

Bournmoor Primary School

Policy for Supporting Pupils with Medical Conditions

Headteacher:	Mrs L Snowdon
Chair of Governors:	Mrs L Carr
Date for review:	October 2027

All pupils have an entitlement to a full-time curriculum or as much as their medical condition allows. Bournmoor Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 updated 11th December 2015 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014 https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3. The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.

https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and disabilities, also including pupils with medical conditions.

N.B. Early years settings should continue to apply the Statutory Framework for Early Years foundation Stage.

1) Key roles and responsibilities

a) The Local Authority (LA) is responsible for:

1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.

2) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.

3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Body of Bournmoor Primary School is responsible for:

1) Ensuring arrangements are in place to support pupils with medical conditions.

2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.

3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.

4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.

5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.

6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.

7) Ensuring written records are kept of, any and all, medicines administered to pupils.

8) Ensuring the policy sets out procedures in place for emergency situations.

9) Ensuring the level of insurance in place reflects the level of risk.

10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

c) **The Headteacher is responsible for:**

1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.

2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of Bournmoor Primary School.

3) Liaising with healthcare professionals regarding the training required for staff.

4) Identifying staff who need to be aware of a child's medical condition.

5) Developing Individual Healthcare Plans (IHPs).

6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.

7) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.

8) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

9) Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.

10) Ensuring confidentiality and data protection

11) Assigning appropriate accommodation for medical treatment/ care

12) Considering the purchase of a defibrillator.

13) Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

d) **Staff members are responsible for:**

1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.

2) Knowing where controlled drugs are stored and where the key is held.

3) Taking account of the needs of pupils with medical conditions in lessons.

4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.

5) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

e) **School nurses are responsible for:**

1) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.

2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.

3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.

4) Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

f) Parents and carers are responsible for:

1) Keeping the school informed about any new medical condition or changes to their child/children's health.

2) Participating in the development and regular reviews of their child's IHP.

3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.

4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.

5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

g) **Pupils are responsible for:**

1) Providing information on how their medical condition affects them.

2) Contributing to their IHP

3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

2) Training of staff

a) Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.

b) The clinical lead for each training area/session will be named on each IHP.

c) No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.

d) School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. They will notify Health & Safety DCC, and Risk, Insurance & Governance Manager, DCC.

3) **Medical conditions register /list**

a) Schools admissions forms and annual update requests should ask for information on medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.

b) A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.

c) Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.

d) For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

4) Individual Healthcare Plans (IHPs)

a) Where necessary (Headteachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.

b) IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. ***P.S. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.***

c) IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

d) Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.

e) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

5) **Transport arrangements**

a) Where a pupil with an IHP is allocated school transport the school should invite a member of DCC Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.

b) For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.

c) When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.

d) Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

6) **Education Health Needs (EHN) referrals**

a) All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.

b) In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

7) Medicines

a) Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.

b) If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.

c) No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

d) Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

e) No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

f) Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

g) Usually **four** weeks' supply of the medication may be provided to the school at one time. In some cases, a maximum of a term's supply may be provided for pupils with long-term conditions

h) 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.

i) Medications will be stored in a locked cupboard in the staff room.

j) Any medications left over at the end of the course will be returned to the child's parents.

k) Written records will be kept of any medication administered to children.

l) Pupils will never be prevented from accessing their medication.

m) Emergency salbutamol inhaler kits may be kept voluntarily by school

n) General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room

o) Bournmoor Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

p) Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

8) Emergencies

a) Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.

b) Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

c) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9) Day trips, residential visits and sporting activities

a) Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
b) To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

10) Avoiding unacceptable practice

The following behaviour is unacceptable in Bournmoor Primary School:

a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
b) Assuming that pupils with the same condition require the same treatment.
c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
d) Sending pupils home frequently or preventing them from taking part in activities at school
e) Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.
f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
g) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
h) Creating barriers to children participating in school life, including school trips.
i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

11) Insurance

a) Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the LA/school's insurance.

b) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

12) Complaints

a) All complaints should be raised with the school in the first instance.

b) The details of how to make a formal complaint can be found in the School Complaints Policy.

13) Definitions

a) 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.

b) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. 'Medication' is defined as any prescribed or over the counter treatment.

c) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

d) A 'staff member' is defined as any member of staff employed at Bournmoor Primary School.

1. Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

2. Headteacher or delegated SLT member co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the pupil.

3. Meeting held to discuss and agree on the need for IHP to include key school staff, child, parent and relevant healthcare professionals and other medical/health clinician as appropriate (or to consider evidence provided by them).

4. Develop IHP in partnership. Agree who leads on writing it. input from healthcare professionals must be provided.

5. School staff training needs identified.

6. Healthcare professional commissions and/or delivers training.
   - Staff signed off as competent - review date agreed.

7. IHP implemented and circulated to all relevant staff.

8. IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate.