



ST BOTOLPH'S CHURCH OF ENGLAND PRIMARY SCHOOL

Supporting Pupils at School with Medical Conditions Policy

Approved by: Full Governing Body

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INTRODUCTION

This policy sets out how the Governing Body of the school carries out its statutory responsibility to support children with medical conditions at St. Botolph's CEP School. It applies to all staff (teaching and non-teaching), including temporary and supply staff working in the school and is regularly reviewed by the Governing Body.

This policy is written in line with the requirements of:

- The Children and Families Act 2014 - section 100
- Supporting Pupils at School with Medical Conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and Behaviour in Schools: Departmental advice for school staff, DfE June 2014
- The Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies: SEN Policy (SEN Information Report), Safeguarding Policy, Off-site visits policy and the Complaints Policy.

Our core Christian values are at the heart of everything that we live and learn in our school. Respect, Resilience and Responsibility drive all of our school improvement actions and we believe that they are the key for all members of the school community.

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 on-going support, medicines or care while at school, to help pupils to manage their condition and keep them well, including monitoring and intervention in emergency circumstances.

It is extremely important that parents feel confident that the school will provide effective support for their child's medical condition and that the child feels 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 children may have special educational needs (SEN) and may have an 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 SEN policy.

THE STATUTORY DUTY OF THE GOVERNING BODY

The governing body is legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions.

This entails:-

- Ensuring that arrangements are in place to support pupils with medical conditions and that these children can access and enjoy the same opportunities at school as any other child, as far as they are able
- Ensuring that all arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions
- Ensuring that all arrangements aim to promote self-care and increase self confidence
- Ensuring that staff are properly trained to provide the support that the pupil needs
- 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 statutory duties and ensure that policies, plans and procedures 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 includes details on how it will be implemented effectively, including a named person who has overall responsibility for policy implementation
- Ensuring that there are clear procedures to be followed whenever the school is notified 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
- Ensuring that the 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
- Ensuring that the policy covers arrangements for children who are competent to manage their own health needs and medicines
- Ensuring that the policy is clear about the procedures to be followed for managing medicines, including the completion of written records
- Ensuring that the policy sets out what should happen in an emergency situation
- Ensuring that the arrangements are clear about the need to actively support pupils with medical conditions to participate in school trips and visits or in sporting activities
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions.

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 the statutory duty.

The overall responsibility for the implementation of this policy is given to the Head teacher. She 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.

The Inclusion Manager 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 staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

ARRANGEMENTS FOR A PUPIL WITH A MEDICAL CONDITION

This covers notification prior to admission, procedures to cover transitional arrangements between schools, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to St Botolph's for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving schools mid-term, we will make every effort to ensure that arrangements are put in place as soon as possible.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents and pupils can have confidence in our ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as aiming to promote self-care and confidence.

We will ensure that appropriate staff are trained by qualified health professionals and/or parents/carers to support pupils' medical conditions. We will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities. We will make arrangements for the inclusion of pupils in such activities with adjustments as required, unless evidence from a clinician, such as a GP, states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made.

However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

We do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion,

judgements will be needed about what support to provide based on available evidence. This would normally involve consultation with parents/carers and some form of medical evidence. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

INDIVIDUAL HEALTHCARE PLANS

Individual healthcare plans help to ensure that we support pupils with medical conditions effectively. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as 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 too, especially where medical conditions are long-term and complex. However, not all children will require one. The school and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at appendix A.

Individual healthcare plans must be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans (and their reviews) will be completed in a partnership between the school and the parents/carers. If a child has more complex medical needs, a relevant healthcare professional, for example a specialist nurse or children's community nurse, may also be involved, as they can best advise on the particular needs of the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

We will ensure that individual healthcare plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Appendix 2 provides the school's template for the individual healthcare plan.

ROLES AND RESPONSIBILITIES

Please refer to the section on policy implementation for the functions that have been specifically delegated to members of staff.

The Primary School Public Health Service and the **Community Nursing Team** can provide support to school with drawing up Individual Healthcare Plans, to provide specialist medical training, and to advise in relation to pupils with medical conditions. Specialist local health teams may be able to provide support and training to staff for children with particular conditions (eg diabetes, epilepsy).

Pupils with medical conditions are often best placed to provide information about how their condition affects them. They should be involved in discussions about their medical support needs and contribute as much as possible. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may often 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. They should carry out any action they have agreed to as part of its implementation and they must provide appropriate medicines and equipment. They must ensure that they, or another nominated adult, are contactable at all times.

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year).

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools staff to support children with medical conditions.

Clinical Commissioning Groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities).

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the progress made by these pupils. Inspectors will consider the needs of pupils with medical conditions and how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

TRAINING AND SUPPORT

School first aiders (full certificate):

Mrs K Barton – Office manager

Mrs E Hrabec – Admin Assistant

Mrs Mahoney - HLTA
Mrs Reed – Teaching Assistant
Mrs Jeal – Teaching Assistant

Paediatric First Aiders:
Mrs A Ringer – Teacher

Named people for administering medicines:
Mrs K Barton
Mrs E Hrabe

Emergency First Aid at Work:
All teachers, teaching assistants and administration staff

All school staff who are required to provide specific support to pupils for medical conditions will be appropriately trained by healthcare professionals qualified to do so. The training need will be identified during the development or review of the individual healthcare plan and will be updated as required.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

School staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate alone does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular whole school awareness training so that they are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The Head teacher will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They can provide specific advice to meet their child's needs, but would not usually be used as the sole trainer for medical issues.

SELF CARE

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and some procedures, he/she 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 a cupboard in the classroom or the cupboard in the medical room to ensure that the safety of other children is not compromised. Children who take their medicines themselves and/or manage procedures will 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.

