
Supporting Pupils with Medical Conditions Policy



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Chair of Governors Initials

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Introduction

Most pupils will, at some time, have a medical condition that may affect their participation in school activities. For many, this will be short term; perhaps finishing a course of medication.

Other pupils have medical conditions which, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most pupils with medical needs are able to attend school regularly and, with some support from the school, can take part in the full range of school activities.

Section 100 of the Children and Families Act 2014 places a duty on the governing body to make arrangements for supporting pupils with medical conditions. The aim is to 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. Support for pupils may be wide ranging including: administering medication, making reasonable adjustments and considering social and emotional implications of the condition on the pupil's wellbeing.

Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case, the governing body complies with duties under that Act. Some children may also present with special educational needs (SEN). In this instance the school complies with the requirements as outlined in the SEND Code of Practice 2014.

The admission to school is allocated by Waltham Forest Council. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does 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.

This policy has been written in consultation with pupils, parents, staff and the governing body. It will be reviewed regularly and is accessible to parents/carers and staff via the schools' websites. A hard copy is available on request.

Implementation

The overall responsibility for the effective implementation of this policy is delegated to the Executive Headteacher. She will also be responsible for ensuring that staff are appropriately trained and will ensure that cover arrangements are made in the event of staff absence or turnover.

Operational responsibility for the implementation of the policy is held by the Head of School, supported particularly by the Leadership and Inclusion teams. Operational responsibilities include induction and briefing of staff, arranging cover for planned and unexpected staff absence, completion and monitoring of individual healthcare plans and associated risk assessments.

Our schools recognise that medical needs may be wide ranging; many will be short term or have limited impact on participation in school activities however others will affect quality of life and may be life threatening or limiting. The schools are committed to ensuring that these children can access and enjoy the same opportunities as any other child. Staff who are responsible for pupils with medical conditions are expected to show an understanding of how this impacts the child's ability to learn and their wider school life.

Procedures to be followed when Notification is Received that a Pupil has a Medical Condition

It is the responsibility of parents/carers to inform the school about their child's medical condition. Parents/carers must provide the school with sufficient information about the condition and the support and care which will be required at school. It is expected that parents/carers will update the school if the condition or care requirements change.

Following notification the school will discuss the information provided in greater detail with parents/carers. If necessary, the school will seek advice from healthcare professionals to support the development of a healthcare plan. It is very important that school and parents work in partnership in an open and transparent manner so that the child's needs can be most effectively met. Provision will be determined following these consultations. In the case of a new admission, every effort will be made to ensure provision is in place before the pupil begins at the school. In the case of a new diagnosis, the school will ensure that arrangements are made as soon as possible. The school does not always need to wait for a formal medical diagnosis before making arrangements to support presenting needs.

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 the available evidence. This will normally involve some form of medical evidence and consultation with parents. 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 are approved by the Head of School but may be drafted and reviewed by members of the Leadership or Inclusion teams. The Director of Business may be consulted about arrangements before the plan is finalised. It is the responsibility of all members of staff to support individual pupils and ensure that their plan is followed. The class teacher and those working with the pupil regularly hold responsibility for ensuring that their medical plans are implemented on a daily basis.

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. 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 when there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent should agree based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus can not be reached, the Executive Headteacher 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 as Appendix 1.

Individual healthcare plans will 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 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. Where a child has SEN but does not have an Education Health and Care Plan (EHCP), their SEN should be mentioned in their Individual Healthcare Plan.

Individual Healthcare Plans (and their review) maybe initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to

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the child. Plans are drawn up in partnership between the school, parents and a relevant healthcare professional who can best advise on the particular needs of the child. Pupils should be involved in creating and reviewing the plans whenever appropriate as the aim is to help empower the child to manage their condition and overcome any potential barriers to getting the most from their education.

Individual Healthcare Plans should be developed with the child's best interests in mind and to ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

The plan must include the following points:

- A description of the condition, its triggers, signs and symptoms
- Resulting needs; for example, medication, equipment, access arrangements
- Managing absences
- Level of support needed, including the extent of pupil's self management
- Adult support and cover arrangements
- Who the information will be shared with
- Arrangements for written permission for administering medication by staff members or self medication
- Arrangements for school trips or activities outside of the school timetable
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- Emergency and contingency arrangements including contact details. Some pupils may require a specific emergency plan.
- An Individual Healthcare Plan template is attached as Appendix 2

Individual Healthcare Plans are reviewed annually or more frequently if needs change.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, local authority, parents and pupils is critical.

