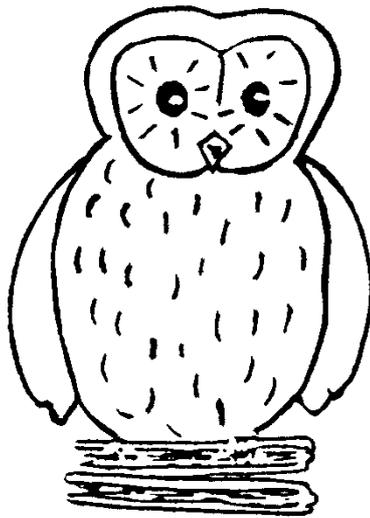


# Overstone Primary School



## Supporting Pupils with Medical Conditions

Approved April 2020  
To be reviewed: April 2021

## Supporting Pupils with Medical Conditions in School

*This policy sets out the duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions under Section 100 of the Children and Families Act 2014. In meeting the duty, the governing body, proprietor or management committee **must** have regard to guidance issued by the Secretary of State under this section (Supporting pupils at school with medical needs (DfE, April 2014)).*

*Section 100 came into force on 1 September 2014.*

### School Context

The staff at Overstone Primary School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

### Principles

This policy and any ensuing procedures and practice are based on the following principles:

- All children and young people are entitled to a high quality education and participate in all aspects of school life, including school trips;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school, including lunch, unless this is specified in their individual healthcare plan;
- Our school will make reasonable adjustments where necessary to enable all children to attend school. However, we understand that certain absences related to their medical condition such as hospital appointments are sometimes unavoidable;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires;
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals. This also includes drinking, eating, taking toilet or other breaks whenever they need in order to manage their medical condition effectively;
- If a child becomes ill, easy access to their inhalers and medication, administered by a relevant adult when and where necessary is essential. However, if the child is not too poorly, they will be accompanied by a suitable adult to the office to access their medication;

- Parents are not required to attend school to administer prescribed medication or provide medical support to their child. If a child is too poorly to stay in school, parents will be contacted in the first instance.

## Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

## Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at Overstone Primary School have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

## Named person in school with responsibility for medical policy implementation

The member of staff responsible for ensuring that pupils with health needs have proper access to education are **Anuska Lockey**. They will be whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be their responsibility to pass on information to the relevant members of staff within the school. They will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

## Parents/carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

## School staff

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

## **The Headteacher**

The headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The headteacher will ensure that all staff who need to know are aware of a child's condition. They will also ensure that sufficient numbers of trained 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. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

## **The Governing body**

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

## **School health teams**

School health teams are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

## **Other healthcare professionals**

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.

## **Staff training and support**

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

## Procedures

### Notification

Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held **before** the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents/carers are sent a health questionnaire and if the parents share any concerns, the school nurse will follow up with the parent/carers if required. At this meeting parents/carers can seek advice on the health of their child. In other cases, such as a new diagnosis or children moving to a new school mid-term or when the pupils' needs change, every effort should be made to ensure that arrangements are put in place within **two weeks**.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff.

Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may suggest a referral to a specialist consultant where a full paediatric assessment can be carried out. Schools do not have to wait for a formal diagnosis before providing support to pupils.

### Individual Healthcare Plans

Not all children with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view. *A model letter inviting parents to contribute to individual healthcare plan development is provided at appendix 2.*

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. *A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided at appendix 3.*

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. *A template for individual healthcare plans is provided at appendix 4.*

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have an EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in an EHC plan, the individual healthcare plan will be linked to or become part of that EHC plan.

Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

## **Pupils too ill to attend school**

The school should make a referral to the Hospital and Outreach Education (HOE) as soon as they become aware that a child is unlikely to attend school full time. Hospital and Outreach Education is a Pupil Referral Unit which provides educational support for children and young people with complex medical and/or mental health needs which prevent them from attending school full time. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, HOE and the relevant medical professionals.

## **Medicines in school**

### **Self-management by pupils**

Wherever possible, children are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will then be informed so that alternative options can be considered.

### **Managing medicines on school premises**

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. 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 under 16 will be given prescription or non-prescription medicines without their parent's written consent (see appendix 1).

The school only accepts prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely. Children are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

A child under 16 will never be given 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.

