

Asterdale Primary School Supporting Pupils with Medical Conditions Policy

'Together We Can...'

Be confident, Be excellent, Nurture, Build

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Approved by:	Governing Body
Date Approved:	October 2024
Date of Review:	October 2025
Version:	1.3

We as a school consider our equality duties under the Equality act 2010. The general duties are to: -

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

This policy understands the principle of the Act and the work needed to ensure that those with protected characteristics are not discriminated against and are given equality of opportunity.

Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The named persons with responsibility for implementing this policy are (Acting) Head Teacher John O'Leary and Jenny McCormick for pupils with SEND.

Legislation and statutory responsibilities

This policy meets the requirements under <u>Section 100 of the Children and Families Act 2014</u>, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: <u>Supporting pupils at school with medical conditions</u>. This policy also complies with our funding agreement and articles of association.

ROLES AND RESPONSIBILITIES

The Governing Board

The Governing Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

- The governing board will implement this policy by:
 - Making sure sufficient staff are suitably trained
 - Making staff aware of pupil's condition, where appropriate
 - Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
 - Providing supply teachers with appropriate information about the policy and relevant pupils
 - Developing and monitoring individual healthcare plans (IHPs)

The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

- Contact the school nursing service in the case of any pupil who has a medical condition that
 may require support at school, but who has not yet been brought to the attention of the
 school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Staff

- Supporting pupils with medical conditions during school hours is not the sole responsibility
 of one person. Any member of staff may be asked to provide support to pupils with medical
 conditions, although they will not be required to do so. This includes the administration of
 medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will
 receive sufficient and suitable training, and will achieve the necessary level of competency
 before doing so.
- Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatrician's, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted

Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. (See Appendix 1)

Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Jenny McCormick, SENCO.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and Jenny McCormick, will consider the following when deciding what information to record on IHPs:

- 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
- catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil'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 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and** where we have parents' written consent.
- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.
- The school will only accept prescribed medicines that are:
 - In-date
 - Labelled
 - Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Controlled drugs

<u>Controlled drugs</u> are prescription medicines that are controlled under the <u>Misuse of Drugs</u> Regulations 2001 and subsequent amendments, such as morphine or methadone.

Unless otherwise identified in the IHP all controlled drugs are kept in a locked box in a locked cupboard in the medical room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept recorded in school. Staff administering a controlled drug will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Two members of staff will always administer controlled drugs together and both sign the record.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Jenny McCormick. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs

• Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the class teacher in the first instance. If the class teacher cannot resolve the matter, they will direct parents to the Head teacher and the school complaints procedure.

Monitoring arrangements

This policy will be reviewed and approved by the governing board annually.

Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs policy

Appendix 1: Being notified a child has a medical condition

	Parent or healthcare professional notifies school that the child has a new diagnosis, is due to return after long-term absence, has needs which have changed or is due to attend a new school
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	The headteacher or other relevant senior member of staff coordinates a meeting to discuss the child's medical needs
2	and identifies a member of school staff to support the child.
	A meeting is held between key school staff, the child, parents, any relevant healthcare professionals to discuss and
3	agree on the need for an IHP
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4	An IHP is developed in partnership with healthcare professionals, and agreement is reached on who leads.
5	School staff training needs are identified.
6	 Healthcare profressionals commission or deliver training and sign-off school staff as 'competent' with an agreed review date.
	The IHP is implemented and circulated to relevant staff.
	• The IHD is reviewed annually or when the child's
	 The IHP is reviewed annually or when the child's condition changes (revert back to step 3). Parents or healthcare professionals will initiate this.

Procedures for the Management of Medication Appendix 2:

A) Prescription Medication

This policy is relevant for tablets, medicines, creams and sprays prescribed by a GP or other authorised healthcare professional.

All parents/carers will be asked to complete the Parental Agreement Form (Appendix A1, A3 or Appendix A4) in the presence of the designated person before medicine can be administered by the Academy.

All prescribed medicines must be brought to the Academy in the original container with the prescriber's instructions for administration and dosage and must be in-date, although insulin may be available in a pen or pump rather than the original container.

All medication (see exceptions below) must be handed in to the Academy reception with a covering letter from the parent/carer on the day that it is brought in to the Academy (letter to be filed with Parental Agreement Form (Appendix 3A, 3B or Appendix 3C) and moved to the individual pupil's file at the end of each term).

1. Storage of Medication

- (i) All medication (see item 6 for exceptions) will be secured in a locked cabinet/container. The pupil will be made aware of where the medicine is stored and how to access it immediately.
- (ii) A safe container for the disposal of sharp needles will be kept in a locked cabinet and handed to the site manager for safe disposal.
- (iii) Medicines requiring refrigeration should be kept in a secure, clearly labelled locked box in the fridge.

2. <u>Administration of Medication</u>

- (i) Prescription medication will be administered in accordance with the prescriber's instructions by the member(s) of staff named in the parent/carer agreement and/or Individual Healthcare Plan or by one of the following names people only:
 - Headteacher
 - SENCO

Academy staff will be appropriately instructed on the administration of medication.

