



Bevington Primary School

Supporting Pupils with Medical Conditions Policy

April 2018

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained;
- Making staff aware of pupil's condition, where appropriate;
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions;
- Providing supply teachers with appropriate information about the policy and relevant pupils;
- Developing and monitoring individual healthcare plans (IHPs).

2. Legislation and Statutory Guidance

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

3. Definitions

- 'Parent' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
- 'Medical condition' for these purposes is either a physical or mental health condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery.
- Being unwell and common childhood diseases are not covered.
- 'Medication' is defined as any prescribed or over the counter treatment.
- 'Prescribed medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
- A 'staff member' is defined as any member of staff employed at Bevington Primary School.

4. Roles and Responsibilities

4.1 The governing body:

- Is legally responsible for fulfilling its statutory duties in respect of this policy but also by adhering to statutory guidance from the Department for Education;
- Must ensure arrangements are in place to support pupils with medical conditions;
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school;
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made;
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education;
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively;
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs;
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support;
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed;
- Ensures that pupils' health is not put at unnecessary risk. As a result, it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease or there are contagious diseases in school;
- Ensures that policies, plans, procedures and systems are properly and effectively implemented;
- Provides resources for staff to receive suitable training and to ensure they are competent before they are responsible for supporting children with medical conditions.

4.2 The Headteacher:

- Ensures that all staff are aware of this policy and understand their role in its implementation;
- Dedicates resources to and arranges for a sufficient number of staff to receive training to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situation;
- Makes sure that school staff are appropriately insured and aware that they are insured to support pupils in this way;
- Takes overall responsibility for the development of IHPs;
- Ensures that this policy is effectively implemented with partners;
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported;
- Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified;
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

4.3 Staff:

- Will notify parents if their child is unwell.
- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so;

- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication;
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions;
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Will take into account the needs of pupils with medical conditions that they teach.

4.4 Parents:

- Notify the school if their child has a medical condition;
- Provide the school with sufficient and up-to-date information about their child's medical needs;
- Are involved in the development, drafting and review of their child's IHC plan;
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide in date medicines and equipment;
- Sign a parental consent form to administer medicine or treatment before bringing medication into school;
- Ensure that they, or another nominated adult, are contactable at all times.

4.5 Pupils:

- Are fully involved in discussions about their medical support needs;
- Contribute, if wishing to, to the development of their IHC plan;
- Provide information about how their medical condition affects them;
- Comply with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.
- Are sensitive to the needs of pupils with medical conditions.

4.6 The school nurse:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school. This will be before the pupil starts school, wherever possible;
- Supports staff to implement IHC plans and provides advice and training;
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

4.7 Other Healthcare Professionals:

- Such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition;
- Support staff to draft and implement IHC plans and provide advice and training;
- Provide specialist support if necessary, for example providing support in schools for children with particular conditions (e.g. asthma, diabetes).

4.8 Clinical Commissioning Groups (CCGs)

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions;
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND;

- Are responsive to LAs and schools looking to improve links between health services and schools;
- Provide clinical support for pupils who have long-term conditions and disabilities;
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety.

4.9 The Local Authority (LA):

- Commissions school nurses for local schools;
- Promotes co-operation between relevant partners;
- Makes joint commissioning arrangements for education, health and care provision for pupils with SEND;
- Provides support, advice and guidance, and suitable training for school staff, ensuring that IHC plans can be effectively delivered;
- Works with the school to ensure that pupils with medical conditions can attend school full-time.
- Where a child is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

5. Admissions

No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting. School admission forms with request information on pre-existing medical conditions.

6. 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 unless medically indicated by a health professional such as a GP.

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.

Please also refer to Health and Safety Executive (HSE) guidance on school trips.

7. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 3 will be followed to decide whether the pupil requires an IHP. The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

8. Medical Conditions Register

- A medical conditions list or register will be kept, updated and reviewed regularly.
- Parents will be made aware that their child is being added to the medical conditions register through the process outlined in the diagram above and will be involved in key decisions around whether their child will require an IHP.
- All class teachers will have a list of the pupils in their care who have a medical condition and this will be within easy access. Class teachers will also have been informed through the process outlined in the diagram above. Supply staff and support staff will be informed on a need to know basis.
- Parents can be assured that data sharing principles are adhered to.

9. Individual Healthcare Plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENCO. Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

IHP plans will be developed with the pupil'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 the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs and reviewed at least annually or earlier if there is evidence of a change in need. The pupil will be involved wherever appropriate.

Where a pupil has an Educational, Health and Care Plan (EHCP), the IHP will be linked to it or become part of it. If a pupil has SEN but does not have a statement or EHCP, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

The headteacher and SENCO, will consider the following when deciding what information to record on IHPs:

- 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. 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 pupil 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 pupil'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 pupil's condition and the support required;
- Arrangements for written permission from parents and the 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 school timetable that will ensure the pupil can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition;
- What to do in an emergency, including who to contact, and contingency arrangements.

IHPs will be easily accessible to all relevant staff whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHPs as visitors/parent helpers may enter. However, in the case of conditions with potentially life-threatening implications, the information will be available clearly and accessible to everyone.

Where a child is returning from a period of hospital education of alternative provision or home tuition, collaboration between the local authority or alternative provision provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

10. Staff Training and Support

The following measures are put in place in terms of staff training and support:

- Any staff member providing support to a pupil with medical conditions receives training.
- Staff do not undertake healthcare procedures or administer medication without appropriate training.
- Training needs are assessed by the school nurse in conjunction with all stakeholders through the development and review of IHC plans, on a termly basis for all school staff, and when a new staff member arrives. The school nurse identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- Newly appointed staff all receive training on the 'Supporting Pupils with Medical Conditions' policy alongside other key school procedures such as reporting accidents, intimate care, first aid and health and safety.
- The clinical lead for each training area/session will be names on each IHP.