Governing Body

- Make arrangements to support pupils with medical conditions in school
- Ensure a policy for supporting pupils with medical conditions is in place and regularly reviewed;
- Ensure that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions;

Executive Headteacher

- Ensure the policy is developed and effectively implemented with partners;
- Ensure that all staff who need to know are aware of the child's condition;
- Ensure that sufficient trained numbers of staff are available to implement the policy and individual healthcare plans, including in emergency and contingency situations;
- Ensure that school staff are appropriately insured and are aware they are insured to support pupils in this way;
- Arrange for the school nursing service to be contacted in the case of a child who has a medical condition and may require support at school but is not yet known to the school nurse;

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School staff

- Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they can not be required to do so unless specifically contracted to complete this duty. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions they teach.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Healthcare Professionals

- 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;
- School nurses may support staff on implementing a child's individual healthcare plan and provide advice and liaison;
- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs;
- 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;
- Specialist local health teams will be invited to provide support in schools for children with particular conditions e.g. asthma, diabetes, epilepsy.

Pupils

- Those with medical conditions are often best placed to provide information about how their condition affects them;
- Pupils will be involved in making decisions and will contribute to healthcare plans as much as they are able and is appropriate;
- Have a responsibility to treat

Parents

- Parents should provide the school with sufficient and up to date information about their child's medical needs;
- Parents are key partners and should be involved in the development and review of the child's individual healthcare plan;
- Parents should carry out their agreed actions as part of the individual plan;
- Parents should ensure that they or another nominated adult are contactable at all times

Local Authority

- Promote co-operation between relevant partners with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- 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.
- Work with the school to support pupils 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.

Providers of Health Services

- Co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals.
- Provide support, information, advice, and guidance to schools, and their staff, to support children with medical conditions.

Staff Training and Support

Any member of staff providing support to pupils with medical needs should have received suitable training. Training needs may be identified during the process of writing an Individual Healthcare Plan. A First Aid certificate does not constitute appropriate training in supporting pupils with medical needs. New staff members will receive training, as required, as part of their induction procedure.

The relevant healthcare professional should lead on identifying and agreeing with the school the type and level of training required. The school will consider the training options available to ensure that sufficient numbers of staff members are appropriately trained.

Staff must not administer prescription medicines or healthcare procedures without the appropriate training. The type of training required may vary from confirming understanding of the written instructions on the medicine container to undertaking specific specialist training.

In some cases it may be appropriate to undertake whole staff awareness training about a specific condition. A child's family may be well placed to provide relevant information and advice to the staff about managing the condition however the family should not be the sole trainer for staff.

The Child's Role in Managing their own Medical Needs

Following discussion with parents/carers, pupils who are deemed competent should be encouraged to take responsibility for managing their own medicines and procedures. Such decisions will be formally recorded in the Individual Healthcare Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. In most circumstances medication will be securely stored in the school's medical room to ensure that the safeguarding of other children is not compromised. The exception to this involves asthma inhalers and epi pens which are kept in classrooms to enable immediate access. The schools recognise that children self-administering medication may require adult supervision during this procedure. If a child is not able to self-manage their medication, relevant staff should 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/carers should be informed as soon as possible so that alternative options can be considered.

If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

Managing Medicines on School Premises

The following procedures are followed for the management of medicines on the schools' premises:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours;
- No child under the age of 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent;
- The schools will not administer non-prescription medicines to a child;
- The schools will only accept medicines that are prescribed to the individual child, 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

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must still be in date, but will generally be available to schools inside an insulin pen or a pump rather than its original container. Medicines containing aspirin should never be given to a child under the age of 16 unless prescribed by a doctor;

- All medicines are stored safely. The majority of medicines are stored in the schools' medical rooms. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility (office staff and welfare assistant);
- 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; these will be stored in classrooms where both class teachers and the child know how to access them.
- If a child requires an asthma inhaler, it is essential that parents ensure that the school is provided with an in date inhaler at all times;
- During school trips, the member of staff in charge of first aid will carry all medical devices and medicines required.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but must never pass it to another child – this would be an offence.
- Staff administering medicines should do so in accordance with the prescriber's instructions. A record will be kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any noted side effects of the administered medication are recorded. Templates for recording administration are provided in Appendices 3 and 4
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Record Keeping

Written records of all medicines administered to children are kept. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Standardised proformas for recording are attached as appendices to this document.

Parents should be informed if their child has been unwell at school.

Emergency Procedures

Individual Healthcare Plans outline procedures for managing emergency situations both within school and on school trips. All staff involved with the pupil should be familiar with this plan. Other pupils should be encouraged to inform the 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 if the parent is not present. Staff should not take pupils to hospital in their own car.

