



# **St Peter & St Paul**

CofE Primary School

## **Supporting Pupils with Medical Conditions Policy 2017 - 2021**

(This policy has been drafted having regard for the school's Christian ethos.)

	<b>Date</b>	<b>Signed</b>
<b>Agreed by Staff:</b>	March 2017	Mr Mark Carlyle Head Teacher
<b>Agreed by Governors:</b>	March 2017	Mrs N Ford Chair of Governors
<b>Lead:</b>	George Robinson/Strategic Leadership Committee	
<b>Review date:</b>	March 2021	

### **Our School Mission Statement**

We see it as our mission to grow the whole child - intellectually, emotionally, physically, socially and spiritually. To provide them, within a Christian environment, with every learning opportunity possible and to empower them to be the leaders of tomorrow.

# St. Peter and St. Paul CofE Primary School

## Supporting Pupils with Medical Conditions

### Rationale:

The governors are mindful of the duty placed upon them under Section 100 of the Children and Families Act 2014, to make arrangements for supporting pupils at St. Peter and St. Paul with medical conditions.

In meeting the duty, the governors have regard to guidance issued by the Secretary of State: *Supporting Pupils at School with Medical Conditions (September 2014)*.

Pupils with long-term and complex or acute 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.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have a Statement or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the SEND Code of Practice July 2014. For pupils who have medical conditions that require EHC plans the school will comply with the SEND Code of Practice.

### Aims:

In supporting pupils with medical conditions, the governors aim to ensure that such children can access and enjoy the same opportunities at school as any other child.

The key aims of the policy are to:

- ensure that pupils with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- 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 in school life, remain healthy and achieve their academic potential.
- reduce the risk of lowering self-confidence and educational achievement
- promote equal access to education for all pupils by making reasonable adjustments to buildings, the arrangements for teaching and learning, and extra-curricular activities for pupils where appropriate.

### Definition:

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

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- (a) Short-term affecting their participation in school activities because they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

### **Roles and 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.

#### a) The Governing Body:

- must ensure that a policy for supporting pupils with medical conditions is developed and implemented;
- must ensure that arrangements are in place to support pupils with medical conditions, ensuring that such children can access and enjoy the same opportunities at school as another child. In doing so, they 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;
- should ensure that IHP's are reviewed at least annually or earlier if evidence is presented that the child's needs have changed;
- 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. This is covered under the Suffolk County Council Employer's Liability Policy.

#### b) 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;
- will ensure cover arrangements are in place in the case of staff absences or staff turnover to ensure that someone is always available and on site;

- will be responsible for ensuring that supply teachers are briefed;
- will review risk assessment for school visits and other school activities outside of the normal timetable and ensure that appropriate arrangements are in place;
- will ensure that transition arrangements are in place where a child is joining from another school or educational environment;
- is responsible for the development and monitoring of IHPs;

c) School Staff:

- all staff will be expected to show a commitment and awareness of children's medical conditions.
- 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.

d) The School Nursing Service /Healthcare Professionals:

- should notify 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;
- may provide advice on developing healthcare plans;
- specialist local teams may be able to provide support for particular conditions (eg. asthma, anaphylaxis, diabetes).

e) Pupils:

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP.
- should, in the case of older children, and if it is deemed appropriate after discussion with Parents/Carers, be encouraged to take responsibility for managing

their own medicines and procedures (while recognising that they will still require an appropriate level of supervision).

f) Parents:

- should provide the school with sufficient and up-to-date information about their child's medical needs;
- are 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.

g) Local Authority:

- should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- should work with schools to support pupils with medical conditions to attend full time.
- 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 schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year)

**Procedure:**

When the Head Teacher is advised that a child is joining St. Peter and St. Paul School who has medical needs, the Head Teacher will immediately take steps to:

- advise relevant staff of the specifics of the child's condition;
- arrange relevant training to ensure that the child's needs can be met;
- arrange appropriate transitional arrangements between schools;
- make arrangements for the development and implementation of an individual healthcare plan which details the support they child needs (unless the parent's healthcare professional and school agreed that a healthcare plan is inappropriate or disproportionate in which case 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.

Where children are joining St. Peter and St. Paul School at the start of a new academic year, these arrangements should be in place as they arrive. If a child joins the school during the academic year, arrangements should be put in place as soon as possible, ideally within two weeks.

