

## Ranvilles Junior School Supporting Pupils with Medical Conditions

### 1. ACCESSIBILITY

This policy is available in large print or Braille.  
Please contact the school office who will be happy  
to arrange this for you.

### 2. PURPOSE OF POLICY

The purpose of this policy is to ensure that there is a plan in place to support pupils with medical conditions and that employees are aware of their responsibilities and that relevant staff understand the administration of medicine arrangements.

### 3. APPROVAL

Approval date: February 2024

Date for next review: February 2025

### 4. INTRODUCTION

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children at their premises with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their 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.



It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the latest Department for Education (DfE) Supporting Pupils with Medical Conditions document, December 2015. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

This policy will be reviewed regularly and is readily accessible to parents and school staff.

## **5. KEY ROLES & RESPONSIBILITIES**

Supporting a child with a medical condition is not the sole responsibility of one person. The school's ability to provide effective support depends on staff working co-operatively with healthcare professionals, local authorities, parents/carers and pupils.

### **The Governing Body**

The Governing Body is responsible for ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The Governing Body should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions, and that they are then able to access information and other teaching support materials as needed.

### **The Headteacher**

The Headteacher is responsible for ensuring that this policy is developed and effectively implemented. All staff must be made aware of this policy and understand their role in its implementation. The Headteacher must ensure that all staff who need to know are aware of a child's medical condition. She must also 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. The Headteacher has overall responsibility for the development of individual healthcare plans. She should also be certain that any member of staff who is supporting a pupil in this way is sufficiently insured. The school nursing team should be made aware of any pupil who may require support at school due to a medical condition.

## **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, suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff will wear Personal Protective Equipment as appropriate to ensure the safety and wellbeing for all. Staff will adhere to Government guidance and implement systems of control to ensure the safety and wellbeing for all.

## **The School Nursing team**

The School Nursing team will notify the school when a pupil has been identified as having a medical condition which will require support in school. They can support staff on implementing a child's healthcare plan and provide advice and liaison on matters such as training.

## **Healthcare Professionals**

GPs should notify the school nursing team when a child has been identified as having a medical condition that will require support in school. They may provide advice on developing a healthcare plan.

## **Pupils**

Pupils should be fully involved with discussions regarding their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

## **Parents/Carers**

Parents/Carers must provide the school with up-to-date information about their child's medical needs. Parents/Carers will be involved with the implementation and review of their child's healthcare plan. They must carry out any agreed actions such as providing any medication and equipment necessary. Parents/Carers must ensure that they or a nominated adult are contactable at all times.

## **6. LOCAL ARRANGEMENTS**

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers. We will use the 'Health Questionnaire for Schools', provided by the NHS Southern Health team 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 to support them accordingly.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

## **7. INDIVIDUAL HEALTH CARE PLANS**

We recognise that Individual Health Care Plans (IHCP) are recommended in particular 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 other cases, especially where medical conditions are long term and complex. However, not all children will require one. We will follow the DfE 'Model process for developing individual healthcare plans' flowchart – see Appendix 1. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Health Care Plan (IHCP). It is a legal requirement that this is updated annually. All healthcare plans will be reviewed annually or earlier if evidence is presented that the child's needs have changed. Plans will be developed with the child's best interests in mind and they will ensure that the school assess and manages the risks to the child's education, health and social well-being and minimises disruption.

Where children require an IHCP it will be the responsibility of the person trained in the procedures for pupils with medical conditions to work with parents and relevant healthcare professionals to write the plan.

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 person trained in the procedures for pupils with medical conditions will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the Individual Healthcare Plan will be linked to or become part of that statement or EHC plan.

We will use the IHCP template produced by the DfE to record the plan – see Appendix 2.

If a child is returning following a period of hospital education or alternative provision (including home tuition) we will work with Hampshire County Council and the education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

When deciding on the information which should be recorded on the IHCP the following will be considered:

- 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 (NB 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 and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;**
- 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;
- **what to do in an emergency**, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## 8. **STAFF TRAINING**

Any member of school staff providing support to a child with medical needs should have received suitable training.

