


<b>THE PRIORY PRIMARY ACADEMY TRUST</b>	<b>DATE AGREED</b>	<b>Autumn 2023</b>
<b>POLICY AND PROCEDURE STATEMENT</b>	<b>REVISION DATE</b>	<b>Autumn 2024</b>
 <h2 style="color: blue;">The Priory Primary School</h2>		
<h2 style="color: red;">Supporting Children at School with Medical Conditions</h2>		
<b>HEAD TEACHER</b>	<b>MATT WALSH</b>	
<b>CHAIR OF GOVERNORS</b>	<b>PRUBIE SAHOTA</b>	

## Edits and Changes

MARCH 2022	Reviewed and formatting edits. Checked against current Key version of the policy.
SEPT 2023	Reviewed and formatting edits. Checked against current Key version of the policy. Name change for Head Teacher

## **Legislation and statutory responsibilities**

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

**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. Where children have a medical condition, the requirements of the Equality Act 2010 will apply. We recognise that medical conditions may affect social and emotional development as well as having educational implications. Where children have an identified special need, the SEN Code of Practice will also apply**

The school will consider what reasonable adjustments need to be made to enable these children 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 children with medical conditions are included. In doing so, children, their parents and any relevant healthcare professionals will be consulted.

It is our policy to ensure that all medical information will be treated confidentially by the Head Teacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Children with Medical Needs policy. All staff have a duty of care to follow and co-operate with the requirements of this policy. This policy applies to governors, staff, parents and pupils attending the school and is available for parents

## **Aims**

This policy aims to ensure that:

- Children, staff and parents understand how our school will support children with medical conditions
- Children with medical conditions are properly supported to allow them to access the same education as other children.

The Head Teacher has responsibility for implementing this policy in conjunction with the school's SENCo.

This policy also complies with our funding agreement and articles of association.

## **Roles and responsibilities**

The governing body has ultimate responsibility to make arrangements to support children with medical conditions.

### **The governing body is responsible for:**

- Ensuring that a policy for supporting children with medical conditions in school is developed and implemented. They will then be responsible for monitoring this practice. The designated governor responsible for this is the governor with responsibility for safeguarding and child protection.
- Ensuring that sufficient staff are suitably trained in relation to the relevant medical conditions and are competent before they take on the responsibility to support children with medical conditions.
- Making staff aware of a child's medical conditions, where appropriate, through the implementation of the policy.
- Making sure there are cover arrangements to ensure someone is always available to support children with medical conditions in line with the processes set out in this policy.
- Ensuring that individual health plans are reviewed annually by the Head Teacher/SENCO.

### **The Head Teacher is responsible for:**

- Ensuring that the policy for supporting children with medical conditions is developed effectively and that 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
- Providing supply teachers with appropriate information about the policy and relevant children. Supply or cover staff will be briefed with the necessary information to ensure that a child's medical needs are met by an appropriately trained member of staff
- Taking overall responsibility for the development and implementation of all IHPs
- Making sure that school staff are appropriately insured and aware that they are insured to support children in this way

Contacting the external school nursing service in the case of any child who has a medical condition that may require support at school

- Ensuring that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

### **All Teachers and Support Staff are responsible for:**

- Knowing about any IHPs for children in the school and how to support individual children

- Supporting children with medical conditions during school hours, it is not the sole responsibility of one person. Any member of staff may be asked to provide support to children 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 children with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.
- Ensuring that all children are able to take part in all school activities.
- Taking into account the needs of children with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a child with a medical condition needs help.
- In the event of staff absence or staff turnover, responsibility for meeting the identified medical needs of a child will be ensured.

