Alexandra Infants' School

and

Alexandra Junior School

Supporting Pupils with Medical Conditions Policy

Contents:

1. Legislative framework

1.1. This policy has due regard to legislation including, but not limited to:

The Children and Families Act 2014
The Education Act 2002
The Education Act 1996 (as amended)
The Children Act 1989
The NHS Act 2006
The Equality Act 2010
The Health and Safety at Work etc. Act 1974
The Misuse of Drugs Act 1971
The Medicines Act 1968
The School Premises (England) Regulations 2012 (as amended)
The Special Educational Needs and Disability Regulations 2014

1.2. This policy also has due regard to the following guidance:

DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
DfE (2015) 'Supporting pupils at school with medical conditions'
DfEE (2000) 'First aid in schools'
Ofsted (2015) 'The common inspection framework: education, skills and early years'

2. The role of the governing body

2.1. The governing body:

Is legally responsible for fulfilling its statutory duties under legislation.
Ensures that arrangements are in place to support pupils with medical conditions.
Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school.
Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.

Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.

Ensures that pupils' health is not put at unnecessary risk. As a result, it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.

Ensures that policies, plans, procedures and systems are properly and effectively implemented.

2.2. The Headteacher holds overall responsibility for policy implementation.

3. The role of the headteacher

3.1. The headteacher:

Ensures that this policy is effectively implemented with partners.

Ensures that all staff are aware of this policy and understand their role in its implementation.

Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare (IHC) plans, including in emergency situations.

Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.

Has overall responsibility for the development of IHC plans.

Ensures that staff are appropriately insured and aware of the insurance arrangements.

Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

4. The role of parents/carers

4.1. Parents/carers:

Notify the school if their child has a medical condition.

Provide the school with sufficient and up-to-date information about their child's medical needs.

Are involved in the development and review of their child's IHC plan.

Carry out any agreed actions contained in the IHC plan.

Ensure that they, or another nominated adult, are contactable at all times.

5. The role of pupils

5.1. Pupils:

Are fully involved in discussions about their medical support needs.

Contribute to the development of their IHC plan.

Are sensitive to the needs of pupils with medical conditions.

6. The role of school staff

6.1. School staff:

May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.

Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.

Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.

Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

7. The role of the school nurse

7.1. The school nurse:

At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.

Supports staff to implement IHC plans and provides advice and training.

Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

8. The role of clinical commissioning groups (CCGs)

8.1. CCGs:

Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.

Make joint commissioning arrangements for education, health and care provision for pupils with SEND.

Are responsive to LAs and schools looking to improve links between health services and schools.

Provide clinical support for pupils who have long-term conditions and disabilities.

Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

9. The role of other healthcare professionals

9.1. Other healthcare professionals, including GPs and paediatricians:

Notify the school nurse when a child has been identified as having a medical condition that will require support at school.

Provide advice on developing IHC plans.

May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

10. The role of providers of health services

10.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

11. The role of the LA

11.1. The LA:

Commissions school nurses for local schools.

Promotes co-operation between relevant partners.

Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.

Provides support, advice and guidance, and suitable training for school staff, ensuring that IHC plans can be effectively delivered.

Works with the school to ensure that pupils with medical conditions can attend school full-time.

11.2. Where a child is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

12. The role of Ofsted

12.1. Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

12.2. Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

13. Admissions

13.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

13.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

14. Notification procedure

14.1. When the school is notified that a pupil has a medical condition that requires support in school, the **school nurse** informs the **headteacher**. Following this,

the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHC plan (outlined in detail in section 18).

14.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the **headteacher** based on all available evidence (including medical evidence and consultation with parents/carers).

14.3. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.

14.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

15. Staff training and support

15.1. Any staff member providing support to a pupil with medical conditions receives suitable training.

15.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.

15.3. Training needs are assessed by the **school nurse** through the development and review of IHC plans, on a **termly** basis for all school staff, and when a new staff member arrives.

15.4. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHC plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

15.5. The **school nurse** confirms the proficiency of staff in performing medical procedures or providing medication.

15.6. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.

15.7. Whole school awareness training is carried out on a **termly** basis for all staff, and included in the induction of new staff members.

15.8. The **school nurse** identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

15.9. Training is commissioned by the **school business manager** and provided by the following bodies:

Commercial training provider
The school nurse

Name of GP consultant
Parents/carers of pupils with medical conditions

15.10. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

15.11. The governing body will provide details of further continuing professional development opportunities for staff regarding supporting pupils with medical conditions.

16. Self-management

16.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHC plan.

16.2. Where possible, pupils are allowed to carry their own medicines and relevant devices.

16.3. Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.

16.4. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHC plan is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

16.5. If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our **Drugs and Alcohol Policy**.

17. Supply teachers and staff absence

17.1. Supply teachers are:

Provided access to this policy.

Informed of all relevant medical conditions of pupils in the class they are providing cover for.

Covered under the school's insurance arrangements.

18. Individual healthcare (IHC) plans

18.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHC plan is required for a pupil, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the **headteacher** makes the final decision.

18.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHC plans. Where appropriate, the pupil is also involved in the process.

18.3. IHC plans include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support.
- The training needs, expectations of the role and who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

18.4. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHC plan.

18.5. IHC plans are easily accessible to those who need to refer to them, but confidentiality is preserved.

18.6. IHC plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

18.7. Where a pupil has an education, health and care (EHC) plan or special needs statement, the IHC plan is linked to it or becomes part of it.