No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

All new staff will be inducted on the policy when they join the school through the Health and Safety Induction carried out by either their line manager/Medical Lead in school or School Business Manager. Records of this training will be stored in the staff training file.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include their role in implementing the policy. This training will be carried out annually or following a review of the policy. The awareness training will be provided to staff by the person trained in the procedures for supporting pupils with medical conditions by way of a staff meeting.

We will retain evidence that staff have been provided the relevant awareness training on the policy by retaining signature sheets of attendance.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training. A 'Staff training record- administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

## **9. THE CHILD'S ROLE**

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their IHCP. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.



## 10. MANAGING MEDICINES ON SCHOOL PREMISES

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without the parent/carer's written consent (an 'Administration of Medicines & Treatment Consent Form' will be used to record this).

At our school:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child will be given prescription or non-prescription medicines without their parent's written consent (including medicated throat lozenges)
- we will never give medicine containing aspirin unless prescribed by a doctor
- Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken.
- parents will be informed **when** medication has been administered during the day to ensure prescribed daily doses are adhered to.
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
- we will only accept prescribed medicines if they are:
  - in-date
  - labelled
  - provided in the original container as dispensed by a pharmacist
  - include instructions for administration, dosage, storage (*NB. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container*)
- all medicines will be stored safely
- children will know where their medicines are at all times and will be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away,



- including when pupils are outside the school premises, e.g. on school trips
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps
  - the school will keep controlled drugs that have been prescribed for a pupil, securely stored in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held.
  - school staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
  - We will 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, will be noted
  - We will use Personal Protective Equipment as appropriate to ensure the safety of all
  - We will adhere to Government systems of control to ensure safety for all

### **Non-prescribed medicines**

The school will not keep a stock of non-prescribed medicines. If a parent wishes their child to have Calpol or other non-prescribed medicine throughout the school day then they will need to bring the medication into the school office and complete an Administration of Medicine and Treatment Consent Form.

### **Emergency Asthma Inhalers**

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers for use on the school site and during off-site activities. These will only be used for those children who are already prescribed asthma inhalers. We will obtain consent from parents/carers annually, and when a child joins the school, for the emergency inhaler to be used where necessary.

They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.



## **11. STORAGE**

All medication including emergency medication will be stored safely in the First Aid room.

Where medicines need to be refrigerated, they will be stored in the staffroom refrigerator in a clearly labelled airtight container.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

## **12. DISPOSAL**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through a specialist hazardous waste removal company who will remove them from site as required.

## **13. MEDICAL ACCOMMODATION**

The First Aid Room will be used for all medical administration/treatment purposes.

## **14. RECORD KEEPING**

We will ensure that written records are kept of all medicines administered to children. We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

## **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. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

Ranvilles Junior school is committed to identifying and reducing triggers both at school and on school visits.

- School staff have written information on medical conditions which includes avoiding/reducing exposure to potential emergencies for all children with a IHCP.
- The IHCP details an individual pupil's triggers and how to make sure the pupil remains safe throughout the whole school day and during out-of-school activities.
- Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

## **15. DAY TRIPS/ OFF SITE ACTIVITIES**

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## 16. DEFIBRILLATOR

The school has a defibrillator on the premises for emergency use. Staff who hold 'Emergency First Aid in Schools' have been trained in the use of CPR.

## 17. UNACCEPTABLE PRACTICE

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, 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 eg. by requiring parents to accompany the child.