MANAGING MEDICINES AND RECORD KEEPING

At St Botolph's the following procedures will be followed -

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- We will administer prescription/non-prescription medicines with parental consent, apart from aspirin or medicines containing aspirin
- Medication will never be administered without first checking maximum dosage and when a previous dose was taken
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- We will only accept prescribed medicines, with written permission from parent (see Appendix C), 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 be in-date but will generally be available inside an insulin pen or a pump, rather than its original container
- All medicines will be stored safely in the classroom or medical room. Children should know 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 should be always readily available and not locked away. Asthma inhalers should be marked with the child's name.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required
- All controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container and only named staff will have access. A record should be kept of any doses used and the amount of the controlled drug held in the school
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record (see appendix D) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication should be noted
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

EMERGENCY PROCEDURES

The Headteacher will ensure that arrangements are in place for dealing with emergencies during all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do. All relevant staff must be aware of emergency

symptoms and procedures. Other pupils in the school should know 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, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The school must ensure they understand the local emergency services cover arrangements and that correct information is provided for navigation systems.

DAY OUTINGS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

We will actively support pupils with medical condition to participate in day outings, residential visits and sports activities by being flexible and making reasonable adjustments, unless there is evidence from a clinician, such as a GP or consultant, that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is **not** generally acceptable practice to:

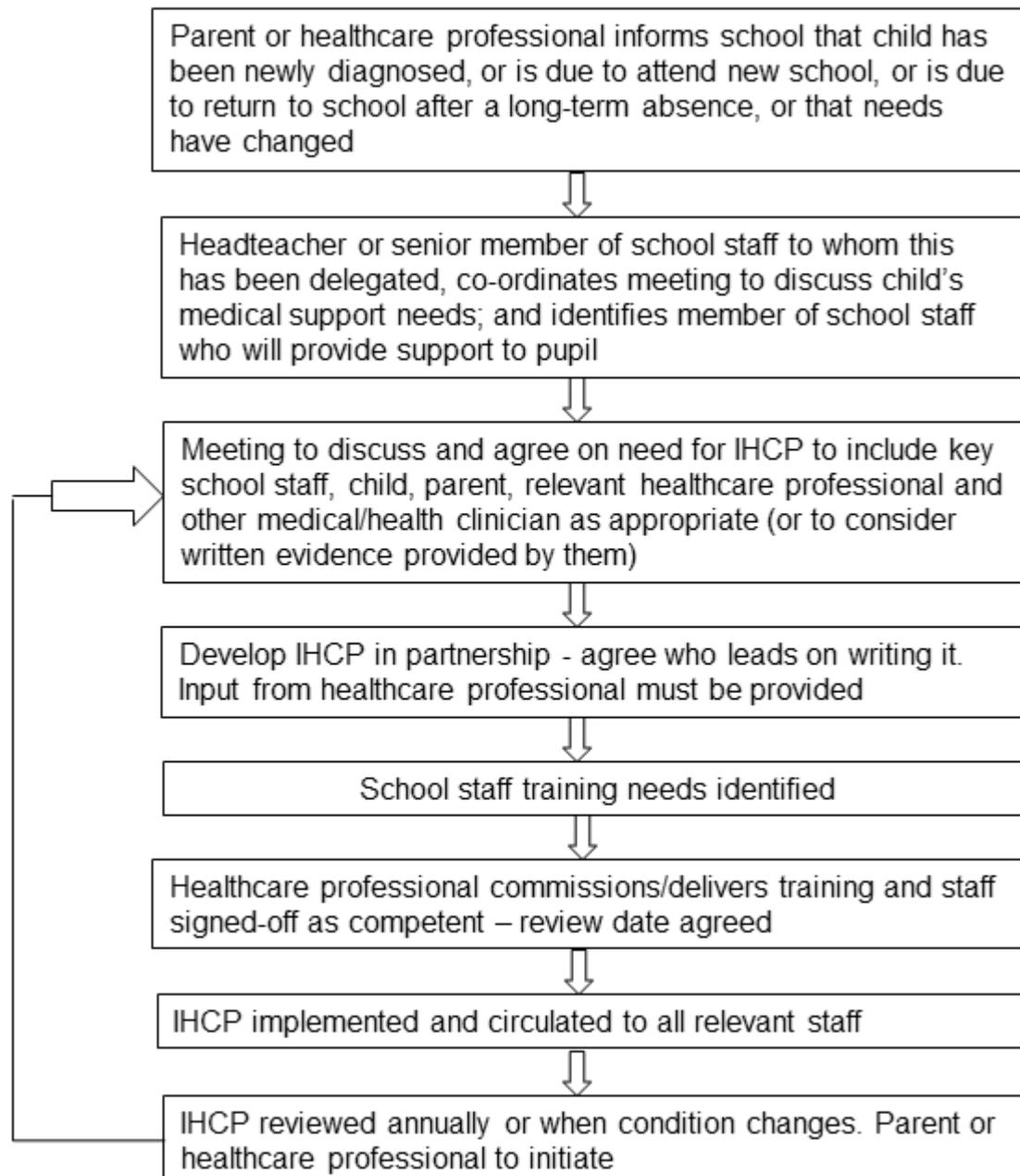
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged);
- 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;
- Send a pupil, if they become ill, to the school office unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues;
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips.

COMPLAINTS

Should parents\carers be unhappy with any aspect of their child's care at St Botolph's, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed.

If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Head teacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the St Botolph's CEP School Complaints Procedure.

Appendix A: Model process for developing individual healthcare plans



Appendix B: Individual healthcare plan

Appendix C: Medication permission

Appendix D: Record of medication