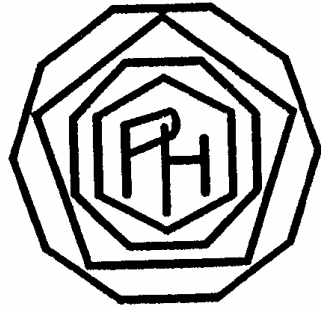




Thorns Community



Infant School

Park Hill Thorns Federation

Policy on supporting pupils at school with medical conditions

Successful, confident learners. Responsible, compassionate individuals.

Written: September 2014

Reviewed: November 2024

Agreed by governors: November 2024

Next review: November 2026

Relevant Legislation:

Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

This came into force on 1 September 2014

Aim: 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.

Rationale:

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, we must ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We 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.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex 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. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back 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. Short term and frequent absences, including those for appointments connected with a pupil's medical condition also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

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. Some children may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well

as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the federation SEND policy.

1. Procedure to be followed when notification is received that a pupil has a medical condition

When either school is notified that a pupil has a medical condition then the Head of School or Assistant Head will meet with parents, the school nurse and/ or other relevant healthcare professionals. During this meeting they will decide whether an Individual Healthcare plan is necessary and proportionate. If it is then it will be drawn up by the school nursing service in consultation with other relevant parties. For further guidance on this process see Appendix A.

The Head of School / Assistant Head in both schools will take overall responsibility for the implementation of this policy and for all issues surrounding medical conditions.

If the child leaves either school then we will pass on relevant information to the new school. If a child moves between schools in the federation then a second meeting will be arranged with parents, the school nurse or other healthcare professional and the new Head of School / Assistant Head. (See section 2)

The School Business Manager will arrange suitable training for staff (see section 4).

During reintegration or if the child's needs change then this process will be reviewed and individual healthcare plans will be altered, begun or discontinued.

For children who are new to either school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

We do not have to wait for a formal diagnosis before providing support to pupils.

If a child will be absent from school for long periods of time due to either physical illness or a for a diagnosed mental health condition then the Head of School / Assistant Head will contact the Warwickshire Flexible Learning team. Parental permission will be sought by the school prior to requesting the support of the Flexible Learning Team to permit staff to have access to confidential medical information. The Head of School / Assistant Head and the child's Class Teacher will then hold a meeting with the parent, pupil and Flexible Learning Team staff to plan a programme of support with 6 weekly progress reviews.

The school will retain responsibility for pupils in line with Warwickshire County policy. Pupils will remain on their school roll. In order for schools to account for medical reasons for absence and code absences correctly, medical evidence in support of the referral to the Flexible Learning Team will be obtained. In the event of prolonged absence medical updates in the same format will be requested from the school at least termly. If the Flexible Learning Team cannot offer support, the school will look to see what support we can offer. On rare occasions this may include support within the home environment. This will only take place after this has been risk assessed and

when parents are present in the home. The costs incurred by any home learning support will also need to be assessed.

2. Individual healthcare plans

The aim of Individual healthcare plans (IHP) is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The focus will be on the needs of each individual child and how their medical condition impacts on their school life.

Individual Healthcare Plans will be drawn up by the Head of School / Assistant Head in partnership and consultation with the School Nurse or relevant healthcare professional, Parents and (where appropriate) the child concerned.

The format of IHPs may vary to enable choice of whichever is the most effective for the specific needs of each pupil. They will be easily accessible to all who need to refer to them, while preserving confidentiality.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed 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 well-being and minimises disruption.

Where the child has a special educational need identified in a statement or EHC plan, the IHP will be linked to or become part of that EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), 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.

In some cases, IHPs will be flexible and may involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

Individual Healthcare Plans will include the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to

complete exams, 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 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; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- 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, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. (See Appendix)

3. Roles and Responsibilities:

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical.

The Governing body will:

- make arrangements to support pupils with medical conditions in school, including ensuring that a policy for supporting pupils with medical conditions in school is developed and implemented
- ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Executive Headteacher will:

- ensure that this policy is developed and effectively implemented with partners
- ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- 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.
- make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

The Head of School / Assistant Head will:

- ensure that this policy is developed and effectively implemented with partners
- ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- 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 deliver against all individual healthcare plans, including in contingency and emergency situations.
- take overall responsibility for the development and implementation of individual healthcare plans.
- consider and evaluate the use of e-learning when a child is unable to attend school due to a medical condition yet is able to take part in learning.
- contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nursing service (Connect for Health / Compass).

All other School staff:

- any member of school 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. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- 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.

The School nursing service will:

- notify the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.

Pupils will: Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will need to be sensitive to the needs of those with medical conditions.

Parents will: Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases 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, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities: are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities 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. Local authorities 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)⁷.

4. Staff training and support

All staff will be supported to be able to provide support to a pupil with medical needs. **Any member of school staff providing support to a pupil with medical needs should have received suitable training.** This will be assessed, arranged and reviewed by the School Business Manager in consultation with the Head of School / Assistant Head and School Nursing service. The federation may use the School Nursing service to provide training or may find other sources of training. The School Business Manager will ensure that training is kept up to date and current. Training will always be given to more than one member of staff to ensure cover during staff absence.

