

BRAMPTON ABBOTTS PRIMARY SCHOOL

Supporting Pupils with Medical Conditions Policy

1. Introduction:

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

1.2 Key points:

- 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 schools 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.

1.3 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 conditions have not been made.

1.4 The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and 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.

1.5 The governing body should ensure that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need. The governing body must also ensure that adequate adaptations are made to the school environment so that pupils with disabilities can fully access the school.

2. Implementation:

- It will be the responsibility of the Headteacher and the SENCo
- A central record of staff training will be kept in the school office.
- The above named staff will also be responsible for sharing necessary information about medical conditions with whole school staff (teachers, teaching assistants, lunchtime supervisors).
- A 'Pupils with Medical Conditions' register and provision map will be compiled, and a copy will be kept in each classroom. If cover/supply staff are in a classroom, this document must be left with teaching notes.
- The writing of risk assessments will be the responsibility of the staff in charge of an off-site visit (this includes residentials, sporting fixtures and any other off-site visit).
- The SENCo will be responsible for monitoring the Individual Healthcare Plans. They will be supported by the school administrator.

3. Procedures to follow:

- All parents will be asked to complete a 'Notification of Medical Conditions' proforma, and they will be required to update the school of any changes.
- All information will be gathered and a 'Pupils with Medical Conditions' pack and provision map will be compiled, as well as Individual Healthcare plans where necessary.
- All necessary staff will be informed of the pupils that they need to be aware of, and the Individual Healthcare Plans that are in place.

- Any medical information that we have about a pupil will be passed onto other schools during transitions.
- The SENCo will be responsible for meeting with the parents of pupils who require 1:1 support to ensure that they are aware of changes to staff.
- The SENCo will be responsible for ensuring that staffing arrangements and training are in place either; a) before a child starts at the school with a known medical condition, b) notification is received that there is a potential medical condition, or c) a diagnosis has been made for a pupil currently in school. A record of training will be kept centrally, and staff/SENCo informed when training is near expiring.
- The SENCo will be the key point of contact with parents, teachers, pupils and healthcare professionals (with the Headteacher as second point of contact).
- A record will be kept of all medicines that are administered to a pupil.

4. Individual Health Care Plans

4.1 Individual Healthcare Plans (IHP) can help to ensure that the school effectively supports pupils with medical conditions. However, not all children will need one and the school, healthcare professional and parents should agree based on evidence when an IHP will be appropriate. If consensus cannot be reached, the Headteacher will make the final decision. (See appendix 1 & 2 for flow chart and school version of an IHP).

4.2 The governing body should ensure that the plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

5. Role and Responsibilities

5.1 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 on working cooperatively with a range of key people and agencies, and this will be critical.

5.2 Overview of roles and responsibilities

Governing bodies	Must make arrangements to support pupils with medical conditions in school. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. They should also ensure that sufficient staff have received suitable training.
Headteacher	Should ensure that the policy is developed and effectively implemented. This includes all staff being aware of the policy and their role in implementation. They should also ensure that the staff who need to know are informed of medical conditions and IHPs. They should ensure that sufficient staff are trained and are competent, and that there is appropriate insurance. The headteacher should also ensure that the IHPs are updated regularly.
School staff	Although they are not required to administer medicines as part of professional duties, they do need to consider the needs of a pupil that they teach. They should be provided with sufficient training (where necessary). They should be aware of medical conditions of pupils they teach, and the IHPs.
School nurses	They are responsible for informing schools when a medical condition has been diagnosed, which will require support in schools. They may support staff on implementing an IHP, and provide advice and information to support the school.
Other healthcare professionals, including GPs and paediatricians	They should notify the school nurse of any diagnosis. They may provide support/advice on developing an IHP.
Pupils	They may be able to provide information about how their condition affects them. If possible, they should be involved in developing their IHP.
Parents	Should provide the school with up-to-date information. They are key partners and so should be involved in all decision making. They should carry out any actions that they have agreed to.

Local authorities	They have a duty to promote cooperation between relevant partners, and should provide support, advice and guidance.
Providers of health services	Should co-operate with schools to provide support, information, advice and guidance.
Clinical commissioning groups (CGCs)	They commission other healthcare professionals in response to children's needs.
Ofsted	The inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN.

6. The Child's role in managing their own condition

6.1 After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures.

6.2 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 who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not suitable for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

7. Managing medicines on school premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to;
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent.
- No child under 16 should be given medicine containing aspirin unless prescribed by a doctor.
- Medication 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.
- Schools should only accept prescribed medicines that are in-date, labelled and provided in the original container as dispensed and includes instructions for administration, dosage and storage.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able access them immediately. Medicines and devices such as inhalers, blood glucose testing meters and adrenaline pens should be always readily available and not locked away.
- A child who has been prescribed a controlled drug that needs to be taken during school hours, must have it locked away and only named staff should have access to it. A record should be kept of any doses administered, and witnessed by 2 members of staff.
- When no longer required (or out-of-date), 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.
- The school should regularly check medicines that are held in school.

8. Record keeping

Written records should be kept regarding the administration of all medicines. These records will offer protection to staff and children, and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

9. Emergency procedures

9.1 As part of general risk management processes, the school will have arrangements in place for dealing with emergencies.

9.2 Where a child has an IHP, this should clearly define what constitutes an emergency and explain what to do. Other pupils should also know what to do in general terms, such as informing a teacher immediately if they think help is needed.

9.3 If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

9.4 The school will have an emergency evacuation plan in place, which will detail that staff should have medication in a 'grab bag' within the classroom. This should be taken out with the class at anytime the fire alarm is raised.

10. Day trips, residential visits and sporting activities

10.1 Teachers should be aware of how a child's medical condition will impact on their participation in off-site school activities. There should be flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

10.2 The school will carry out a risk assessment for any pupil with a medical condition so that planning arrangements take account of any steps needed to ensure that pupils are included. This will require consultation with parents and pupils, and advice from the relevant healthcare professionals.

10.3 Reference should also be made to the Health and Safety Executive guidance on school trips.

11. Other issues for consideration

Asthma inhalers – Regulations are being changed which means that the school will be able to hold asthma inhalers for emergency use.

12. Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's IHP, 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 (or though this may be challenged and change);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP;
- 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 condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medicine or provide medical support to their child, including with toileting issues.
- 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.

13. Complaints

Should parents or pupils be dissatisfied with the support being provided they should discuss their concerns directly with the school, firstly contacting the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure, or to the Local Authority.

Policy approved by Governing Body on 14-05-15

Signed Paul Mason position GB Chair

Policy due for review Summer 2018

Model process for developing individual healthcare plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided to them).



Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil.



Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.



School staff training needs identified.



Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed.



IHCP implemented and circulated to all relevant staff.



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.