Pool House Community Primary School

Supporting Pupils at School with Medical Conditions Policy

Pool House CP is an inclusive school that aims to support and welcome children with medical conditions.

1. Introduction

The Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with medical conditions cannot be denied admission or excluded from school on medical grounds alone unless accepting a child in school would be detrimental to the health of that child or others.

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care (EHC) plan. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice.

The aim of this document is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role and achieve their potential.

This policy will be reviewed regularly and will be readily accessible to parents/carers and staff through the school website.

2. Policy Implementation

The overall responsibility for the successful administering and implementation of this policy is the Head Teacher. She is responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absence or staff turnover to ensure that someone is always available. The Head Teacher will have overall responsibility for ensuring that all class teachers and supply teachers are fully aware of the medical needs of all children. All classes will display a clearly visible instruction as to where confidential Healthcare Plans and the medical alert register is kept. Class teachers are responsible for carrying out risk assessments for school visits and other school activities outside of the normal timetable. The Head Teacher has overall responsibility for monitoring Healthcare Plans, but class teachers and SENCO are responsible for liaising with parents with regards to Individual Healthcare Plans, should they notice any changes in the child's health.

All staff will be expected to show a commitment and awareness of children's medical conditions. New members of staff will be inducted into the arrangements.

3. Pupils with medical conditions

Pupils with long term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. Children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. Reintegration back into school will be properly supported so that pupils with medical conditions will fully engage with learning and not fall behind.

4. Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working arrangements and working in partnership will ensure that the needs of pupils with medical conditions are met effectively.

i. The governing body will ensure that the school develops and implements a policy for supporting pupils with medical conditions. It will ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions. It will ensure that the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.

ii. The Head teacher will ensure that the school's policy is developed and effectively implemented with partners. She will ensure that all staff are aware of the policy and understand their role in its implementation. She will make sure that sufficient numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in emergency and contingency situations. The Head teacher has the overall responsibility for the development of Individual Healthcare Plans. She will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Inclusion Leader will contact the school nursing service in the case of any child who has a medical condition that may require support at school.

iii. 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. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

iv. School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support at school. School nurses may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison.

v. Other healthcare professionals, including GPs and paediatricians 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 healthcare plans.

vi. Pupils will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of their individual healthcare plan since they know best how their condition affects them. Other pupils in the school will be sensitive to the needs of those with medical conditions.

vii. Parents/carers will provide the school with up-to-date information about their child's medical needs. They will be involved in the development and review of their child's individual healthcare plan. They will carry out any action they have agreed to as part of its implementation and ensure they or another nominated adult are contactable at all times.

viii. Local authorities should work with schools to support pupils with medical conditions
to attend full time.

ix. Health services can provide valuable support, information, advice and guidance to
schools and their staff to support children with medical conditions at school.

x. Clinical commissioning groups (CCGs) should ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions.

xi. Ofsted Inspectors consider the needs of pupils with chronic or long term medical conditions and also those of disabled children and pupils with SEN. The school will demonstrate that the policy dealing with medical needs is implemented effectively.

5. Procedures to be followed when Notification is received that a pupil has a medical condition

The school will follow the correct procedures when it is notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support.
For pupils starting at the school, arrangements will be in place in time for the start of the relevant school term. 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 put in place within two weeks.
In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on available evidence which would normally involve some form of medical evidence and consultation with parents.
The school will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school will consider what reasonable adjustments it might make to enable pupils with medical needs to participate in school trips and visits or in sporting activities.

6. Individual healthcare plans

Not all children will require an Individual Healthcare Plan. The school, healthcare professional and parent will agree when a healthcare plan would be appropriate, based on evidence. If consensus cannot be reached, the head teacher will take the final decision. A flow chart for identifying and agreeing the support a child needs and developing an Individual Healthcare Plan can be found at Annex A. Individual Healthcare Plans will often be essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.
Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out when their child joins the school.

