

Overdale Infant School



Supporting Pupils with Medical Conditions

**(Including children with health needs who
cannot attend school)**

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Appendix 1 – Being Notified That A Child Has A Medical Condition

Appendix 2 – Record of Medicine

1. AIMS

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.
- Suitable education is arranged for pupils on roll who cannot attend due to health needs and that pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

The governing board and the school will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, 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)

The named person with responsibility for implementing this policy is Mrs Natalie Howard SENDCo.

2. LEGISLATION, STATUTORY REQUIREMENTS, AND STATUTORY GUIDANCE

This policy meets the requirements under Section 100 of the Children and Families Act 2014, 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 on supporting pupils with medical conditions at school

This policy reflects the requirements of the Education Act 1996.

This policy complies with our funding agreement and articles of association.

3. ROLES AND RESPONSIBILITIES

3.1 The Governing Board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will assure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher

The headteacher 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 healthcare plans (IHPs), including in contingency and emergency situations
- ensure that all staff who need to know are aware of a child's condition
- take overall responsibility for the development of IHPs
- 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
- ensure this policy is regularly monitored and reviewed in accordance with statutory legislation.

3.3 Staff

All staff are trained to feel confident in knowing what to do in an emergency. Staff understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

The whole school staff understand the importance of medication being taken as prescribed. All staff understand the common medical conditions that affect children at this school. This school allows adequate time for staff to receive training on the impact medical conditions can have on pupils, both physically and emotionally.

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. All staff are invited to attend specific training on medical needs and medication, and it is compulsory for any staff working with that child to attend the training. All training is received annually.

Staff will not be asked to administer any medication for which they have not been trained.

Teachers will consider 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.

Staff will also be committed to identifying and reducing triggers both at school and on out of school visits. They will also keep in touch with a child when they are unable to attend school because of their condition.

3.4 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 Individual Healthcare Plan and may be involved in its drafting as and when appropriate
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 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 as and when appropriate.

Other pupils will be expected to be sensitive to the needs of those with medical conditions.

3.6 School Nurses and Other Healthcare Professionals

Our school nursing service 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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. EQUAL OPPORTUNITIES

Our school is an inclusive community that aims to support and welcome pupils with medical conditions. We are 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.

5. 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 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.

See Appendix 1

6. INDIVIDUAL HEALTHCARE PLANS

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Mrs Natalie Howard, SENDCo.

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 no 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 an 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 SENDCo will consider whether an additional supplement sheet is needed for complex medical conditions. Where this is appropriate 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, 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 tests, 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

7. MANAGING MEDICINES

Prescription and non-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

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Anyone giving a pupil any medication will first check maximum dosages and when the previous dosage was taken. Parents will always be informed. Pupils under 16 will not be given medicine 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 the pharmacist, and include instructions for administration, dosage and storage and child's name.

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. This will be in the classroom teacher cupboard just inside the door on the right. The medicines will be in a clearly labelled bag hanging on hook. The bag will be labelled with the child's name and photograph. Pupils will be informed about where their medicines are at all times and be able to access them immediately. 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 the lunchtime period there will be a spare EpiPen and inhaler stored in the dining hall in case of emergency use. These would be used where the time taken to return to the classroom would put the child's health at risk.

The school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments.

All controlled drugs are kept in a secure cupboard in the school office and only named staff 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.

7.2 Pupils Managing Their Own Needs

Pupils who are competent to take responsibility for managing their own medicines and procedures will only be able to do so in discussions with parents and medical professionals. This will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices where agreed. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable Practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, 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 or with someone unsuitable
- 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 their pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- administer, or ask pupils to administer, medicine in school toilet

8. CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school. If the school is unable to do so the school will liaise with the Local Authority and the relevant Hospital School.

Our SENDCo, Natalie Howard, will be responsible for making and monitoring these arrangements.

Where it is suitable to do so the school will provide work of an appropriate nature to be sent home for the child. Where necessary the school will liaise with the relevant hospital school and share information accordingly.

The school will communicate regularly with parents and staff of hospital schools. This will be done via email where possible. The school will consult with parents for their preference on the amount of work and regularity of work being sent home and an agreement will be made. The agreement will be put into writing. The agreement will be reviewed as and when necessary due to any changes which should occur.

The school will:

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)

When reintegration is anticipated, the school will:

- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

9. EMERGENCY PROCEDURES

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

When children are educated offsite the lead member of staff is required to carry out a risk assessment and make sure all staff are aware who the children are with medical needs and what to do in the event of an emergency.

All rooms in school have a walkie talkie and staff can radio for support if assistance is needed.

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.

10. 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 SENDCo. 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.

11. RECORD KEEPING

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept securely in each child's additional needs folder. They will also be stored in a readily accessible place within their classroom which all staff are aware of.

Parents are asked to provide written information of the medication, dosage and timings before any medication is administered. Once staff administer the medication, they are required to record the date, time and dosage of the medicine given. Staff are also asked to make sure there is a witness present to observe that the medicine is given appropriately, and they are required to initial and sign the form.