**Healthcare professionals / School Nursing Service are responsible for:**

- Notifying the school when a child has been identified as having a medical condition that may need support in school. This will be before the child starts school, wherever possible
- Supporting staff, if required, in implementing health care plans and providing support and/or training

**Parents and carers are responsible for:**

- Providing the school with sufficient and up-to-date information about their child's medical needs
- Being involved in the development and regular review of their child's IHP and may be involved in its drafting
- Carrying out any action they have agreed to as part of the implementation of the IHP e.g. provide current and in-date medicines and equipment, including collecting left over medicines
- Completing a parental consent form to administer medicine or treatment before bringing medication into school
- Ensuring that they or a nominated adult can be contacted at all times

**Children are responsible for:**

- Providing information, where appropriate, on how their medical condition affects them
- Contributing to their IHP, where appropriate according to age and understanding of the medical condition
- Complying with their IHP

## **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.

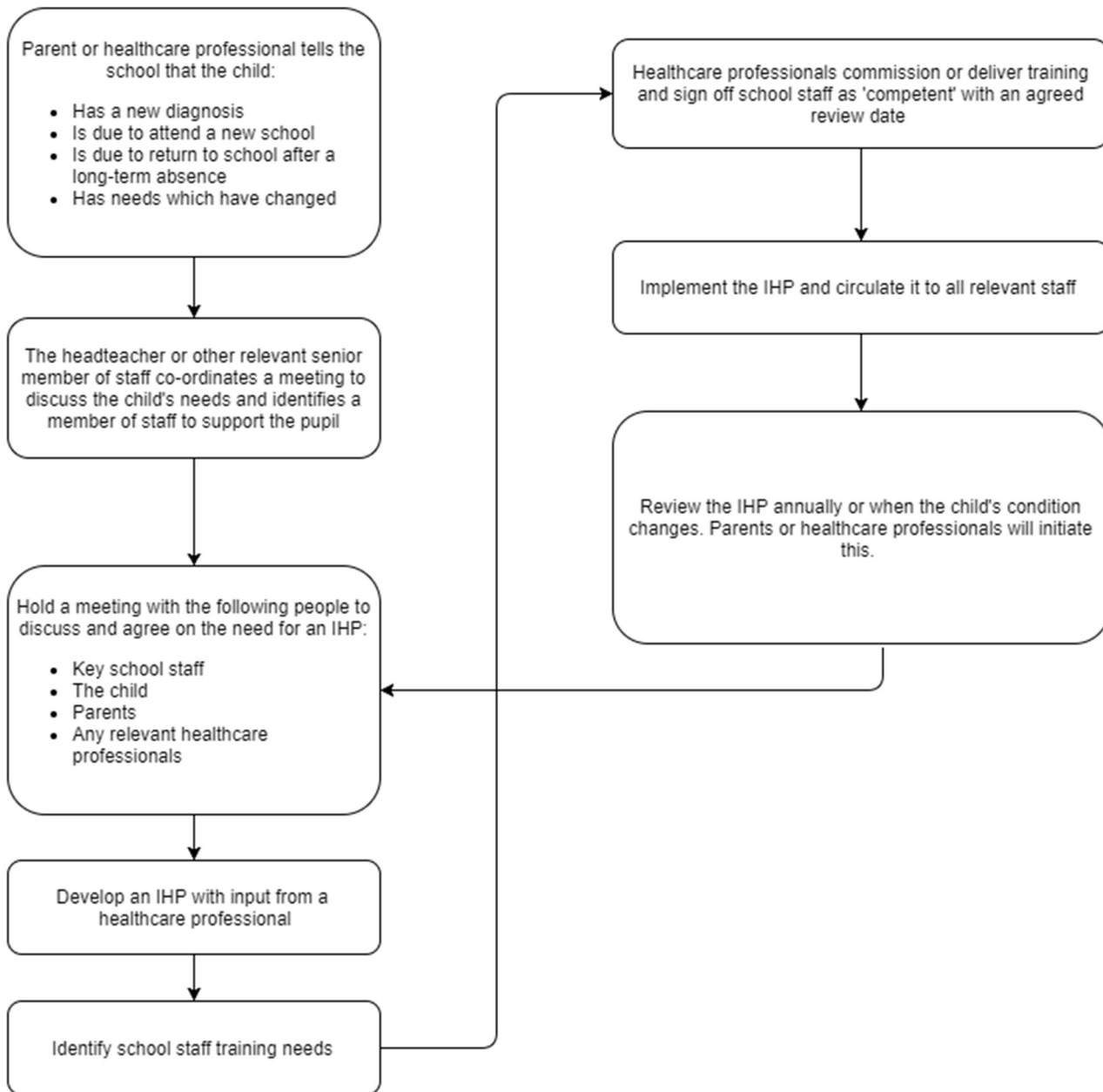
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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**