Healthcare professionals, including the school nursing service, may provide confirmation of the proficiency of staff in either a medical procedure or in the ability to provide medication. Also, 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 should be asked for their views. However, whilst they can provide specific advice, they should not be the sole trainer.

Whole School Awareness Training will take place at regularly so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. All staff will be made aware of specific children with health care needs during this training. This will also be included in Induction arrangements for new staff. The training will also include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. If a child

develops a medical condition during a school year then further awareness training will be arranged.

All supply staff will also be made aware of the policy and procedures through Supply Staff Induction procedures.

Staff follow guidelines when giving medication and must follow advice from health care professionals or parents when carrying out health care procedures (updated to reflect any individual healthcare plans).

5. The child's role in managing their own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within 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. Children with asthma will bring two inhalers into school. At Park Hill, one will be kept in the relevant class medical supplies box at the school office and one will be kept in classrooms to allow children to access it quickly.

Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then 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 should be informed so that alternative options can be considered.

6. Managing medicines on school premises

Medicines will not be administered unless there is a care plan in place or parents have completed a form detailing what the medicine is and how it is used. Parents are responsible for providing accurate information about their child's condition.

School staff shall not be obliged to administer medicines if they feel that in the circumstances they are not competent to do so. Specific arrangements shall be made for the parent or carer of the child concerned to administer medicine in these circumstances.

Where school staff do agree to administer medicines, they must act with due care and take account of any information provided by the parent or carer. With the exception of asthma inhalers, pupils will not be allowed to keep medicines with them in school. All other medicines (other than inhalers) should be handed in to the school office and controlled by the office staff in accordance with parental instructions. A record shall be kept of all medicines administered, i.e. what was given, what dose and when. This information shall be provided to parents on request. A copy shall be retained in school.

Medicines in the care of the school office shall be kept in a locked cupboard or staffroom refrigerator. Any loss must be reported to the Executive Head Teacher or Head of School / Assistant Head teacher who will investigate the matter as a significant 'near miss'.

Some pupils have medical conditions, for example diabetes or acute allergies that may require special treatment or emergency first aid. Parents are responsible for communicating details of any such condition to the school, together with instructions detailing the actions that should be taken in an emergency. The pupil's class teacher is responsible for liaising with parents and then communicating information to all other staff who need to be aware. The school nursing service shall, where practicable, be informed of any special conditions/treatment affecting a pupil. Staff shall give due consideration to any advice the nurse may give.

The schools both keep a spare asthma inhaler and AAI kit and parental permission is collected from all children who may use these

As general guidance when managing 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 should be given prescription or non-prescription medicines without their parent's written consent
- non-prescription medicines (Calpol and Piriton) may be given by staff only after a phone call to receive consent from parents.
- a child 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.
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- the schools will 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 inside an insulin pen or a 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 adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. 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 of any doses used and the amount of the controlled drug held in school
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. 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 for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

7. Record keeping

Written records are kept of all medicines administered to children.

Both schools will complete a record of medicine administered to an individual child (See Appendix) whenever medicine is administered.

Parents or Carers will complete a parental agreement for setting to administer medicine form (See Appendix) before medicine is administered.

8. Emergency procedures

Where a child has an individual healthcare plan, 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. 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, a member of staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The decision on who should accompany the child will be taken by the Executive Headteacher or Head of School / Assistant Headteacher.

9. Day trips, residential visits, sporting activities and other activities outside the normal timetable

We will actively support pupils with medical conditions so that they can participate in school trips and visits, or in sporting activities, and we will not prevent them from doing so.

Teachers should be aware of how a child's medical condition will impact on their participation and there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. We 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.

We will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This will be done as part of the 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. (Please also see Health and Safety Executive (HSE) guidance on school trips.)

10. Unacceptable Practice

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 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 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, e.g. by requiring parents to accompany the child.

11. Liability and indemnity

The Governing body and Executive Head will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

The school's liability insurance arrangements provide cover in respect of liability for the provision of medical treatment arising from the following arrangements:

- Nursing care
- First aid
- Administration of prescribed and non-prescribed drugs or medicines

Some examples of treatments covered are:

- Use of Epi-pens
- Use of defibrillators
- Injections
- Dispensing prescribed and non-prescribed medicines
- Application of appliances such as splints etc.
- Oral and topical medicines.

These are not exhaustive and, for clarifications, an extensive list has been sent to the insurers.

Cover not only applies to nurses, but to any employees or volunteers carrying out such treatments during the course of their work for the school, provided they have received the appropriate training from and follow the directions of a healthcare professional. The healthcare professional may be the school nurse, who would, in turn, be indemnified in respect of the training and direction provided.

There is no cover in place for any healthcare or medical professionals other than nurses.