The school has a centralised register of IHP's, and an identified member of staff has the responsibility for this register (Mrs N Howard – Infant School and Mandy Shilton and Harj Virk – Pre-school).

IHP'S are regularly reviewed, at least every year or whenever the needs of the pupil change. The school makes sure confidentiality is protected and staff seek permission from parents before sharing any medical information with any other party.

Staff meet with pupils (where appropriate), parents, specialist nurses (where appropriate) and relevant healthcare services prior to any overnight or extended day visit and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

12. 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.

The school has insurance arrangements which cover staff providing support to pupils with medical conditions. The insurance policy should provide liability cover relating to the administration of medication.

13. COMPLAINTS

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

14. MONITORING ARRANGEMENTS

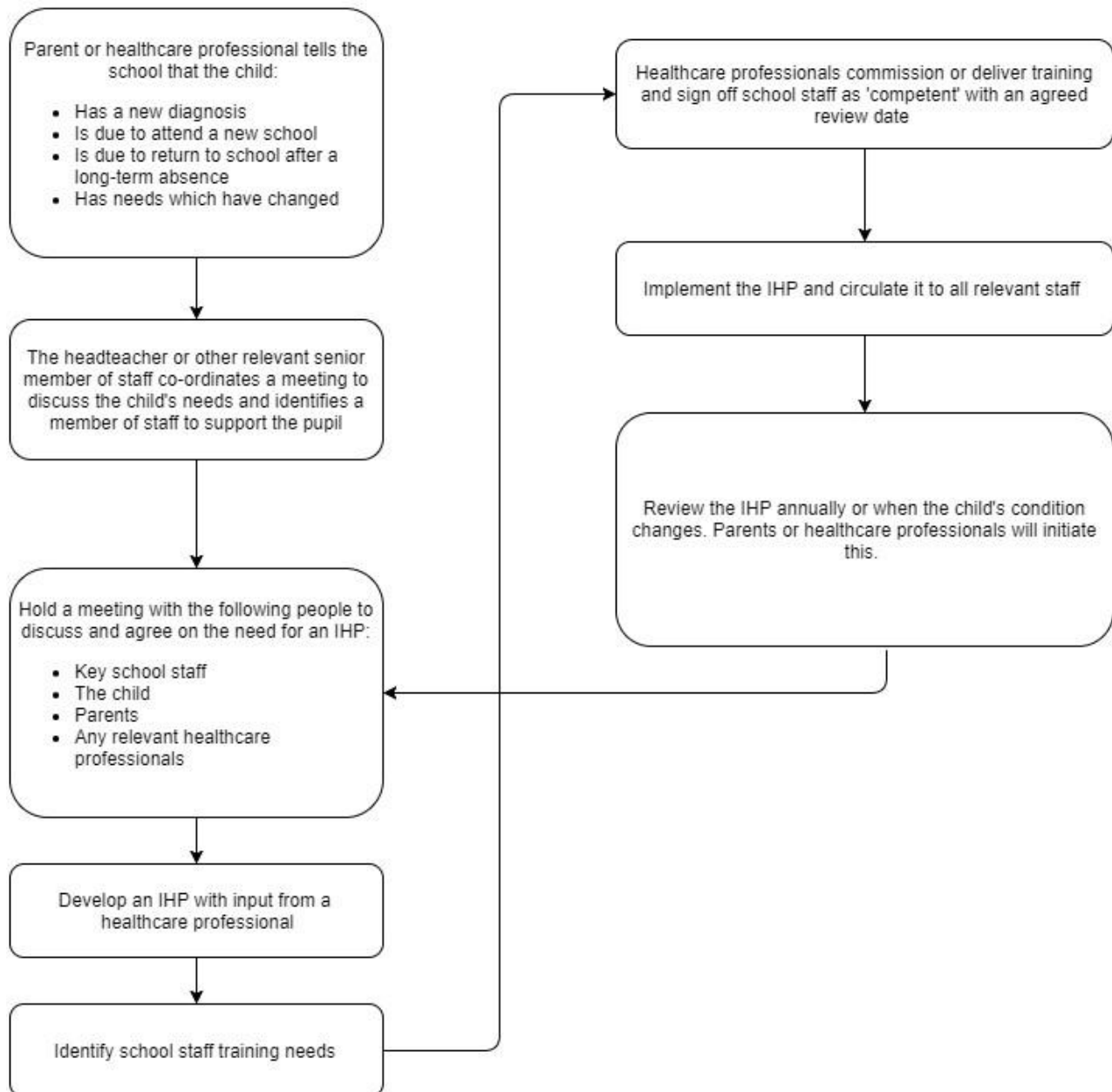
This policy will be reviewed and approved by the governing board every two years.

15. LINKS TO OTHER POLICIES

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Intimate Care Policy

APPENDIX 1: Being Notified a Child Has a Medical Condition



APPENDIX 2 – Record of Medicine



RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting	Overdale Infant School
Name of child	
Date medicine provided by parent	
Class/Group/Form	
Quantity Received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature

Parent signature

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Witness			

Continued overleaf