The school aims to identify children with medical needs on entry by working in partnership with parents/carers and the process outlined below. Equally, if a child develops a medical condition whilst at school then the process will be followed to ensure sufficient measures are put in place to support the child. When the school is notified that a child has a medical condition, the process outlined below will be followed to decide whether the child requires an IHP. We will use the 'Health Questionnaire for schools' (Appendix A) 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. The same questionnaire will be used for a child already at the school who develops a medical condition.

The school will make every effort to ensure that arrangements are put into place up to two weeks following notification of a medical condition, or by the beginning of the relevant term for children who are new to our school.



## Individual healthcare plans

The Head Teacher has overall responsibility for the development of IHPs for children with medical conditions. This will be done in conjunction with Mrs. Angela Selwood, SENCO and Mrs Debra Adams, DSL/Deputy Head. An IHP will be developed where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They 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 an IHP. The school, parents and healthcare professionals will agree, based on the evidence and information, when an IHP would be appropriate or inappropriate/disproportionate. If there is not a consensus, the Head Teacher will make the final decision.

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

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

- What needs to be done
- When
- By whom

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

Where necessary the IHPs will be:

- Written by the Head Teacher in collaboration with the Special Educational Needs Co-ordinator (SENCo), parents/carers, the pupil and healthcare professionals
- IHPs will be easily accessible to all relevant staff, including supply/agency staff whilst preserving confidentiality. Consent will be sought from parents for their child's photo and emergency procedures to be displayed in the staffroom if they have a potentially life-threatening condition
- The school will use the individual healthcare plan template produced by the DfE to record the plan (Appendix B) or any similar format produced by healthcare professionals.
- IHPs will be reviewed at least annually or when a child's medical circumstances change
- 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. If a child has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.
- If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Head Teacher and SENCO, parents and relevant medical professionals, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The child'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 child'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, including in emergencies. If a child 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 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 Head Teacher for medication to be administered by a member of staff, or self-administered by the child 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 child can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including who 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 IHP in school.

## **Staff Training**

All staff first aid training will be kept up to date in relation to general children's/pediatric first aid. This will include the use of adrenaline injections for acute allergic reactions, the use of the onsite defibrillator and emergency inhalers for asthmatics. These emergency medications are stored securely. All staff are to be aware of their location and they are easily accessible in the case of an emergency.

All teaching and support staff, new staff, supply or agency staff will receive training and be made aware of this policy as part of their induction and ongoing training.

All nominated Staff who are responsible for supporting a child with specific medical needs will receive suitable and sufficient training to do so. Their training will include what their role is in implementing this policy.

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

Training will be kept up to date. Records of training/signature sheets will be stored in the school office as evidence that staff have taken part in relevant training.

The relevant healthcare professionals will lead on identifying the type of training required, the level of the training and where the training can be obtained from. This will be agreed with the Head Teacher. This will ensure that the training is sufficient to ensure that 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 an IHP.

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

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 relevant healthcare professionals.

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. ( Appendix C)



## 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 Head Teacher, Deputy Head Teacher, SENCo and School Office Manager are 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.

A standard risk assessment will be completed to identify and assist in identifying the specific hazards and control measures that need to be put in place to ensure medication is administered, managed and stored safely and effectively in school by competent staff.

