



Pupils with medical needs policy

Introduction

Through this policy we aim to ensure that all children with medical conditions 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. We endeavour to enable these children to have full access to education, including physical education and school trips as we recognise that medical conditions may affect social and emotional development as well as having educational implications.

All medical information is treated confidentially by the Headteacher and staff. Where children have a disability (which includes toileting issues), the requirements of the *Equality Act (2010)* apply; where children have an identified special need, the *SEN Code of Practice* applies. See also other relevant school policies: First aid, Health and safety, Inclusion and SEND and our General equality scheme.

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1 Identifying children with health conditions

We aim to identify children with medical needs on entry to school by working in partnership with parents, carers and relevant agencies. As part of our induction process, we endeavour to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school.

- 1.1 Where a formal diagnosis is awaited or unclear, we will plan to implement arrangements to support the child based on the prevailing evidence and in consultation with the parents.

2 Individual Health and Care Plans (IHCPs)

IHCPs are recommended where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of cases, especially where medical conditions are long-term and complex, however, not all children will require one. The school, healthcare professional and parents will agree, based upon available evidence, whether an IHCP would be appropriate or not.

- 2.1 An IHCP (and its review) may be initiated, in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The medical officer will work in partnership with the parents/carers and a relevant healthcare professional who can best advise on the particular needs of the child to draw up or review the plan. (See Appendices 4 and 5 for the process and template for IHCPs.)
- 2.2 Where it is agreed that a child requires an IHCP, it is the responsibility of the Headteacher to ensure that the plan is in place.
- 2.3 Where a child has a special educational need identified in an Education, Health and Care Plan (EHCP), the IHCP will be linked to or become part of that EHCP.
- 2.4 IHCPs are reviewed annually, or earlier if there is evidence that the child's needs have changed.

3 Managing medicines

Administration of medicines is the overall responsibility of parents and carers, however, the Headteacher is responsible for the health of children whilst at school and it may be necessary to administer medicines during the day. We will never give medicine, whether prescription or non-prescription, to a child without a parent/carer's consent, as specified in the *Parental permission to administer medication* form (Appendix 2). Records are kept of all medicines that are administered.

- 3.1 We encourage parents to ask for medicines to be prescribed in dose frequencies where possible which simplifies administration.
- 3.2 The name of child, dose, expiry date and shelf life are checked before medicines are administered and is witnessed by another member of staff.
- 3.3 Parents will be informed at the earliest opportunity if their child refuses the agreed medication.

- 3.4 Homeopathic remedies will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.

4 Storage

All medication, other than emergency medication, is stored safely in a cabinet accessible to staff. Where medicines need to be refrigerated, they will be stored in a fridge in the staff room.

- 4.1 Emergency medication, such as asthma inhalers and adrenaline pens, is stored safely but is always readily available, including when off-site or on school trips.

5 Disposal of medicines

It is the responsibility of parents and carers to dispose of their child's medicines. We will return any medicines that are no longer required and those where the date has expired to parents and carers.

6 Record keeping

Written records are kept of all medicines administered to children, including how much, when and by whom (see Appendix 3). Any side effects we become aware of will be noted and reported to parents.

7 Emergency procedures

Where a child has an IHCP, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures.

- 7.1 Where a child has to be taken to hospital (see Appendix 6), the parents will immediately be informed and a member of staff will stay with the child until one of the parents arrives. This includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds.)

8 Day trips and off-site activities

Trips are planned following risk assessments with appropriate steps taken in consultation with parents, their children and relevant healthcare professionals to ensure that pupils with medical conditions can be safely included.

- 8.1 We will ensure that teachers are aware of how a child's medical condition might affect their participation in any off site activity or day trip, and we will ensure that there is enough flexibility, with reasonable adjustments if necessary, for all children to participate according to their own abilities.

9 Good practice

We will always do our utmost to ensure that:

- children can easily access their inhalers and are given their medication as and when necessary;
- all staff are aware that children with the same condition often require different treatment;

- we never ignore the views of the parents, their child or medical advice (although this may be challenged);
- children with medical conditions are not sent home frequently or prevented from staying for normal activities, including lunch (unless this is specified in their IHCP);
- children are accompanied by a suitable member of staff to the school office or medical room if they become ill;
- children’s attendance records are not adversely affected if absences are related to their medical condition eg. hospital appointments;
- children are not prevented from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- parents do not feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues;
- there are no barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

10 Staff training

All new staff are given this policy when they join the school as part of their induction procedure.

10.1 The Headteacher and relevant healthcare professional keep under review the level of training required to ensure that staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency procedures enabling staff to recognise and act quickly if a problem occurs, fulfilling the requirements set out in IHCPs.

11 Liability and Indemnity

The Governing Body ensures that the appropriate level of insurance is in place.

12 Complaints

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If, for any reason, this does not resolve the issue, they can make a formal complaint via the school’s complaints procedure, obtainable from our website or school office.

13 Monitoring and review

This policy will be monitored by the Care and Communication committee and will be reviewed every two years (or sooner if the need arises) and ratified by the full GB.