## **18. LIABILITY AND INDEMNITY**

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

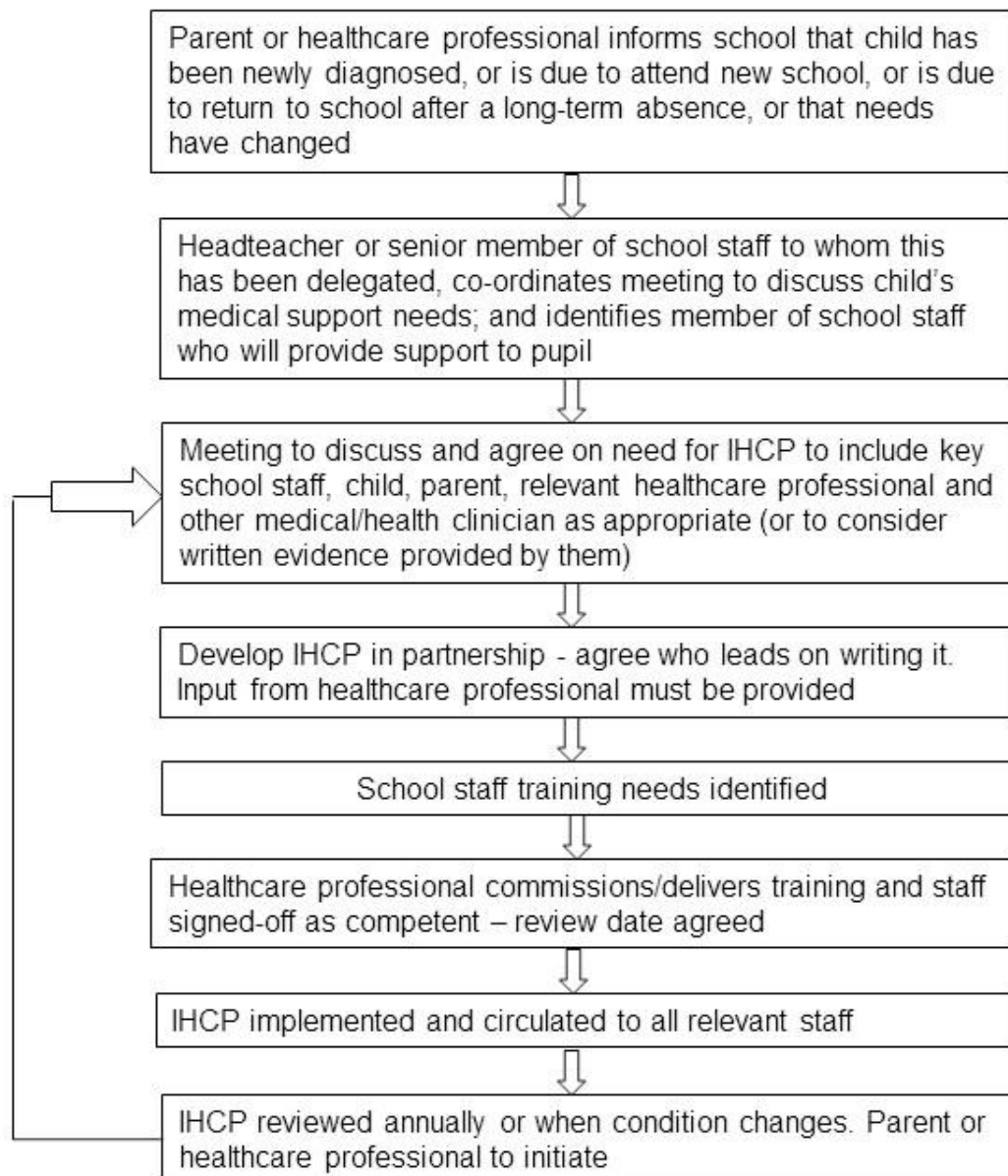
## **19. COMPLAINTS**

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## 20. APPENDICES

### Appendix One

#### Annex A: Model process for developing individual healthcare plans



<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>



## Appendix 2

### DfE Individual Healthcare Plan Template

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

#### **Family Contact Information**

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

#### **Clinic/Hospital Contact**

Name	
Phone no.	

#### **G.P.**

Name	
Phone no.	

Who is responsible for providing support in school	
--	--



Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to