Teachers and other school staff have a Common Law Duty of Care to provide a standard of care that is of a reasonable person in the circumstances of a class teacher. This may include the need to take swift action in the case of an emergency. This duty also extends to teachers leading activities taking place off school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

Use of Emergency Asthma Inhalers and Auto Adrenaline Injector Pens

In schools where there is access to either Emergency school supply of Asthma Inhalers and/or Auto Adrenaline Injector pens (Epi-Pen) parents of pupils who have been prescribed these medications will be offered the opportunity to give written consent for them to access school stock in the event of an emergency (Appendix 6). Where emergency medication has been administered,

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clear records will be kept and parents informed; follow up medical attention will be recommended.

Due to the current National Shortage of AAIs in accordance to Department of Education (DfE) and Department of Health (DoH) Guidelines schools have undertaken risk assessments for all pupils prescribed these medications. Appropriate measures have been put in place accordingly for each child for example

- Close monitoring of expiry dates of AAIs
- Parents informed of impending expiry
- Written consent from parents stating where they have been advised by medical professional to use the AAI for up to 4 months after the printed expiry date
- Out of date AAIs are checked weekly to ensure that they have not gone cloudy or discoloured
- Any pupil who has been prescribed an AAI must have at least 1 prescription on school site to be able to attend
- Where prescriptions are transported between home and school on a daily basis the AAI must be signed in and out by a responsible adult at the school office every day.

This is reviewed on a half-termly basis or as further guidance is issued by the DfE and DoH. Federation schools work closely with the School Nursing service.

Day and Residential Educational Visits and Sporting Activities

The schools make arrangements for the inclusion of pupils with medical needs in school trips, visits and sporting activities unless evidence from a clinician such as a GP states that this is not possible. When planning trips or physical activities, teachers plan for the pupils with medical needs by considering reasonable adjustments which can be made in order to facilitate their participation. Consultation with parents/carers should be included in planning if further advice is required. Reasonable adjustments are considered alongside risk assessments to ensure that pupils can participate fully and safely. The Federation's Health and Safety Policy and Educational Visits guidance should be consulted when planning such activities.

Unacceptable Practice

Although 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 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, 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 child, including with toileting issues. No

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parent should have to give up working because the school is failing to support their child's medical needs;

- 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.

Liability and Indemnity

The governing body provides an appropriate level of insurance for the assessed level of risk. Cover is provided to administer medication for a range of conditions which are set out in the insurance policy. Cover is provided for maladministration in respect of the administering of drugs or medicines pre-prescribed by a medical practitioner in relation to the conditions outlined in the policy. This is subject to written guidelines and suitable training having been provided to the person carrying out the procedure.

Complaints

Should pupils or their parents/carers be dissatisfied with the support provided they should discuss their concerns with the school following the communication procedure (details available on the schools' websites). If, for whatever reason, this does not resolve the issue, they may make a formal complaint following the Complaints Procedure, which is available on the schools' websites or in hard copy from the school office.

Monitoring and Review

The policy will be formally reviewed and updated every three years unless Statutory Guidance changes and necessitates an earlier review.