The following procedures are in place to manage the administration of medication safely:

- We will not give prescription or non-prescription medicines to a child under 16 without their parents'/carers' written consent.
- A 'parental agreement for setting to administer medicines' form will be used to record this (see Appendix D) except in exceptional circumstances
- Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge we will make every effort to encourage the child to involve their parents while respecting their right to confidentiality
- Parents/carers must bring any medication to be administered to the school office.
- Written records will be kept of any medication administered to children (see Appendix E 'Record of medicine administered to an individual child' and Appendix F 'Record of medicine administered to all children')
- The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered
- On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity
- We 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, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container
- Inhalers and other medication (not controlled medication – see below) will be kept in the Medical cupboard (opposite the main office) in Year group labelled baskets, clearly marked with the child's name. Staff are responsible for ensuring that they are taken to P.E. lessons outside if necessary, on the field and sporting events/educational visits.

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

- When it would be detrimental to the child's health or school attendance not to do so **and**
- Where we have parents' written consent, the medicines are in clearly identifiable packaging and only on a short-term basis

The only exception to this is where the medicine has been prescribed to the child without the knowledge of the parents.

We will never administer aspirin or medicines containing ibuprofen to any child under 16 years old unless prescribed by a doctor.

Anyone giving a child any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

All medicines will be stored safely. Children will be informed about where their medicines are at all times and be able to access them immediately. Emergency medicines and devices will be stored in a safe location, the medical cupboard as detailed above, but not locked away to ensure that they are easily accessible in the event of an emergency.

Types of emergency medicines include:

- Adrenaline injections for acute allergic reactions
- Inhalers for asthmatics
- Injections of glucagon for diabetic hypoglycemia/blood glucose testing meters
- Other emergency medications

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

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Head Teacher.

### **Children managing their own needs**

Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Staff will not force a child to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

### **Controlled drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the school office 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. There may be instances where it is deemed appropriate for a child to administer their own medication. This would normally be at the advice of a medical practitioner. Medication would still be stored safely and made easily accessible to the child.

### **Storage**

Where medicines need to be refrigerated, they will be stored in the fridge in the staffroom in a clearly labelled airtight container. Only staff have access to the refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they will know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children. 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.

## **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.

When required, sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged by the child's parents/carers who will remove them from site and provide new boxes for school use.

## **Record Keeping**

A record of what has been administered including how much, when and by whom, will be recorded in a record book stored in the main school office. Any possible side effects of the medication will also be noted and reported to the parents/carers.

## **Emergency Procedures**

**Staff will follow the school's normal emergency procedures (for example, calling 999).**

Where a child has an individual healthcare plan, 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 i.e. informing a teacher immediately if they are concerned about the health of another child.

Staff in the office will use 'Contacting Emergency Services' (Appendix G) in the event of an emergency

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)

## **Day trips, residential visits and sporting 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 seek advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **Medical accommodation**

The medical/disabled access facilities at the junior end of the school will be used for medical treatment and made available when required.

### **Record keeping**

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

IHPs are kept in a readily accessible place which all staff are aware of. The relevant staff have copies of IHPs in each class information folder. These are updated annually.

### **Unacceptable practice**

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

- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask children to administer, medicine in school toilets

## **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).

The details of the school's insurance policy are:

*The RPA will provide an indemnity (under Third Party Liability) if a Member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury in connection with the provision of medicines or medical procedures. Indemnity will also be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to children with medical conditions and has received sufficient and suitable training.*

*Cover provided by the RPA will be subject to adherence with the statutory guidance on supporting children at school with medical conditions, December 2015 link provided below: - [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/349435/Statutory\\_guidance\\_on\\_supporting\\_childs\\_at\\_school\\_with\\_medical\\_conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_childs_at_school_with_medical_conditions.pdf)*

## **Complaints**

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