

St Andrew's CE Primary School



Supporting Pupils at School with Medical Conditions

Reviewed: Summer 2021
Next Review Date: Summer 2022

St Andrew's CE Primary School Supporting Pupils with Medical Conditions

Every Child A Champion in Their Own Right. Matthew 5.16 - "Let Your Light Shine."

1. Introduction

From 1 September 2014 governing bodies have had a duty to make arrangements to support pupils at school with medical conditions. The key points are:

- i. Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education. ii. Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- iii. Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- iv. Children with medical conditions are entitled to a full education. No child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, governing bodies should ensure that pupils' health is not put at unnecessary risk. They therefore do 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.

The Headteacher – Graham Huckstep – is the named person who has **overall** responsibility for policy implementation.

2. Roles and responsibilities Headteacher/ SENCO Responsibilities

- i. Ensure that their school's policy is developed and effectively implemented with partners and that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- ii. Ensure that all staff who need to know, including supply teachers, are aware of the child's condition and will be made aware of the precautions that need to be taken and the procedure for coping with an emergency.
- iii. 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.
- iv. Have overall responsibility for the development of individual healthcare plans and ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support.
- v. Ensure that in the case of a pupil being hospitalised support is given before, during and after this process with additional advice from health professionals to ensure a successful re-integration to school.

Staff Responsibilities

- i. All staff are aware of the most common serious medical conditions at this school (through staff briefings, notices in staff room, health care plans, pupil profiles and class register).
- ii. Any member of 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.
- iii. All staff who work with pupils with medical conditions receive training and know what to do in an emergency. Training is refreshed and provided for all relevant staff.
- iv. Individual Healthcare Plans (IHPs) are used to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.

School Nursing Team Responsibilities

- i. 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 and provide advice on developing IHPs.
- ii. The school nursing team provide regular training to deal with asthma, epilepsy and anaphylaxis shock.

Parental Responsibilities

- i. Notify the school with sufficient and up-to-date information about their child's medical needs and help produce IHP.
- ii. Provide necessary medicines as required and ensure that they or other nominated adult are contactable at all times.

Pupil Responsibilities

- i. Pupils should be fully involved in discussions about their medical support needs.

3. Staff Training

- i. Training needs are identified by the Headteacher/SENCO based on needs of children in school and IHPs.
- ii. Training is provided by the school nursing team and/or other healthcare professionals, eg physiotherapists and reviewed on a regular basis.
- iii. Sufficient staff are trained to ensure there is always cover available.

4. Procedures to be followed when notification is received that a pupil has a medical condition

- i. The SENCO will liaise with relevant individuals including, as appropriate, parents, pupil, health professionals.
- ii. Where appropriate, produce an IHP – see below:

Process for developing Individual Healthcare Plans

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.

Head Teacher or SENCO to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs and identifies member of school staff who will provide support to pupil

Meeting to discuss and agree on need for IHP to include key school staff, pupil, parent, relevant healthcare professional and other medical/health professional as appropriate (or to consider written evidence provided by them)

Develop IHP in partnership - agree who leads on writing it. Input from healthcare must be provided School staff training needs identified

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

Review date agreed

IHP implemented and circulated to all staff

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

5. Individual Healthcare Plans

- i. An IHP will be written for pupils with a medical condition that is long term and complex. It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, triggers, medicine required, what constitutes an emergency and action to take in the case of an emergency.
- ii. The governing body should ensure that IHPs are reviewed at least annually or earlier if evidence is provided that a child's needs change.

- iii. Where a child has SEND this should be mentioned in the IHP

6. Administering Medicines

- i. Medicines should only be administered in school when it would be detrimental to a child's health or school attendance not to do so. Adults cannot help to administer, but can stand with the child and ensure the child administers the medicine themselves correctly.
- ii. Written consent/ labelled medicine from parents must be received before the child administers any medicine at school. All medicine to be stored in the school office, clearly labelled.
- iii. Medicines will only be accepted for administration if they are: prescribed, in date, labelled, provided in the original container and include instructions for administration, dosage and storage. Medicines should be pre measured. The exception to this is insulin which must still be in date but will generally be available to schools inside an insulin pen or pump rather than in its original container.
- iv. Medicines are stored safely, but not locked away. Staff can access them easily in the school office.
- v. 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.

7. Action in Emergencies

- i. Where a child has an IHP this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- ii. If child needs the emergency services, ensure 999 is called and given all relevant information, contact the parent/carer and allocate someone to meet the ambulance.
- iii. A member of staff should stay with the pupil, including travelling to the hospital with the pupil in the ambulance if parent/carer does not arrive in time.

8. Activities beyond the usual curriculum

- i. Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, sporting activities and other activities beyond the usual curriculum.
- ii. Risk assessments will include adjustments needs to ensure pupils with medical conditions are included.
- iii. Any restrictions on a child's ability to participate in activities due to a medical condition should be recorded in their IHP.

9. Home to school transport

- i. Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. These will need input from parents and the responsible medical practitioner for the pupil concerned.
- ii. Schools will provide relevant information to the Travel and Transport Team to minimise risks to pupil.

10. Emergency asthma inhalers and guidance of other common pupil health needs

- i. Governors at this school have decided to keep three emergency inhaler kits.
- ii. One of these will be kept at the Office. Additional emergency inhaler kits are kept in the Small Hall at the Dinner Ladies' Station for the younger school and in the First Aid Box on the Front Landing for the Upper School.
- iii. Office staff will be responsible for ensuring that there are sufficient inhalers, they are in date, stored safely and appropriately and are cleaned after use.
- iv. The emergency inhaler will only be used by children with asthma for whom written parental consent for its use has been provided – a register of names will be kept
- v. A record will be kept of use of the emergency inhaler and parents informed.

11. Unacceptable Practice

Although school staff should judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- i. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- ii. assume that every child with the same condition requires the same treatment
- iii. ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- iv. send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- v. send a child who has become ill to the school office unaccompanied, or with someone unsuitable
- vi. penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- vii. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- viii. 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
- ix. 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.

12. Complaints

- i. An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance.
- ii. If the issue is not resolved, then a formal complaint may be made, following the school's Procedure for Handling Concerns and Complaints.

13. Liability and Indemnity – Insurance

St Andrew's CE Primary School is insured by Zurich Municipal, via the local authority, which covers staff provided support to pupils with medical conditions and relating to the administration of medication. Individual cover may need to be arranged for any healthcare procedures.

14. Date of Review

Policy to be reviewed Annually.