



## Blue Sky Federation

### Erpingham and Northrepps Primary Schools

#### Supporting Pupils with Medical Conditions Policy

<b>Formally adopted by the Governing Body of Blue Sky Federation</b>	
<b>On</b>	22 <sup>nd</sup> September 2021
<b>Chair of Governors</b>	<i>Sam Lee</i>
<b>Executive Head Teacher</b>	<i>Laura Watts</i>
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#### **Purpose**

At Blue Sky Federation we are committed to an inclusive community that welcomes and supports any pupil with a medical condition and ensures any pupil with a medical condition has the same opportunities as others at school. Our schools endeavour to provide a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. Staff are aware of the potential social problems that pupils with medical needs may experience and use this knowledge, alongside the federation's behavior policy, to help prevent and challenge any problems. Staff use opportunities such as PHSE, science and PE lessons to raise awareness of medical conditions and create a positive environment.

We aim to ensure all children can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing once they leave school

From 1 September 2014 governing bodies have a duty to make arrangements to support pupils at school with medical conditions. This guidance document sets out what governing bodies must do to meet their legal responsibilities and the arrangements they will be expected to make, based on good practice, as described in 'Supporting Pupils at School with Medical Conditions: Statutory Guidance for Governing Bodies' (DfE, April 2014).

The key points are:

1. Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education
2. Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions
3. Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported

### **The role of the Governing Body**

At Blue Sky Federation the governing body will ensure that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child.

Our schools will work together with local authorities, health professionals and other support services to ensure that children with medical conditions receive a full education. In some cases, this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

The governing body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body will ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health

of that child or others to do so.

The governing body will ensure that the arrangements put in place are sufficient to meet statutory responsibilities and ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

### **Roles and responsibilities**

The governing body will ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions identifying how collaborative working arrangements are met effectively.

The SENDCo will ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

They should ensure that all staff that need to know are aware of the child's condition.

They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The SENDCo has overall responsibility for the development of individual healthcare plans. The head teacher will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Parents will be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

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

### **Developing and implementing the school's policy for supporting pupils with medical conditions**

The Governing body will develop this policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff including a named person who has overall responsibility for policy implementation. It includes:

1. Clear identification of roles and responsibilities of all those involved in the arrangements made to support pupils with medical conditions
2. who is responsible for ensuring that sufficient staff are suitably trained; how training needs are assessed and how and by whom training will be commissioned and provided

3. a commitment that all relevant staff will be made aware of the child's condition; and will receive suitable training
4. arrangements for whole school awareness training so that all staff are aware of the school's policy and their role in implementing it. Induction arrangements for new staff should be included.
5. procedures to be followed whenever a school is notified that a pupil has a medical condition
6. the role of and monitoring arrangements for individual healthcare plans; and who is responsible for their development
7. procedures to be followed for managing medicines, including arrangements for dealing with emergencies
8. procedures for school visits and other school activities outside of the normal timetable
9. cover arrangements in case of staff absence or staff turnover to ensure someone is always available
10. briefing for supply teachers
11. arrangements for children who are competent to manage their own health needs and medicines
12. arrangements for periods of absence
13. what practice is not acceptable
14. how complaints may be made and will be handled concerning the support provided to pupils with medical conditions
15. the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

1. The SENDCo will be the named person who has overall responsibility for policy implementation including relevant staff training and staff awareness of medical conditions within the federation.
2. As above
3. As above
4. As above
5. Schools may be notified of a pupil's medical condition via our federation consent forms sent annually, or parents/carers may inform a member of staff. Medical conditions should be recorded on pupil's file, all relevant staff should be informed, medical needs forms should be completed as appropriate and shared with staff.
6. Individual healthcare plans (and their review) may be initiated and drawn up, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Pupils should also be involved, whenever appropriate. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. The governing body will ensure that plans are reviewed at least annually or earlier if the child's needs change. They should be 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 the child

has a special educational need identified in a statement or Education, Health and Care (EHC) plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. When deciding what information should be recorded on individual healthcare plans, the governing body will consider:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs – e.g. 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 should be clearly stated with appropriate arrangements for monitoring.
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents/ headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal timetable
- where confidentiality issues are raised by the parent/child, the designated individuals who are permitted access to information about the child's condition
- what to do in an emergency (whom to contact and contingency arrangements).

Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

### **Staff training and support**

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must 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.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

## 7. Managing medicines on school premises

School already has procedures in place for managing medicines as follows:

- medicines should 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 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- school should only accept prescribed medicines that are in-date, labelled, provided in the original container 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 to schools inside an insulin pen or a pump, rather than in its original container.
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. They should know who holds the key to the storage area. Medicines and devices - asthma inhalers, blood glucose testing meters and adrenaline pens - should be always readily available to children and not locked away.
- a child 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 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. A record should be kept of any doses used and the amount of the controlled drug held in school.
- school staff may administer a controlled drug to the child for whom it has been prescribed. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

## **Record keeping**

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

## **Emergency procedures**

Where a child has an individual healthcare plan, this should 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 should know 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 should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

### 8. Day trips, residential visits and sporting activities

The governing body will ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. School will make arrangements for the inclusion of pupils in such activities with any adjustments as required; unless evidence from a clinician such as a GP states that this is not possible. A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

Any restrictions on a child's ability to participate in PE due to a medical condition should be recorded in their individual health care plan.

9. School is responsible for ensuring that procedures are in place for staff absence and that supply teachers have all the relevant information required to meet the needs of the child. Information will be passed to cover staff during initial induction.

## **Work placements and off-site education**

School is responsible for ensuring that work placements are suitable for students with a particular medical condition. School is also responsible for children with medical needs who are educated off-site through another learning/training provider.

Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers or learning/training providers.

### 10. Home to school transport

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate

responses to emergency situations. Wherever possible, the driver and/or passenger assistant will meet the pupil and parents before transport starts to discuss any transport needs.

School should make every effort to provide relevant information they hold regarding pupils' transport needs to the Travel and Transport team so that risks to pupils are minimised during home to school transport, particularly if any needs change.

For these pupils, all drivers and passenger assistants should have basic first aid training. Additionally, trained passenger assistants may be required to support some pupils with complex medical needs. These can be healthcare professionals or passenger assistants trained by them. In general, it is not the function of a passenger assistant on transport to provide health care or to administer any medication unless it is essential to the safety of the pupil during transport and they have been specifically trained to do so.

Some pupils are at risk of severe allergic reactions. These risks can be minimised by not allowing anyone to eat on vehicles and ensuring details of any allergy are made apparent to Travel and Transport services before transport begins. Passenger assistants should also be trained in the use of an adrenaline pen for emergencies, but only where appropriate.

#### 11. The child's role in managing their own medical needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be 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, the relevant staff should help to administer medicines and manage procedures for them.

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

#### 12. Periods of absence

In the event of a period of absence due to medical conditions School will work with parents/carers to ensure minimal disruption to a child's learning. For a short-term absence, this might mean sending some work home to complete. This should be as closely matched to the work being completed by the child's class as possible. School may also look at setting work electronically, for example via email. Consideration of using an external e-learning provider may also be appropriate in certain instances.

For longer term absences (i.e. 15 days or more) the Local Authority offer educational provision via the Medical Needs Service.

School can make a medical needs referral for a child who cannot attend school because of health needs. It must be clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. Medical needs referrals need to be accompanied by appropriate information from a health professional.

### 13. Unacceptable practice

Although school staff should judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied, or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues.
- 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 the child.

### 14. Complaints

For a problem that might need time to be explored, parents/carers should make an appointment. In the event of a formal complaint parents/carers are advised to contact the Executive Headteacher, or the Chair of Governors if they prefer.

**Template A: individual healthcare plan**

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)


**Clinic/Hospital Contact**

Name

Phone no.


**G.P.**

Name

Phone no.

Who is responsible for providing support in school


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

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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

**Template B: parental agreement for setting to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

**Template C: record of medicine administered to an individual child**

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



## Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title


I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

**I confirm that I have received the training detailed above.**

Staff signature

Date

Suggested review date

## **Template F: contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

## **Template G: model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent

### 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 pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely