

Supporting Pupils with Medical Conditions Policy

Long Wittenham C.E. Primary School

This policy supports the school vision

Caring For Others And Courageously Striving For Excellence



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Contents

1. Purpose	2
2. Roles & Responsibilities.....	2
2.1 The governing Board	2
2.2 The Headteacher	2
2.3 Parents	3
2.4 Pupils	3
2.5 School Staff.....	3
2.6 School Nurse.....	3
2.7 Other Healthcare Professionals.....	3
3. Staff Training & Support.....	4
4. Managing Medicine on School Premises.....	4
4.1 Controlled Drugs.....	5
3. Record Keeping	5
4. Individual Healthcare Plans	5
5. Emergency Procedures.....	6
6. Equal Opportunities	6
7. Unacceptable Practice:.....	7

8. Liability & Indemnity	7
9. Complaints	7

1. Purpose

The purpose of the Policy for Supporting Pupils at School with Medical Conditions is 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 the 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 healthcare plans (IHPs)

This policy meets the school's statutory requirements under section 100 of the Children and Families Act 2014¹ which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

This Policy pays due regard to the Department for Education's statutory guidance Supporting Pupils at School Medical Conditions².

2. Roles & Responsibilities

2.1 The governing Board

The Governing Board must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

2.2 The Headteacher

The Headteacher will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

¹ <http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

The Headteacher has overall responsibility for the development of individual healthcare plans, will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will ensure that contact is made with the school nursing service in the case of any child 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.

2.3 Parents

Parents will 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. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

2.4 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

2.5 School Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. 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.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

2.6 School Nurse

The School Health Nurse for our area is Naomi Hart www.oxfordhealth.nhs.uk/school-health-nurses. The school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also section 3 below about training for school staff.

2.7 Other Healthcare Professionals

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school.

They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

3. Staff Training & Support

Any member of school staff providing support to a pupil with medical needs will receive suitable training and will be supported by their line manager and medical specialists as appropriate. Training needs will be assessed as part of the appraisal process and training will be commissioned from medical specialists if necessary.

When there are pupils with medical needs on roll, staff will receive training on:

- the development or review of individual healthcare plans [IHPs];
- an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures;
- whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.
- Relevant healthcare professional should be able to advise on training that will 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.

4. Managing Medicine on School Premises

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

- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent
- The school will not accept non-prescription medicines from parents.
- Written consent will be requested before medication can be administered
- Where clinically possible, the school will seek to ensure that parents request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours.
- The school will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen
- All medicines, with the exception of asthma inhalers belonging to children, will be stored safely in the fridge or the medicine cabinet in the staff washroom.
- Staff administering medicines to children should check:
 1. written permission from the parent
 2. medicine is in the original container and includes the prescriber's instructions for administration
 3. child's name, prescribed dose, expiry date
 4. Written instructions provided by the prescriber on the label or container
- It is good practice to have the dosage and administration witnessed by a second adult.
- Staff must complete and sign a record each time the medicine is given and return the medicine to fridge or medicine cabinet in the staffroom. Any side effects of the medication to be administered at school should be noted in school.
- Asthma inhalers are stored in classrooms.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school off-site visits.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

4.1 Controlled Drugs- Currently not required

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001³ and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs will be kept in a secure cupboard in the office and only named staff members will have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

1. Record Keeping

Governing bodies will ensure that written records are kept of all medicines administered to children. Once medicine has been administered the record log along with original parental permission is kept in the child's pupil file.

2. Individual Healthcare Plans- Currently not required

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to name of individual/role.

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 an IHP. It will be agreed with a healthcare professional and the parents when an IHP 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 paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any 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 the headteacher 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

³ <http://www.legislation.gov.uk/ukxi/2001/3998/contents/made>

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 self-managing 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

3. Emergency Procedures

In case of an emergency, school staff will refer to the Critical Incident Management Plan. If there is a pupil on roll with an individual healthcare plan, 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 pupils in the school will be briefed about 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, a member of staff will stay with the child until the parent arrives, or accompany the child taken to hospital by ambulance. In these circumstances, school staff will ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

4. Equal Opportunities

The Governing Board will ensure that the school enables 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.

The school acknowledges the Equalities Act 2010 and schools⁴ and works proactively to support all its pupils.

⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315587/Equality_Act_Advice_Final.pdf

5. Unacceptable Practice:

Although school staff are encouraged to use their professional discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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 for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room 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 school trips, e.g. by requiring parents to accompany the child.

6. Liability & Indemnity

The Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. This is through OCC.

7. Complaints

The Governing Board will ensure that the school's policy sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

This policy is based on the Model Policy for OCC schools produced by OHS 2019 downloaded 14/08/22.

<https://ohs.oxon.sch.uk/medical-needs-in-schools/policies-and-links-for-schools/>