Related Documents

SEND Policy

SEND Code of Practice 2014

Health and Safety Policy

Educational Visits guidance

Liability Insurance Policy

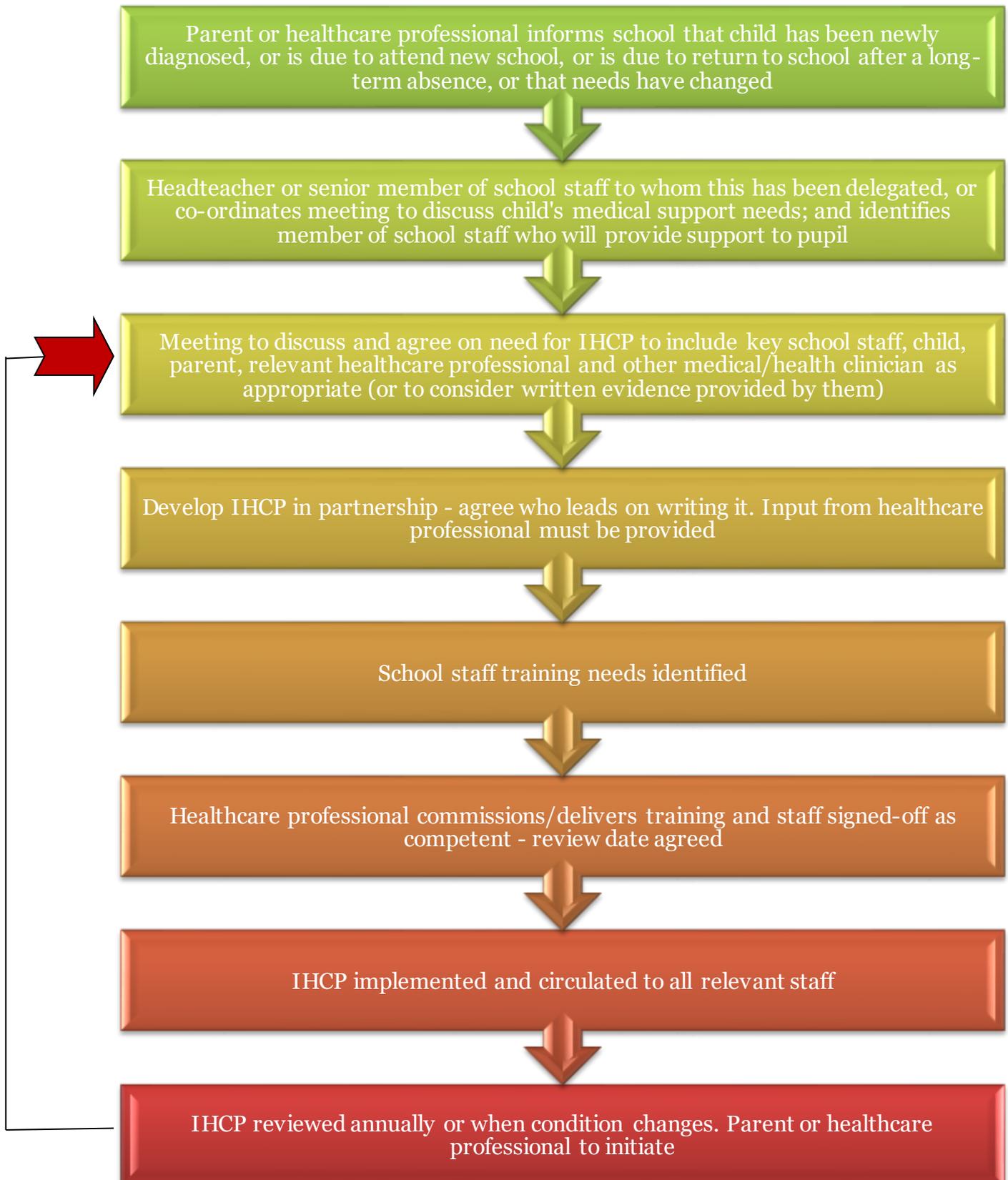
Statutory Framework for the Early Years Foundation Stage, September 2014

Equality Information

Accessibility Plan

Appendix 1

Model process for developing individual healthcare plans



Individual Healthcare Plan



Name	
D.O.B	
Medical Need	

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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

Relationship to child

Phone no. (home)

Phone no. (mobile)

Name

Relationship to child

Phone no. (home)

Phone no. (mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

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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

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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

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Staff training needed/undertaken – who, what, when

--

Signed and dated

Parent	Date
School	Date

Form copied to

--

For school administration

<p>I acknowledge that I have attended and have understood the information disseminated by and am aware of what procedures to follow in meeting needs and following their care plan.</p> <hr/>

Appendix 3

HOME AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

Please note that the school will not give your child medicine unless it has been prescribed and you have completed and signed this form.

Name of child: _____ Class: _____

Date of birth: _____ Gender: _____

Please give details of your child’s medical condition or illness

MEDICINE		
Name/type of medicine (as described on container)		
Method (ie tablet/liquid/inhaler)		
Dosage		
When to be given and for how long	Time:	Number of days: If continuous please complete Health Care Plan <input type="checkbox"/>
Any other information/ instructions (eg side effects, any other requirements, etc)		
Self-administration Yes/ No		
Expiry date of medicine		

PLEASE NOTE: Medicines must be in the original container, e.g. as dispensed by the pharmacy, and handed in at the School Office with this completed form.

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed: _____

Name: _____ (please print)

Relationship to child: _____ **Date:** _____

Daytime telephone in case of an emergency: _____

Appendix 6

CONSENT FORM: USE OF EMERGENCY EPI-PEN

Child showing symptoms of anaphylaxis

1. I can confirm that my child has been diagnosed with _____
allergy / has been prescribed an epi-pen _____.

2. My child has two working, in-date epi-pens, clearly labelled with their name, which are kept in their classroom and medical room.

3. In the event of my child displaying symptoms of anaphylaxis, and if their epi-pen is not available or is unusable, I consent for my child to receive adrenaline from an emergency epi-pen held by the school for such emergencies.

Signed: _____ Date:

Name (print).....

Child's name:

Class:

Parent's address and contact details:

.....
.....
.....

Telephone:
.....

E-mail:
.....