Individual Healthcare Plans will be accessible to all who need to refer to them, while preserving confidentiality. The plans capture the key information and actions that are required to support the child effectively. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their Individual Healthcare plan (a template can be found at Annex B). Where a child has a special educational need identified in a statement or EHC plan, the Individual Healthcare Plan should be linked to or become part of that statement or EHC plan.

Individual Healthcare Plans (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 to the child. Plans will be drawn up in partnership between the school, parents and a relevant healthcare professional who can best advise on the needs of the child. Pupils will also be involved, whenever appropriate. Partners will agree who will take the lead in writing the plan however it is the responsibility of the school to ensure it is finalised and implemented.
The school will review plans at least annually or earlier if evidence is presented that the child's needs have changed.

Annex B provides a template for an Individual Healthcare Plan and the information that will be recorded on such plans.

A central register of all children's medical needs is collated by an identified member of the office staff. Every class teacher is provided with a copy of the register and a copy of Healthcare Plans for children in their class. The responsible member of staff follows up

with the parents any further details on a pupil's Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

7. Staff training and support

Any member of school staff providing support to a pupil with medical needs will receive suitable training. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.
Healthcare professionals, including the school nurse can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
The school will make arrangements for whole school awareness training so that all staff, including new staff, are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Parents can also contribute by providing specific advice.

8. The child's role in managing their own medical needs

Some children are competent to manage their own health needs and medicines. The school, after discussion with parents, will encourage such children to take responsibility for managing their own medicines and procedures. This will also be reflected within Individual Healthcare Plans.
Wherever possible and if appropriate, children will be allowed to carry their own medicines and relevant devices. Children should be able to access their medicines for self-medication quickly and easily. Those children who take their medicines themselves or manage their own procedures may require an appropriate level of supervision.
If a child refuses to take medicine or carry out a necessary procedure then they should not be forced by staff. The procedure agreed in the Individual Healthcare Plan should be followed and parents informed so that alternative options can be considered.

9. Managing medicines on the 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 will be given prescription or non-prescription medicines without their parents' written consent
- a child should never be given medicines containing aspirin unless prescribed by a doctor
- the school will only accept prescribed medicines that 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 pump, rather than in its original container)
- all medicines will be stored safely in the School Office. Children should know where their medicines are at all times and be able to access them immediately. Controlled drugs

will be kept locked up, with the key being easily available and not being held personally by members of staff.

- medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. These will be stored in the school office where both class teacher and child know how to access them.

during school trips, the member of staff in charge of first aid will carry all medical devices and medicines required. All staff attending off-site visits will be aware of any pupils with medical conditions on the visit. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so; however passing it on to another child for use is an offence. Monitoring arrangements may be necessary in such cases. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency.

staff administering a controlled drug must do so in accordance with the prescriber's instructions. The 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 should also be noted. These procedures are outlined in Annex C and Annex D.

- sharp boxes should always be used for the disposal of needles and other sharps. Parents will be required to obtain sharps boxes from their child's GP or paediatrician on prescription. All sharps boxes in this school will be stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.

- three times a year the identified member of staff checks the expiry dates for all medication stored at the school and arranges for the disposal of any that have expired.

- when no longer required, medicines should be returned to the parent to arrange for safe disposal. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.

- All medication is sent home with pupils at the end of the school year. Medication is not stored in the summer holidays.

- **Defibrillator :** school have a defibrillator which is situated by the office. All staff have been trained in the use of the defibrillator.

10. Emergency procedures

As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed. A pupil taken to hospital by ambulance will be accompanied by a member of staff who will stay with the child until the parent arrives.

11. Unacceptable practice

Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan; however 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 medical evidence or opinion (although this may be challenged) or ignore the views of the child or their parents
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the Individual Healthcare Plan
- if the child becomes ill send the child 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 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 trip, e.g. by requiring parents to accompany the child

12. Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If the issue is not resolved, a formal complaint via the school's complaint procedure should be made. After other attempts at resolution have been exhausted, a formal complaint can be made to the Department for Education only if it comes under the scope of section 496/497 of the Education Act 1996.

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