



St Jude & St Paul's
Church of England Primary School

Medical Conditions Policy

Date: Spring 2023

Lead: Inclusion/Designated Safeguarding Lead

Committee: Children, Families and Community

Review: Spring 2024 or sooner if the legislation changes

Our School Vision

'Shine, Encourage, Love and Learn'

Jesus said, "You are the light of the world...let your light shine before others, that they may see your good deeds and glorify your Father in heaven." (MATTHEW 5: 14-16)

We aspire to **shine** as lights in the world as we journey together. We ask for God's **blessing** to:

- **Encourage**, through valuing and celebrating diversity;
- **Love**, so that we may flourish as one, nurturing the unique contributions of all, impacting positively on our world;
- **Learn**, so that we develop a love of learning, aiming for excellence in all we do.

Our core values: Forgiveness, Love, Encouragement, Wisdom and Togetherness

Medical Conditions

Definition:

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short term - affecting their participation in school activities when they are on a course of medication.
- (b) Long term - potentially limiting their access to education and requiring extra care and support (deemed special needs)

The Children and Families Act 2014, from September 2014, places a duty on schools to plan arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with accurate and current information. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The named person for responsibility for policy implementation is Ms Tracy Batchelor, Assistant Head Inclusion/Designated Safeguarding Lead/Senior Mental Health Lead/Early Years Lead

Aims

The school aims to:

- Assist parents in providing medical care for their children
- Educate staff and children in respect of special needs and ensure all relevant staff are made aware of the child's condition
- Adopt and implement the DFE statutory guidance 'Supporting pupil at school with medical conditions'
- Arrange training for staff/volunteers to support individual pupils
- Brief agency/supply staff
- Liaise as necessary with medical services in support of the individual pupil
- Ensure access to full education if possible
- Monitor and keep appropriate records (Healthcare Plans).

Entitlement

The school accepts that pupils with medical needs be assisted if at all possible and that they have a right to the full education available to other pupils. The school believes that pupils with medical needs should be enabled to have full attendance and receive proper care and support. The school does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. However, in line with their safeguarding duties, governing bodies should 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.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

Healthcare plans

Some pupils will require individual healthcare plans (IHCP). These can be found in the class medical file, medical room. IHCPs can help to ensure that schools effectively support pupils with medical conditions (such as severe allergies, epilepsy, asthma, and diabetes) they provide clarity about what needs to be done.

The IHCP should include the following:

- The medical condition, its triggers, signs and symptoms
- 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 such as crowded corridors /time to travel between classes
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed
- Who will provide the support needed (some children will be able to take responsibility for their own health needs)
- Where confidentiality issues are raised by the parent/child, the designated individuals are to be entrusted with information about the child's condition
- What to do in an emergency, including who to contact

- Separate arrangements or procedures if necessary for school trips or other activities outside of the normal school timetable.

Where a child has SEN but not an ECHP, their special educational needs should be mentioned in their IHCP. Ms Batchelor will ensure that in consultation with parents IHCPs will be written and reviewed annually or earlier if evidence is presented that the child's needs have changed. The healthcare plan will be signed and dated by the parents and appropriate medical professional.

Governing Bodies

Governing bodies must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. Head teachers should ensure that their school's policy is developed and effectively implemented with partners.

School Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including administering medicines, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional duties, they should consider the needs of the pupils with medical conditions that they teach.

School Nurses

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition, which will require support in school. They may also support staff in school by offering training and help in planning IHCPs.

Other Healthcare Professionals (including GP's and pediatricians)

Other professionals should notify the school and the school nurse when a child has been identified as having a medical condition that will require support at school.

Pupils

Some pupils will be able to provide information about how their condition affects them. They should be given the opportunity to discuss their medical needs and contribute as much as possible to the development of, and comply with, their individual health care plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents

Should provide the school with sufficient and up to date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and maybe involved in the drafting. They should carry out any actions 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.

Local Authorities

Local authorities are commissioners of school nurseries for maintained schools and academies. Local Authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local Authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health

needs, the Local Authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs.

Providers of Health Services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals.

Clinical Commissioning Groups (CCG's) commission other healthcare professionals such as specialist nurses.

Ofsted

Their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and report on how well their needs are being met.

Staff Training and Support

Any member of staff providing support to a pupil with medical needs should have received suitable training.

In St Jude and St Paul's the Inclusion lead identifies during the development or review of individual healthcare plans the training needs of staff so that they are able to fully meet the medical needs of the pupils. The Inclusion Lead notifies the school nurse of any training needs and organises for staff to receive the appropriate training.

All current staff have been trained by the school nurse in using an Epi pen (for children with severe allergies)

Guidance on the use of adrenaline auto-injectors in schools – (Department of Health September 2017) The school has 2 adrenaline auto-injectors on the premises for use in the case of an emergencies only. From 1st October 2017 schools are able to purchase adrenaline auto-injectors for use with children/adults in emergencies only) See the above-named guidance for more details. All staff have received a copy of this document.

Relevant staff are also trained in administering medication to children who have specific medical needs.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans.)

A member of staff should accompany a child to the medical room or office in the event of illness/injury. No child should be sent home from school if sick unless they have been collected by a parent/carer or nominated adult.

A first aid certificate does not constitute appropriate training support to children with medical needs.

Guidance on the use of emergency salbutamol inhalers in schools - (Department of Health September 2014) – From 1st September 2014 schools are now able to have on the premises salbutamol inhalers for use with asthmatic children in emergencies only) See the above-named guidance for more details. All staff have received a copy of this document.

St Jude and St Paul's Primary School has been awarded the kite mark for supporting children with asthma. Staff have received asthma training from the asthma nursing team.

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 IHP's.

Managing Medicines on School Premises

- 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 parents' consent.
- A child under 16 should never be given medicines containing aspirin unless prescribed by a doctor.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- Schools should only accept 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 to schools inside an insulin pen or a pump, rather than its original container.
- All medicines should be stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. This is particularly important to consider when on school trips or residential visits.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. 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. Sharp boxes should always be used for the disposal of needles and other sharps.

Emergency Procedures - As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies. Where a child has an ICHP, 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. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits and sporting activities – 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.

It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require

consultation with parents and pupils and advice from the relevant healthcare professionals to ensure that pupils can participate safely.

Liability and Indemnity – Our school has the required cover and details are available from the school bursar on request.

Complaints – If a parent is dissatisfied with the support provided, they should discuss their concerns directly with the school. If for whatever reason that this does not resolve the issue, they may make a formal complaint via the school's complaint procedure. Making a formal complaint to The Department of Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Additional guidance/information:

- The SEN Code of Practice - January 2015
- Supporting pupils at school with medical conditions DfE - December 2015
- Guidance on the use of emergency salbutamol inhalers in schools - March 2015
- Guidance on the use of adrenaline auto-injectors in schools – (Department of Health September 2017)