinicians as appropriate (or to consider written evidence provided by them). ***NB A healthcare professional must attend.***

↓

Develop IHP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.

↓

School staff training needs identified. Resources, including accommodation requirements, are identified.

↓

Healthcare professional commissions/delivers training and staff signed-off as competent. Review date agreed.

↓

IHP implemented and circulated to all relevant staff.

↓

IHP reviewed annually or when condition changes. Parent or healthcare professional to initiate.

Annex B

Form 2 - Parental Consent for Schools/Setting to Administer Medicine

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

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

Name of School/Setting	
Date	Day / Month / Year
Childs name	
Date of birth	Day / Month / Year
Group/Class/Form	
Medical condition or illness	

Medicine

Name/type of medicine/strength *(as described on the container)*	
Date dispensed	Day / Month / Year
Expiry date	Day / Month / Year
Agreed review date to be initiated by (name of member of staff)	
Dosage and method	

Timing – when to be given	
Special precautions	
Any other instructions	
Number of tablets/quantity to be given to School/Setting	
Are there any side effects that the School/Setting needs to know about?	
Self administration	Yes / No (*delete as appropriate*)
Procedures to take in an emergency	

Contact Details – First Contact

Name	
Daytime telephone number	
Mobile telephone number	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to (agreed member of staff)

Contact Details – Second Contact

Name	
Daytime telephone number	
Mobile telephone number	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to (agreed member of staff)

Name and phone number of G.P.	

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

I accept that this is a service that the School is not obliged to undertake.

I understand that I must notify the School of any changes in writing

Date _____ Signature _____

Print name _____

If more than one medicine is to be given a separate form should be completed for each one.

For School/Setting Use

Reviewed by	Date	Signature	Print Name

To be reviewed annually or if dose changes