



Supporting Pupils at School with Medical Conditions Policy June 2023

NAMED PERSONS RESPONSIBLE AT Glendale

POSITION

HEADTEACHER
SENDCO
CHAIR OF GOVERNORS

NAME

L.Hopkins
Z.Clark
E.Hancock

SIGNATURE

L.Hopkins
Z.Clark
E.Hancock

This Policy was ratified on: ¹⁹4th July 2023

Date of next review: Summer 2024

The Department for Education places a duty on governing bodies to make arrangements to support Pupils at School with Medical Conditions (effective from September 2014).

The Governing Body must have regard for the statutory guidance which takes a steer from the **Children and Families Act 2014**;

General Principles

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in school to support pupils at school with medical conditions.
- 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.

It is acknowledged that children with medical conditions may well suffer from educational, social and emotional impact. Children may be self-conscious and in addition to this experience long-term absences due to health problems. Reintegration into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Some children with medical conditions may be disabled. Where this is the case Governing bodies must comply with their duties under the **Equality Act 2010**.

Policy

- No child with a medical condition will be denied admission to Glendale Infant School. All reasonable steps will be taken to ensure that provision is appropriate.
- However, a child's health cannot be put at unnecessary risk simply because they attend School, nor can the Governors place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so.
- The Headteacher has overall responsibility for policy implementation and ensuring that staff are fully aware of how to support a child with a medical condition.

When Considering Particular Medical Conditions;

- The Headteacher and SENDCo will ensure that sufficient staff are suitably trained.
- That all relevant staff are made aware of the child's condition.
- That cover arrangements will be in place in case of staff absence.
- Risk Assessments will be conducted for School visits and other School activities outside of the normal timetable.
- The Headteacher and SENDCo will be responsible for monitoring individual Health Care Plans.
- When School is aware that a child with a medical condition wishes to be admitted there will be appropriate liaison with the previous setting and parents/carers. This will ensure effective transition and that appropriate staff training can be put in place to meet the needs of the pupil.

Individual Healthcare Plans

- The Headteacher and SENDCo will ensure that an Individual Health Care Plan is in place to effectively support a pupil with a particular medical condition (not all medical conditions will require one).
- The Health Care Plan will provide clarity about what needs to be done, when and by whom. Different children with the same health condition may require very different support.
- Health Care Plans will be developed in conjunction with professional advice from Healthcare Workers e.g. a Specialist Nurse.
- Health Care Plans will be reviewed annually or more frequently should the child's needs change significantly. This will be done in consultation with both the parents and child concerned.

Health Care Plan details will consider the following;

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupils resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs if required – for example, how absences will be managed, requirements for extra time to complete statutory assessments, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional.
- Who in the school needs to be aware of the child's condition and the support required.
- Written permission from parents and the Headteacher at your school for medication to be administered by a member of staff, or self-administered by individual pupils during school hours.
- Separate arrangements of procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. Risk Assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with the information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements.

(The format of these may differ slightly according to the needs of the child, or whether they have been written by an outside agency, but all areas would have been considered whilst writing them)

Roles and Responsibilities;

- The **Board of Governors** will ensure that;
 - "Supporting pupils at school with Medical Conditions Policy" is in place and implemented.
- The **Headteacher** will ensure that;
 - An appropriate Health Care Plan is in place when required.
 - All relevant people are informed about the Health Care Plan.

- Appropriate arrangements are in place with regard to staff absence.
 - Appropriate training is received by those managing the condition.
 - An emergency plan of action is in place when required.
 - Appropriate insurance is in place
 - Health Care professionals are made aware of any medical condition that may require their support.
- **The Local Authority will ensure that;**
 - They provide support, advice and guidance, including suitable training for school staff to ensure that the support specified within individual Health Care Plans can be delivered effectively.
 - Support is given to the school in making appropriate provision to meet the child's medical condition and suggests when a mainstream school is not suitable to meet the child's needs.
- **The Class Teacher will ensure that;**
 - A child in their care will receive the appropriate care necessary in order to successfully manage their learning.
 - They are aware that administering medication is voluntary.
- **The Teaching Assistant will ensure that;**
 - Having received appropriate training, that they support the child in the management of their condition in order to successfully access learning.
- **The Health Care Professional will ensure that;**
 - They take a lead role in supporting the school with the management of the medical condition.
 - Appropriate advice is given to school in order for the condition to be managed appropriately.
 - Appropriate training is provided for school staff.
- **The Parent will ensure that;**
 - School is kept up-to-date with appropriate advice as to manage the condition.
 - In-date medication is provided to school to administer.
 - School is informed about changes to the condition.
 - A protocol for the management of the condition is developed, signed and followed.
- **The Child will ensure that;**
 - They manage the condition themselves as far as they are able e.g. inform the Class Teacher / Teaching Assistant as to how they feel.
 - They take the appropriate medication at the appropriate time.
 - If a child refuses medication, then the procedure agreed in the Health Care Plan is to be followed and parents informed.

Training Needs

- Training needs will be assessed in conjunction with Health Care professional advice.
- Training will be sufficient to ensure that staff are competent and that they have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual Health Care Plans.

Medicines

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept prescribed medicines 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 still be in date, but will generally be available to schools inside an insulin pen or pump, rather than in its original container.
- All medicines should be stored safely. 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. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should always be readily available to children not locked away. This is particularly important to consider when on school trips.
- 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. A record should be kept.

- A member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction. Schools should keep a record 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 to be administered at school should be noted.
- When no longer required, medicines should be returned to the parent to arrange the safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Emergency Procedures

- Whoever raises the alarm will inform the Headteacher / Deputy Headteacher or Office staff immediately so that emergency procedures are followed i.e.
- Place the child in the recovery position if appropriate.
- Dial 999 and inform Emergency Services of condition.
- Inform Emergency Services of school address / child's location within the school.
- Inform parents.
- The Healthcare plan will define what constitutes an emergency.
- A member of staff will accompany the child to hospital if a parent is unable to attend.

Educational Visits / Sporting Activities

- No child will be excluded from taking part in any of the above unless their medical condition prevents them from doing so.
- All appropriate arrangements will be made to allow the pupil the opportunity to participate.
- A Risk Assessment will be conducted to ensure safe participation.
- The parent will be responsible for making arrangements to transport their child to/from school.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits, it is not generally accepted 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.
- Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch.
- If the child becomes ill, send them to the school office or medical room unaccompanied.
- 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 breaks whenever they need in order to manage their medical condition effectively.

Complaints

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a complaint to the Department for Education should only happen after other routes have been followed. The department may consider a complaint about a school from anyone who is unhappy with the way in which a school is acting if other avenues of resolution with the school have been exhausted. In the case of a maintained school, the DfE would consider if the school has acted unreasonably or failed to discharge a duty which may invoke either Section 496 or 497 of the Education Act 1996.