14 Glossary

EHCP	Education, Health and Care Plan
IHCP	Individual Health AND Care Plan
SEN	Special Educational Needs

Date of policy: **MARCH 2023**

Policy ratified: *Helen Froggatt, Chair of Governors, on behalf of the GB* (Signature) 20.3.23 (Date)

Review due: **MARCH 2025**

15 Key roles and responsibilities

Section 100 of the *Children's and Families Act* (2014) places a duty on Governing Bodies to make arrangements for supporting children at school with medical conditions. The Department for Education has produced statutory guidance, *Supporting Pupils at School with Medical Conditions*, (December 2015).

15.1 The Governing Body is responsible for:

- Making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensuring that pupils with medical conditions are supported to enable the fullest participation in all aspects of school life.
- Ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical conditions.
- Ensuring 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.

15.2 The Headteacher is responsible for:

- Ensuring that the school's policy is developed and effectively implemented with partners, ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring that sufficient numbers of trained staff are available to implement the policy and deliver against all Individual healthcare plans (IHCPs), including in contingency and emergency situations.
- The development of IHCPs.
- Contacting the school nurse in the case of any child who has a medical condition that may require support at school, but has not yet been brought to the attention of the school nurse.

15.3 Parents are responsible for:

- Providing the school with up-to-date information about their child's medical needs.
- Being key partners in the development and review of their child's IHCP.
- Carrying out any action they have agreed to as part of the IHCP's implementation e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

15.4 Pupils are responsible for:

- Providing information about how their medical condition affects them.
- Contributing as much as possible to the development of and complying with their IHCP.

15.5 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. Where possible, they should do this before the child starts school.
- Liaising with lead clinicians locally on appropriate support for the child and associated staff training needs. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's IHCP and provide advice and liaison.

- 15.6 Other healthcare professionals, including GPs and paediatricians, are responsible for:
- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing IHCPs. Specialist local health teams may be able to provide support in schools for children with particular conditions e.g. asthma, diabetes and epilepsy.
- 15.7 The local authority is responsible for:
- Promoting co-operation between relevant partners, under section 10 of the *Children Act* (2004), such as Governing Bodies of maintained schools, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
 - Making joint commissioning arrangements with clinical commissioning groups for education, health and care provision for children and young people with SEND [Section 26 of the *Children and Families Act* (2014)].
 - Providing support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHCPs can be delivered effectively.
 - Working with schools to support pupils with medical conditions to attend full time.
 - Making other arrangements when a pupil would not receive a suitable education in a mainstream school.
 - Making arrangements under statutory guidance when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year.)
- 15.8 Clinical commissioning groups (CCGs) are responsible for:
- Ensuring that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.
 - Joint commissioning arrangements for education, health and care provision for children and young people with SEND due to their reciprocal duty to co-operate under Section 10 of the *Children Act* (2004).
 - Being responsive to local authorities and schools seeking to strengthen links between health services and schools.
- 15.9 Health service providers are responsible for:
- Co-operating with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training.



EDUCATION SERVICES

5.8.1.1 Annex 1: PARENTAL CONSENT FOR SCHOOL/CENTRE TO ADMINISTER MEDICATION (FORM AOM1)

THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM, AND WHERE APPROPRIATE FORM AOM 1A WHICH SHOULD BE COMPLETED BY THE GP

Details of Pupil

Surname..... Forename(s)
Address M/F.....
..... Date of Birth
..... Date of Birth

Condition or illness:

Name/Type of Medication (as described on container)

For how long will your child take this medication:

Date dispensed:

Full Directions of use

Dosage:

Timing:

Special Precautions:

Side Effects:

Self Administration:

Procedures to take in an Emergency:

Contact details:

Name: **Daytime**.....

Relationship to Pupil: **Telephone No:**

Address:

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service which the school is not obliged to undertake

Date:..... **Signature**.....

Relationship to pupil.....



EDUCATION SERVICES

5.8.1.5 Annex 5: HEALTH CARE PLAN FOR A CHILD/PUPIL WITH SPECIAL MEDICAL NEEDS (FORM AOM3)

AFFIX
PHOTO

CONTACT INFORMATION

PUPIL NAME:



Describe condition and give details of pupil's individual symptoms:

Daily care requirements: e.g.(before sports/at lunch time)

Action to be taken in an emergency:

Follow up care:

Who is responsible in an emergency: (state if different on off site activities)

FORM AOM 3A



EDUCATION SERVICES

EMERGENCY PLANNING

Requests for an Ambulance to:

.....

Dial 999, ask for ambulance and be ready with the following information

1. **Your telephone number**

2. **Give your location as follows:
(insert school address an postcode)**

3. **State that A-Z reference is**

4. **Give exact location in the school
(insert brief description)**

5. **Give your name**

6. **Inform Ambulance Control of the best entrance and state
that the crew will be met and taken to**

**SPEAK CLEARLY AND SLOWLY AND BE READY TO
REPEAT INFORMATION IF ASKED**