



Supporting Pupils with Medical Conditions Policy

Effective June 2023



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Summerlea C P School - Supporting Pupils with Medical Conditions Policy

Aim

Summerlea Community Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full-time curriculum or as much as their medical condition allows.

In adopting this policy, the aim is to:

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

Scope

This policy applies to all governors and staff of Summerlea Community Primary School plus parents, carers and pupils within the school.

This policy should be read in conjunction with the SEND Policy / SEND Information Report, Child Protection & Safeguarding Policy, Off-site Visits Policy, Complaints Policy, First Aid Policy, Health and Safety Policy and the EYFS policy.

This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" and is written in regard to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

The statutory duty came into force on 1st September 2014. The school will have regard to the statutory guidance issued. We take account of it; carefully consider it and we make all efforts to comply.

Definitions of medical conditions

Pupils' medical needs may be broadly summarised as being of two types:

Short-term affecting their participation at school because they are on a course of medication.

Long-term potentially limiting access to education and requiring ongoing support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupil's feel safe.

Some children with medical conditions may be considered 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 Plan (EHCP). Where this is the case this policy should be read in



conjunction with the 0-25 SEND Code of Practice and the school's SEND policy / SEND Information Report and the individual healthcare plan will become part of the EHCP.

The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Summerlea C P School fulfil this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notification is received that a pupil has a medical condition);
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided (see section below on staff training and support);
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- Ensuring that the arrangements are clear and unambiguous 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 (see section on day trips, residential trips and sporting activities);



- Where home to school transport is being provided by West Sussex County Council, to support the development of any associated risk assessments and/or specific transport emergency plans;
- Considering whether to train staff in the use of defibrillators or hold asthma inhalers for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- Ensuring that the correct level of insurance is in place and appropriate to the level of risk (see section on Liability and indemnity);

Policy Implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to the Headteacher. They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

Class teachers will be responsible for briefing supply teachers, preparing risk assessments for offsite visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

The SENDCo, Deputy Headteacher or LSA (First Aid) will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure

The person named as having responsibility for the provision of medical services for pupils shall be responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual healthcare plans (IHP) are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

Where children are joining Summerlea at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks. Any pupil with a medical condition requiring medication or support in school should have an IHP which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.



Individual Healthcare Plans

Where necessary (Headteachers will make the final decision) an IHP will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENDCo) and medical professionals.

IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate, although, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.

The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- 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
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEN but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan.

IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the parties is needed to ensure that the IHP identifies the support the child needs to reintegrate.

Roles & Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Body

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented;
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk



The Head Teacher

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of IHPs
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

School Nurses

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

Other healthcare professionals

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (e.g. Asthma, diabetes)

Pupils

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation

Medical Conditions Register

Schools admissions forms should request information on pre-existing medical conditions.

Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.



A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.

Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage their own medication and procedures, they will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in their classrooms to ensure that the safeguarding of other children is not compromised. Summerlea C P School also recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Medicines

- Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.
- No child will be given any prescription medicines without written parental consent except in exceptional circumstances.
- We cannot administer Ibuprofen to children under 12 - without a doctor's prescription.
- Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- Where a child needs two or more prescribed medicines, each should be in a separate container.
- A maximum of four weeks' supply of the medication may be provided to the school at one time.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
- Medications will be stored in accordance with product instructions (paying particular note to temperature a locked cupboard in the medical room. In addition, one inhaler is kept within the class teacher's cupboard. An emergency salbutamol inhaler is stored in the medical room. A second emergency inhaler is kept in the



evacuation tin in the Business Manager's office. One Epipen is kept in the class teacher's cupboard and one Epipen is stored in the School Business Manager's office.

- Any medications left over at the end of the course will be returned to the child's parents. Staff should notify dispose of medicines unless returned to a pharmacy for safe disposal.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication. All emergency medicines, such as asthma inhalers and adrenaline pens (Epipens), should be readily available.
- Emergency salbutamol inhaler kits may be kept voluntarily by school.
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible around the school.
- Summerlea Community Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

Emergencies

Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff, so they are aware of signs and symptoms.

Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive

Day Trips, Residential Visits and Sporting Activities

Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

Hygiene / Infection Control

All staff should be familiar with normal precautions for avoiding infection, including social distancing, and must follow basic hygiene procedures. Staff should have access to PPE and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Further information is contained in the First Aid Policy and the Guidance for Schools on First Aid.

Equipment

Some children will require specialist equipment to support them whilst attending school. Staff should check the equipment, in line with any training given, and report concerns to the relevant person of the service or setting.

The maintenance contract/safety checks for all equipment and the procedure to be followed in the event of equipment failure should be detailed within the individual healthcare plan.

Staff must be made aware of the use, storage and maintenance of any equipment.



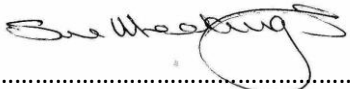
Monitoring, Evaluation and Review of this Policy

The policy should be reviewed every two years or sooner in the event of a change in legislation. The key questions should be:

- Are we working within the Policy?
- Have there been any unexpected ramifications?
- How can we make policy and practice even better?

This policy was approved by the governing body of Summerlea Community Primary School on:

Signature of Chair of Governors:

.....

.....

Signature of Headteacher:

.....



SUMMERLEA C.P. SCHOOL

(West Sussex County Council)

PARENTAL CONSENT FORM FOR SCHOOL TO ADMINISTER MEDICINE

The school will not be able to give your child medicine unless you complete and sign this form.

NAME OF CHILD:

DATE OF BIRTH:

NAME OF CLASS:

MEDICAL CONDITION / ILLNESS:

NAME/TYPE OF MEDICINE

DATE DISPENSED:

EXPIRY DATE:

DOSAGE AND METHOD:

TIMING:

SPECIAL PRECAUTIONS:

Are there any SIDE EFFECTS the

school needs to know about?

SELF ADMINISTRATION: YES/NO (delete as appropriate)

Procedures to take in an emergency:

I understand that I must deliver the medicine personally to the school.

I understand that I must inform the school of any changes in writing.

PARENT/CARER NAME:

RELATIONSHIP TO CHILD:

DAYTIME TELEPHONE NUMBER:

SIGNATURE:

DATE:



Policy Review Form

Please complete this section when reviewing and updating this document.

Author	Name Emma Green	Date 19th November 2014
Reviews	Name Karla Strong Karla Strong Karla Strong	Review Period: 2 years June 2017 June 2019 June 2021
Information Source	Name Department for Education's statutory guidance – "Supporting pupils at school with medical conditions" Section 100 of the Children and Families Act 2014	Date April 2014 (in force 1st September 2014)
Change Control	Sections Amended Additional policies added to 'scope'. Addition of definitions of medical conditions. Addition of the statutory duty of the governing body. Addition of the child's role in managing medicines. Addition of hygiene and infection control. Addition of equipment Change from Assistant Head to Deputy. Change of policy name to 'Child Protection and Safeguarding' Medicines – addition of 'We cannot administer Ibuprofen to children under 12 - without a doctor's prescription.' Rewording and typos corrected under, 'Scope'. Addition of 'including social distancing' and 'access to PPE'. Medicines – added details of school emergency inhalers.	Author & Date KS 16.5.17 KS 24.5.19 KS 14.5.21 CP 19.10.22



Corrected typo.
Removed name and kept 'Headteacher)

KS Sept 23