18.8. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHC plan.

18.9. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHC plan identifies the support the child needs to reintegrate.

19. Managing medicines

19.1. In accordance with the school's **Administering Medication Policy**, medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

19.2. Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentially.

19.3. Non-prescription medicines may be administered in the following situations:

When it would be detrimental to the pupil's health not to do so
When instructed by a medical professional

19.4. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.

19.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.

19.6. Parents/carers are informed any time medication is administered that is not agreed in an IHC plan.

19.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

19.8. All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed who holds the key to the relevant storage facility.

19.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

19.10. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.

19.11. The school holds an asthma inhaler for emergency use. The inhaler is stored in **the school office** and their use is recorded. Inhalers are always used in line with the school's Asthma Policy.

19.12. Staff may administer a controlled drug to a child for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

19.13. Records are kept of all medicines administered to individual children – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

20. Record keeping

20.1. In accordance with paragraphs 19.10, 19.11, 19.12 and 19.13, written records are kept of all medicines administered to children.

20.2. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

20.3. Appropriate forms for record keeping can be found in appendix d and appendix e of this policy.

21. Emergency procedures

21.1. Medical emergencies are dealt with under the school's emergency procedures.

21.2. Where an IHC plan is in place, it should detail:

What constitutes an emergency.
What to do in an emergency.

21.3. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

21.4. If a pupil needs to be taken to hospital, a member of staff remains with the child until their parents/carers arrive.

21.5. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

22. Day trips, residential visits and sporting activities

22.1. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

22.2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.

22.3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

23. Unacceptable practice

23.1. The school will never:

Assume that pupils with the same condition require the same treatment.

Prevent pupils from easily accessing their inhalers and medication.

Ignore the views of the pupil and/or their parents/carers.

Ignore medical evidence or opinion.

Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.

Send an unwell pupil to the **school office** alone or with an unsuitable escort.

Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.

Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.

Create barriers to children participating in school life, including school trips.

Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

24. Liability and indemnity

24.1. The governing body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

24.2. The school holds an insurance policy with **policy provider** covering **liability relating to the administration of medication**. The policy has the following requirements:

All staff must have undertaken appropriate training.

24.3. The school holds an insurance policy with **policy provider** covering **healthcare procedures**. The policy has the following requirements:

All staff must have undertaken appropriate training.

24.4. All staff providing such support are provided access to the insurance policies.

24.5. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

25. Complaints

25.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

25.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.

25.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

25.4. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

26. Home-to-school transport

26.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.

26.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

27. Policy review

27.1. This policy is reviewed **every year** by the **Chair of Governors**, **school nurse** and the **headteacher**.

27.2. The scheduled review date for this policy is **September 2020**.

29. Covid 19 amendment

28.1. Throughout the coronavirus (COVID-19) outbreak, educational settings have been asked to ensure that vulnerable children and young people can attend where appropriate, including those children and young people who have an EHC plan, and for whom it is determined, following a risk assessment, that their needs can be as safely or more safely met in the educational environment.

28.2 The school is adhering to all government guidance regarding Coronovirus and the impact of that on pupil sin school with medical conditions. Please see link below which outline the guidance on provision for **children and young people with education, health and care (EHC) plans and others with complex needs, such as children and young people with special educational needs and disability (SEND) who do not have an EHC plan, but for whom the educational setting or local authority has exercised its discretion to do a risk assessment and offer a place at an educational setting**.
https://www.gov.uk/government/publications/coronavirus-covid-19-send-risk-assessment-guidance/coronavirus-covid-19-send-risk-assessment-guidance

28.3 For children and young people for whom a risk assessment continues to be recommended, up to and/or after 1 June, their risk assessment will need to balance a number of different risks, including:

- the potential health risks to the individual from coronavirus, bearing in mind any underlying health conditions/ clinical vulnerability. For further information, refer to the guidance on shielding and protecting people who are clinically extremely vulnerable from coronavirus
- the risk to the individual if some or all elements of their EHC plan temporarily cannot be delivered in the normal manner or in the usual setting, and the opportunities to meet needs in a different way temporarily, for example, in the home or online or in a different way at school
- the ability of the individual's parents or carers or home to ensure that their health and care needs can be met safely week-round or for multiple weeks, bearing in mind the family's access to respite care. (This may be particularly important to consider, from 1 June, for those children and young people who are not in the year groups prioritised for a return to education settings.)
- any risk to siblings or family members if the child or young person's condition prevents or inhibits self-regulation and if their behaviours cannot be supported or managed by parents or carers at home
- the potential impact to the individual's wellbeing of changes to routine or the way in which provision is delivered
- any safeguarding risks for children with a social worker if not in school and the need to support care placements for looked-after children (see the vulnerable children and young people guidance for further information on school attendance for children with a social worker)

- any other out-of-school/college risk or vulnerability, for example, a child or young person becoming involved in dangerous behaviour or situations (including the risk of exploitation)
- If a risk assessment determines that a child or young person's needs continue to be more safely met at home, local authorities, educational settings and parents should consider whether moving either equipment or services into a child or young person's home would enable them to be supported there. This may be a more feasible solution for day settings than residential settings, and may include:

- physiotherapy equipment
- sensory equipment
- online sessions with different types of therapists
- phone support for parents in delivering interventions
- in-person services, where necessary

Appendix a – Individual Healthcare Plan Implementation Procedure