- (ii) The Academy will keep a daily log of all medicines dispensed (Appendix 3C).
- (iii) Administration will always be recorded and witnessed and countersigned by an additional member of staff (See Appendix 3B).

6. Exceptions

(i) Pupils who have a signed Appendix 3C for authorising self-administration.

B) Non-Prescription Medicine

Non-prescription medication will not normally be administered by the Academy. Non-prescription medication will only be administered where the Academy has <u>written parental consent.</u>

Where a pupil's medical or care needs are covered under the Equality Act 2010, staff will be informed of any reasonable adjustments necessary to the curriculum and its delivery, the Academy environment and equipment. Consideration will be given to the potential impact of:

- Time and effort
- Inconvenience
- indignity or discomfort
- loss of opportunity
- diminished progress.
 - * See the SEND Policy.

Appendix 3A

Parent/Carer Agreement for Academy to Administer Prescription Medicine

Please complete this form, giving all details, if you wish to give permission for the Academy to administer prescribed medicine to your child. NB - the Academy will only administer medicine if the GP requires it to be administered during the school day

Pupil's name):						
Year/Tutor g	roup:						
Parent/carer	s name:						
Telephone n	umber:						
Named Staff	:						
Name of Me	dication:						
		effects			medication	(if	any):
attached to t	this docume ning, with or ter a meal, i	ent and all nece	essary eq		my child's needs a g. syringes, spoon		below oi
• • •					demy to give my management of mo	•	scription
qualified pro	fessional, d	ispensed by a	pharmaci	ist and is ir	has been prescribe n date and in its or rting Pupils with Me	iginal conta	ainer /
Signed:					(Parent / ca	rer)	
Signed:					(Academy s	staff)	
Date:							

Appendix 3B

Parent/Carer Agreement for Self-administration of Medication

administer medication. Name of Academy: Pupil's name: Year/Tutor group: Parent/carers name: Telephone number: Name of Medication: Possible side effects of the medication (if any): I have provided all necessary additional information about my child's needs as outlined below or attached to this document: I give my permission for my child to self-administer the medication named above in accordance with advice from the medical practitioner signed below. Medication will be stored safely in a bag which will be supervised or secured in an office at all times. I have read and understood the Academy Policy for - Supporting Pupils with Medical Conditions and want my child exempted from conditions relating to administration by staff. Signed: (Parent / carer) Signed: (Medical practitioner/nurse) Signed: (Academy staff) Date:

Please complete this form, giving all details, if you wish to give permission for your child to self-

Appendix 3C

Parent/Carer Agreement for Self-administration of Medication with Secure Storage

Please complete this form, giving all details, if you wish to give permission for your child to selfadminister medication. Name of Academy: Pupil's name: Year/Tutor group: Parent/carers name: Telephone number: Name of Medication: Possible side effects of the medication (if any): I have provided all necessary additional information about my child's needs as outlined below or attached to this document (including times/frequency of doses) I give my permission for my child to self-administer the medication named above in accordance with advice from the medical practitioner signed below. Medication will be handed to reception each day and secured in an office at all times. The named pupil will access medication at the appropriate times as stated above*. I have read and understood the Academy Policy for Supporting Pupils with Medical Conditions and want my child exempted from conditions relating to administration by staff. Signed:.....(Parent / carer) Signed: (Medical practitioner/nurse)

Date:

Signed: (Academy staff)

Appendix 4

Children with Health Needs Who Cannot Attend School

Due to the nature of their health needs, some pupils may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, children should receive their education within their school and the aim of the provision will be to reintegrate them as soon as they are well enough.

If a child is unable to attend school, we have a continuing role in a child's education whilst they are not attending school and will work with all relevant parties to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

In the event of absence

Parents/carers are advised to contact the school on the first day their child is unable to attend due to illness. Absences due to illness will be authorised unless the school has genuine cause for concern about the authenticity of the illness.

The school will provide support to pupils who are absent from school because of illness for a period of less than 15 school days by liaising with the parents/carers to arrange schoolwork, as soon as the child is able to access such an activity, or part-time education at school. The school will give due consideration to which aspects of the curriculum are prioritised in consultation with the parents/carers and if, age appropriate, the pupil as well as relevant members of staff.

For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of a school year, the headteacher, or someone acting for the headteacher, will take responsibility for the child and their education.

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school. If the school makes such arrangements, class work will be sent on a weekly basis to the child's home (if they are at home) or sent to the hospital school if they are still accessing this provision. In the case of the child accessing the hospital school provision, the class teacher will liaise with the hospital teacher to support the learning.

If the school cannot make suitable arrangements, Derby City Council, will become responsible for arranging suitable education for these children. This is likely to be for pupils who are admitted to the Royal Derby hospital and are resident on a ward, but well enough to be taught; returning for regular treatment as out-patients or have been specifically referred by a hospital based consultant. Within Derby City this provision is made through referral to the Hospital and Medical team at Kingsmead School.

In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- · Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- enable the pupil to stay in touch with school life