On an ongoing basis, the Head Teacher will also ensure that:

- any new or supply staff are advised of the child's condition and medical needs;
- cover arrangements are in place in the case of staff absence or turnover;
- the child is included in such activities as possible unless evidence from a clinician such as a GP states that this is not possible;
- risk assessment for visits and activities outside of the normal timetable are carried out and accurately cover the child's specific medical needs;
- pursuant to our Safeguarding responsibilities, that a child is not accepted into the school if it would be detrimental to the health of that child or other pupils' health (for example, because of an infectious disease);
- individual healthcare plans are monitored on at least an annual basis;
- if a child's needs change that the above measures are adjusted accordingly;

### **Individual Healthcare Plans (IHPs)**

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 headteacher 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.

The level of detail within plans 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.

A flow chart to assist in preparing an IHP and to aid in identifying and agreeing the support a child needs is attached to this policy as Appendix A.

A copy of the template which is used (and modified as necessary) for the completion of IHP's is attached to this policy as Appendix B.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality.

### **Managing Medicines on School Premises:**

- After discussion with parents, pupils who are competent are encouraged to take responsibility for their own medicines and procedures.
- Medicines should only be administered at school when it would impact on a child's health or school attendance not to do so.
- Written consent by parents is required before any medication can be held or administered in school. A copy of the form which is used for this purpose is attached to this policy as Appendix C.
- All medicines held by the school are stored securely, monitored to check they are in-date, and their administration is recorded (including specifics of any possible side effects). A copy of the form used for this purpose is attached to this policy as Appendix D.
- 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.

They should be kept in a location where both staff and the child know how to access them.

- A pupil will only be given paracetamol as a mild analgesic if the parent has given consent by signing to that effect on the pupil registration form. This consent is routinely updated through the annual data check sheet. Specifics of these one-off administrations is recorded on the 'Record of Medicine Administered to All Children' form, a copy of which is attached to this policy as Appendix E.
- Staff must not give prescription medicines nor undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans).
- Staff administering medicines should do so only in accordance with the prescriber's instructions.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- Where no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

#### **Record Keeping:**

- Written records are kept of all medicines administered to pupils.
- Parents are informed if their child is unwell at school, has suffered any injury or has been given any form of treatment other than pursuant to an IHP.

#### **Emergency Procedures:**

Each child's IHP will define what constitutes an emergency and what specific steps should be taken. It will also specify who is responsible in the case of an emergency and how this may differ for off-site activities.

It is also advisable for other pupils in the school to 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.

#### **Day Trips, Residential Visits and Sporting Activities:**

Every effort will be made to ensure that pupils with medical conditions are actively supported in their desire to participate in school trip and visits or in sporting activities.

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according



to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **Environment:**

This school ensures that reasonable adjustments are made to ensure that the whole school environment is inclusive and favourable to pupils with medical conditions through the referral to and following of guidance of the physiotherapist and occupational therapist. This includes adaptations to the physical environment, as well as social, sporting and educational activities.

### **Social Impact:**

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti-bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

### **Unacceptable Practice:**

Although school staff should use their discretion and judge each case on its merits 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; 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;
- if the child becomes ill, send them 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 eg 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 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

### **Complaints:**

Any complaint about the support provided to pupils with medical conditions will be handled under the Governors Complaints Policy.