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. Otherwise, the school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. *A template for recording medicine administered to an individual child is provided at appendix 6.*

School staff may 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. The school keeps 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 should be noted. *A template for recording staff training on the administration of medicines is provided at appendix 5.*

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.

## **Emergency Situations**

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

## **Day trips, Residential and Sporting Activities**

Pupils with medical conditions are actively supported to participate in school trips and visits, other school activities outside of the normal timetable or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

## **Liability and Indemnity**

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

## Complaints

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

**Appendix 1: Parental agreement for school to administer medication**

**Medication Consent Form**  
Please use block print throughout

The school will not give your child any medication unless you complete and sign this form and the Head teacher has confirmed that school staff have agreed to administer the medication.

|  |          |                       |
|--|----------|-----------------------|
| Child's name:  | Date:    | Year:                 |
| Parent emergency contact:  |          |                       |
| Doctor:  | Surgery: | Surgery Tel:          |
| Medication:  |          | Storage requirements: |
| Dosage:  |          | Use before date:      |
| Any special guidance / frequency:  |          |                       |
| Consequences if medication or treatment missed / action required:  |          |                       |
| <p>PARENT / GUARDIAN CONSENT. Please read and sign.</p> <p><b><i>This task is being undertaken voluntarily and in a spirit of general care and concern. We will make every effort to administer this medication on time and as required. The member of staff responsible can make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately.</i></b></p> <p>Signature:</p> |          |                       |
| <p>STAFF MEMBER. DO YOU UNDERSTAND EXACTLY WHAT IS REQUIRED? YES/NO</p> <p>Signature:</p>  |          |                       |

1. Original: Retain with medication
2. Copy: to be filed in Medication File

Dear parent/carer,

Developing an individual healthcare plan for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupil at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your child needs, and how this will be provided. The plan will be developed in partnership between yourselves, your child, the school and the relevant healthcare professional, who will be able to advise us on your child's case. The aim of this partnership is that the school are aware of how to support your child effectively, and provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of your child's medical condition and the degree of support needed.

It may be that the decision is made that your child will not need an individual healthcare plan, but we will need to make judgements about how your child's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

A meeting to discuss the development of your child's individual healthcare plan has been arranged for \_\_\_\_\_. I hope that this is convenient for you, and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people: \_\_\_\_\_. Please let me know if you would like us to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan.