The following measures are also put in place:

- No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to this condition and signed off as competent.

- The school nurse confirms the proficiency of staff in performing medical procedures or providing medication.
- A first aid certificate does not constitute appropriate training in support children with medical conditions.
- School will keep a record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibility under this policy. They will notify Health and Safety DCC, and Risk, Insurance & Governance Manager, DCC.

11.Medicines

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

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent (see parental consent to administration of medicine form).
- Without written parental consent in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. Every effort will be made to encourage the child to involve their parents whilst respecting their right to confidentiality.

The school 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, dosage and storage
- The exception to this is insulin which must still be in date, but will often come in a pump or pen rather than its original container (instructions will be included).

When administering medicines, the following points are taken into consideration:

- No child under 16 will be given medication containing aspirin without a doctor's prescription.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.
- A maximum of four weeks' supply of the medication can be provided to school at one time.
- All medicines are stored safely in the school office but not locked away during school hours. Those with long term medical conditions have a medi-bag which contains their medicine, a signed consent to administration of medicines form and details on how to administer medicine as well as what to do in an emergency.
- Children know where their medicine is at all times and can access them immediately. On a school trip, the designated trip leader will keep these in a bag on their person at all times to ensure immediate availability.
- Whilst a child may legally have in their possession a prescribed controlled drug (if competent to do so), at Bevington Primary School, these are, instead, kept securely stored in a non-portable container and only named staff have access. These are easily available

in an emergency and a record is kept of the amount held in school and the dosages administered.

- Written records will be kept of any medication administered to children stating what, how and how much was administered, when and by whom. Any side effects of the medication administered at school will also be noted (note that Bevington Primary School cannot be held responsible for side effects when medication is administered correctly).
- Medicines will be returned to parents to arrange for safe disposal when no longer required. Sharps boxes will be made available if required for the safe disposal of needles and other sharps.

12. Self-Management

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

Pupil's medicines or devices are held in suitable locations that can be accessed quickly and easily. Pupils who self-administer medicine may require an appropriate level of supervision. This will be set out in their IHP.

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

13. Emergency Procedures

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

Individual Healthcare Plans will clearly define what constitutes an emergency and explain what to do, including ensuring all relevant staff are aware of what to look out for and procedures. Other pupils may know what to do in general terms, for example informing a teacher straight away if help is needed.

If a pupil needs to attend hospital, a member of staff will remain with the child until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

14. Liability and Indemnity

The governing body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions as per this policy. All staff providing such support are provided access to the insurance policies (contact Business Manager)

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

The school holds an insurance policy covering liability relating to the administration of medication.

The policy has the following requirements:

- All staff must have undertaken appropriate training.

The school holds an insurance policy covering healthcare procedures.

The policy has the following requirements:

- All staff must have undertaken appropriate training.

15.Unacceptable

The school will never:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.
- Send an unwell pupil to the school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to children participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

16.Complaints

All complaints should be raised with the school in the first instance. The details of how to make a complaint can be found in the School Complaints Policy (available in school and on our website).

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

17.Home to School Transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate plans for pupils with life-threatening conditions.

Ownership and consultation	
Document sponsor (role)	Special Educational Needs Co-ordinator
Document author (name)	Emily Flynn
Consultation	Karen Matthews, Headteacher Richard Byrne-Smith, Deputy Headteacher Gemma Barker, Administration Assistant

Audience	
Audience	All school based staff and volunteers; Parents and carers; Pupils; Medical professionals

Version control	
Implementation date	April 2018
Review date	April 2021

Related documentation	<ul style="list-style-type: none"> ○ Staff Handbook ○ SEND and Accessibility Policy ○ Health and Safety Policy ○ Children and Families Act 2014 <p>All safeguarding related policies, including:</p> <ul style="list-style-type: none"> ○ Safeguarding and Child Protection Policy ○ Attendance and Punctuality Policy ○ Keeping Children Safe in Education
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Review of Policy and Procedures

Bevington carries out a three-yearly review of this Policy, led by the SENCO. This includes an evaluation of the extent to which this policy has been effectively implemented throughout the school. The Governors will remedy any deficiencies or weaknesses in addressing issues without delay and without waiting for the next policy review date, should any be necessary.

APPENDIX 1: Parental Agreement for Administration of Medicine Form



Parental agreement for Bevington Primary School to administer medicine

Bevington Primary School will not give your child medicine unless you complete and sign this form and the medicine is prescribed from your GP.

Parents should administer doses of medicine in frequencies which enable them to be taken outside schools hours where ever possible.

Name of School/Setting	Bevington Primary School
Date	_____
Child's Name	_____
Date of Birth	_____
Year/ Reg Group	_____
Medical condition or illness	_____
Medicine	
Name and strength of medicine	_____
Expiry Date	_____
How much to give	_____
When to be given	_____
Number of days to be given	_____
Any other instructions	_____
Quantity given to Bevington	_____

Note: Medicine must be in the original container as dispensed by the pharmacy

Daytime phone number of parent/carer _____

Name and phone number of GP _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Bevington staff administering medicine for the period stated above. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication

Parent's signature: _____ Print name: _____

APPENDIX 2: Record for the Administration of Medicine



Record of medicine received and administered

Staff member receiving medicine: Signature.....

Parent leaving medicine: Signature.....

	Date	Time given	Dose given	Given by (Staff name)	Staff initials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Any other comments/instructions:

APPENDIX 3: Medical Condition Notification Flowchart