### **Linked Policies:**

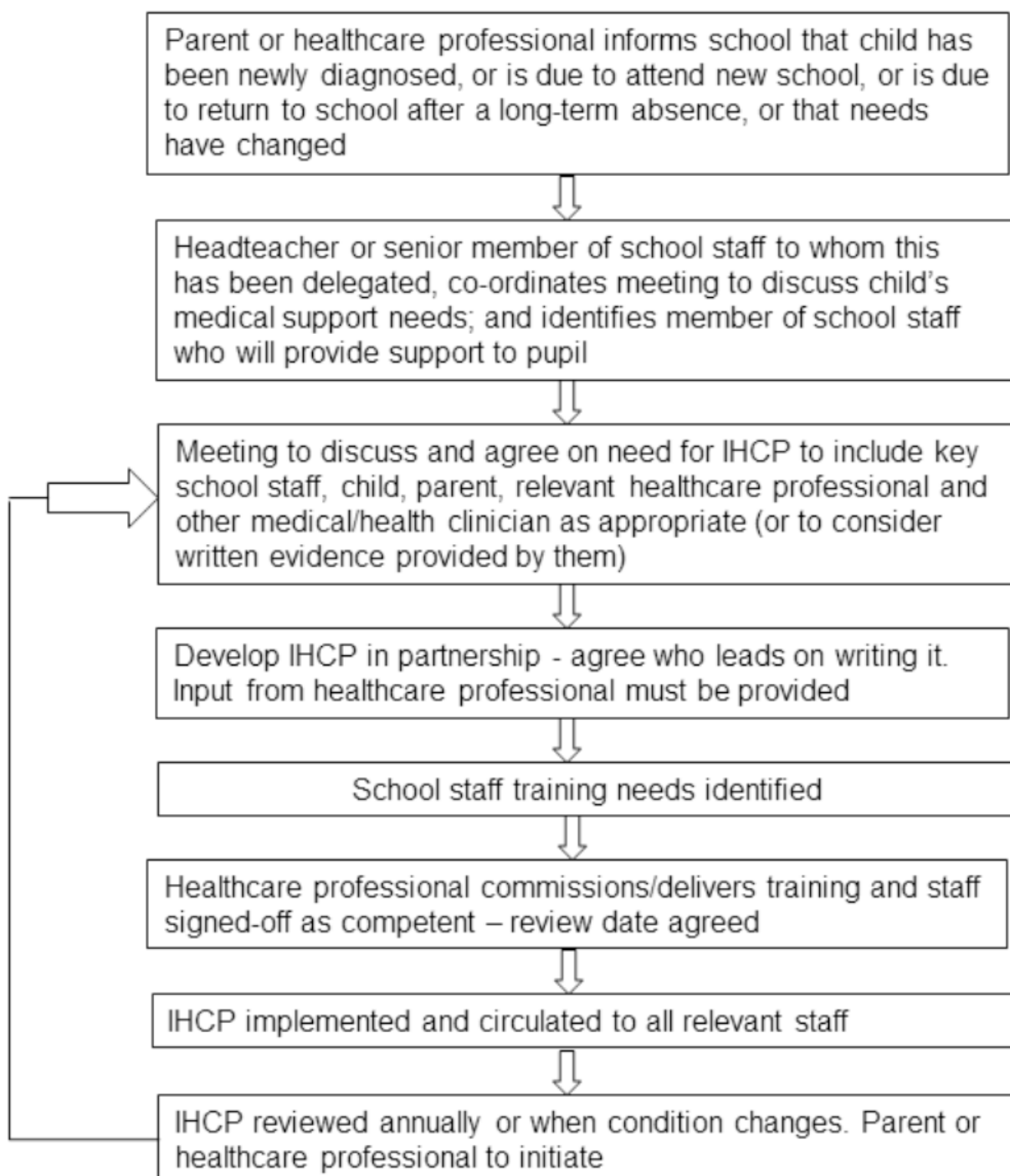
This policy should be read in conjunction with the school's SEND, Health and Safety, Anti-Bullying, Safeguarding, Complaints and Single Equalities policies and the Accessibility Plan.

### **Period of Review:**

This policy shall be reviewed every 4 years.

## Appendix A:

### Model Process for Developing Individual Healthcare Plans



**Appendix B: Individual Healthcare Plan Form**

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


**Clinic/Hospital Contact**

Name

Phone no.


**G.P.**

Name

Phone no.


Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness


**Medicine**

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other  
instructions

Are there any side effects that the  
school/setting needs to know about?


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Staff training needed/undertaken – who, what, when

--

Form copied to

--

I understand that I must deliver the

\_\_\_\_\_ [agreed member of staff]

**Appendix C: Parental Agreement for the School to Administer Medicine**  
**Administering Medication in School**

Please complete this form to enable your child to receive medication in school.

Date: \_\_\_\_\_

My child \_\_\_\_\_ Class \_\_\_\_\_

Needs the following medication:

\_\_\_\_\_

Dosage required: \_\_\_\_\_

I authorise a member of staff to administer the medication at

\_\_\_\_\_ am/pm.

or

I will come in to administer the medication myself at

\_\_\_\_\_ am/pm.

Signed \_\_\_\_\_ (Parent/Guardian)

Print name \_\_\_\_\_

*Medication administered by: (initials/date for each occasion)*

\_\_\_\_\_

## Appendix D: Record of Medicine Administered to an Individual Child

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date


Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff




Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


Date

Time given

Dose given

Name of member of staff

Staff initials


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**Appendix E: Record of Medicine Administered to All Children**

Name of school/€

Date	Child's Name	Time	Name of Medicine	Dosage Given	Any Reactions	Name of Staff Member	Signature

**Appendix F: Training Record**

**Document History:**

<b>Version</b>	<b>Date</b>	<b>Comments</b>
Issue 1	March 2017	Prepared in line with DofE guidance in consultation with the SEND and First Aid Coordinators