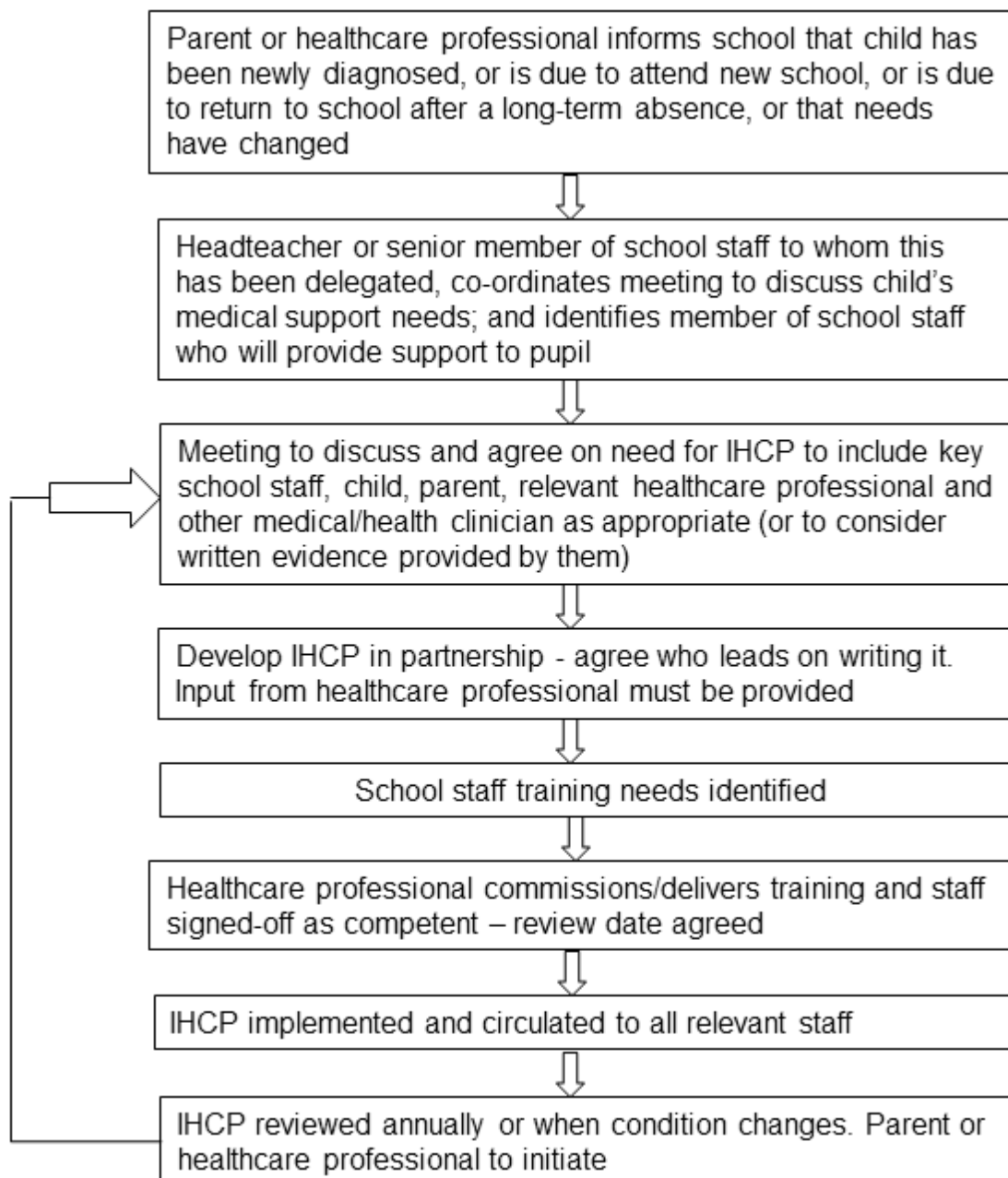
Cover only applies in respect of work carried out on behalf of the school. There is no cover in place for any self-employed work or for any voluntary work, paid or otherwise, carried out by the nurses for any parties other than the school.

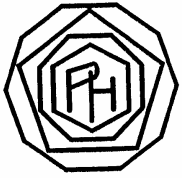
These Insurance policies will be accessible to staff providing such support and will provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

12. Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. See Complaints Policy for further information.

Appendix A





**PARK HILL JUNIOR SCHOOL
ADMINISTRATION OF MEDICINE IN SCHOOL**

Child's Name _____ Class _____

I wish my child to receive the following medicine to be administered at school as follows:

Dates _____ Time(s) _____ Amount _____

Name of Medicine _____ Fridge? Y / N (Please circle)

Parent's Name _____ Emergency Contact Tel No _____

Parent's Signature _____ Date _____

ALL MEDICINES MUST BE CLEARLY LABELLED WITH YOUR CHILD'S NAME

Day	Date	Time	Administered By	Witnessed By
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				



THORNS COMMUNITY INFANT SCHOOL ADMINISTRATION OF MEDICINE IN SCHOOL

Child's Name _____ Class _____

I wish my child to receive the following medicine to be administered at school as follows:

Dates _____ Time(s) _____ Amount _____

Name of Medicine _____ Fridge? Y / N (Please circle)

Parent's Name _____ Emergency Contact Tel No _____

Parent's Signature _____ Date _____

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