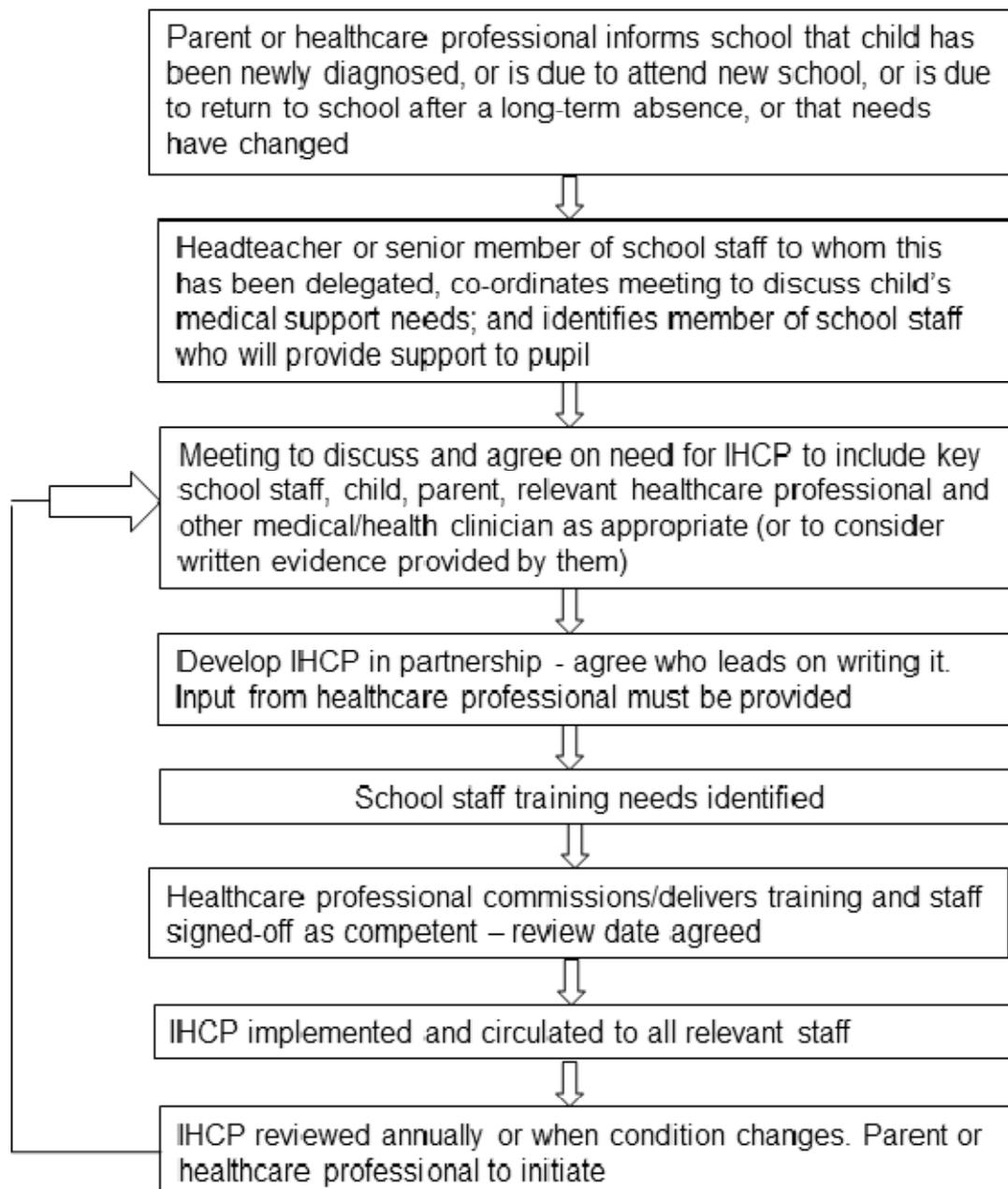
If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me on the number below.

Yours sincerely,

Named person with responsibility for medical policy implementation

Appendix 3: Flow chart for developing an individual healthcare plan



**Appendix 4: Individual healthcare template**

**Overstone Primary School**

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

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|  |

**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

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**Clinic/Hospital Contact**

Name

Phone no.

|  |
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|  |
|  |

**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

**Signed (Parent/Carer):**

.....

**Signed (Head Teacher):**

.....

**Signed (School Nurse):**

.....

**Appendix 5: Staff training record**

**Overstone Primary School**

|                           |  |
|---------------------------|--|
| Name of staff member      |  |
| Type of training received |  |
| Training provided by      |  |
| Profession and title      |  |
| Date training completed   |  |

I confirm that \_\_\_\_\_ (*insert staff members name*) has received the training detailed above and is competent to carry out any necessary treatment/to administer medication.

I recommend that this training is updated \_\_\_\_\_

Trainer signature: \_\_\_\_\_

Date: \_\_\_\_\_

I confirm that I have received the training detailed above:

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_

**Appendix 6: Record of medication administered to an individual child**

Medication Administration Record

**Pupil's Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Time to be given:** \_\_\_\_\_  
 (check prescribing label)

\_\_\_\_\_  
 \_\_\_\_\_

**Controlled medication e.g. Ritalin received:**  
 (Give date(s) and number of tablets) \_\_\_\_\_

**Review date:** \_\_\_\_\_

| Medication Given               | Date    | Time  | Signature | Print Your Name | Verifying signature |
|--------------------------------|---------|-------|-----------|-----------------|---------------------|
| Examples<br>Ritalin (1 tablet) | 6.1.04  | 12.00 |           |                 |                     |
| Epilim (200mg/5ml)             | 12.1.04 | 12.30 |           |                 |                     |
|                                |         |       |           |                 |                     |
|                                |         |       |           |                 |                     |
|                                |         |       |           |                 |                     |
|                                |         |       |           |                 |                     |
|                                |         |       |           |                 |                     |

**Note 1: Controlled medication e.g. Ritalin must be measured or counted on receipt and recorded above.**

**Note 2: it is important that there is a minimum 4-6 hours gap between doses of paracetamol based medication. If unsure contact should always be made with parents before administering.**