#### **LOVE, COURAGE & RESPECT**

**Learning and Achieving Through Love, Courage and Respect** 

# BRIGHSTONE C.E. PRIMARY SCHOOL



## **Supporting Pupils with Medical Conditions Policy**

Date Issued	Prepared By	Approved By	Review	
18 <sup>th</sup> September 2018	Lorraine Ireland	FGB	September 2021	
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The aim of this policy is to ensure that all children with medical conditions are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The Department of Education has produced statutory guidance 'supporting pupils with medical conditions (2015) and our policy is based on this guidance.

Section 100 of The Children and Families Act 2014 places a duty on the Governing Body of Brighstone CE Primary School to make arrangements for supporting children at their premise with medical conditions. We will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to all aspects of their education including school trips and physical education.

The staff and Governors at Brighstone CE 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 or recuperation. We promote inclusion and will make 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 are based upon the following principles:

- All children and young people are entitled to a high-quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school, they should be in school;
- 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 children;
- Children with health needs often have additional social and emotional needs. Attending to these 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 to their circumstances.

#### Key roles and responsibilities

#### a) The Local Authority (LA) is responsible for:

- 1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- 2) Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
- 3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

#### b) The Governing Body of Brighstone CE Primary School is responsible for:

- 1) Ensuring arrangements are in place to support pupils with medical conditions.
- 2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- 3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including those of the nine protected characteristics that are relevant to primary age children. The nine protected characteristics are:
  - a. age
  - b. disability
  - c. gender reassignment
  - d. marriage and civil partnership
  - e. pregnancy and maternity
  - f. race
  - g. religion or belief
  - h. sex
  - i. sexual orientation
- 4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- 5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits/trips/sporting activities, remain healthy and achieve their academic potential.
- 6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- 7) Ensuring written records are kept of all medicines administered to pupils.
- 8) Ensuring the policy sets out procedures in place for emergency situations.
- 9) Ensuring the level of insurance in place reflects the level of risk.
- 10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

#### c) The Headteacher and Senior Leadership Team is responsible for:

- 1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- 2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of Brighstone CE Primary School.
- 3) Liaising with healthcare professionals regarding the training required for staff.
- 4) Identifying staff who need to be aware of a child's medical condition.
- 5) Developing Individual Healthcare Plans (IHPs) Appendix A.
- 6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- 7) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays/absences and emergencies.
- 8) Continuous two-way liaison with school nurses/relevant medical teams and school in the case of any child who has or develops an identified medical condition.
- 9) Ensuring confidentiality and data protection.
- 10) Assigning appropriate accommodation for medical treatment/ care.

#### d) Staff members are responsible for:

- 1) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
- 2) Knowing where controlled drugs are stored and where the key is held.
- 3) Taking account of the needs of pupils with medical conditions in lessons.
- 4) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- 5) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, or on their person as needed, following DfE guidance.

#### e) School nurses are responsible for:

- 1) Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- 2) Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- 3) Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
- 4) Liaising locally with lead clinicians on appropriate support. Assisting the headteacher and Senior Leadership Team in identifying training needs and providers of training.

#### f) Parents and carers are responsible for:

- 1) Keeping the school informed about any new medical condition or changes to their child/children's health.
- 2) Participating in the development and regular reviews of their child's IHP.
- 3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- 4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- 5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

#### g) Pupils are responsible for:

- 1) Providing information on how their medical condition affects them.
- 2) Contributing to their IHP.
- Complying 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.

#### **Training of staff**

- Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- The clinical lead for each training area/session will be named on each IHP.
- Staff members who administer general prescription medicines undertake awareness training.
- Staff who are required to administer prescription medicines or undertake any healthcare procedures for specific conditions will be required to undergo training and will be signed off as competent.
- School will keep a record of medical conditions supported, training undertaken, and a list of teachers qualified to undertake responsibilities under this policy.

#### Medical conditions register /list

- Schools admissions forms should request information on pre-existing medical conditions.
- A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class / form tutor should have an overview of the list for the pupils in their care, within easy access.
- Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

#### Individual Healthcare Plans (IHPs)

- Where necessary (headteachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, headteacher, Special Educational Needs and Disabilities Coordinator (SENCo), Family Liaison Officer, named member of staff and medical professionals.
- IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors/parent helpers etc. may enter, unless it is locked. If consent is sought from parents, a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA/AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

#### **Transport arrangements**

- Where a pupil with an IHP is allocated school transport, the school discussion will take place with the
  LA regarding passing the IHP to the current operator for use by the driver. If the pupil travels via
  school bus, the school-employed escort will receive a copy of the IHP (where one is available).
- For some medical conditions, the driver/escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
- When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the driver/bus escort in the original packaging. They must be clearly labelled with name and dose etc.
- Controlled drugs will be kept under the supervision of the driver/bus escort throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

#### **Education Health Needs (EHN)**

All pupils of compulsory school age who, because of illness lasting 15 days or more, would not otherwise receive a suitable full-time education, are provided for under the local authority's duty to arrange educational provision for such pupils. The school will make the necessary referrals.

#### Medicines

Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.

- If this is not possible, prior to staff members administering any medication, the parents/carers of the child <u>must</u> complete and sign a parental consent to administration of medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances; however, verbal consent must be given.
- Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin or Ibuprofen without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of
  insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet
  these criteria will not be administered.
- A maximum of four weeks' supply of the medication may be provided to the school at one time.
- 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. However, permission must
  be sought from the headteacher (Appendix D). Monitoring arrangements may be necessary. Schools
  should otherwise keep controlled drugs that have been 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.
- Medications will be stored in the School Office or in locked Medical Cabinets in classrooms.
- Any medications left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.
- Emergency salbutamol inhaler kits may be kept voluntarily by school if required.
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room.
- Brighstone CE Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

#### **Emergencies**

- Medical emergencies will be dealt with under the school's emergency procedures, which will be communicated to all relevant staff, so they are aware of signs and symptoms.
- Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

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

• Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

 To comply with best practice, risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

#### **Avoiding unacceptable practice**

The following behaviour is unacceptable in Brighstone CE Primary School:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Sending the pupil to the school office alone or with an unsuitable escort if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

#### Insurance

• Teachers who undertake responsibilities within this policy are covered by the IW Council Employees Insurance and Public Liability.

#### **Complaints**

- All complaints should be raised with the school in the first instance.
- The details of how to make a formal complaint can be found in the school's Complaints Policy.

#### **Definitions**

- 'Parent(s)' 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 medical 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.
- 'Prescription 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 Brighstone CE Primary School

#### **Supporting Pupils with medical conditions**

#### Steps to be taken in preparing for return of a pupil following long-term absence.

1. Parent or healthcare professional informs school that child has medical condition or is due to return from long-term absence, or that needs have changed.

- 2. Headteacher or delegated SLT member co-ordinates meeting to discuss child's medical needs and identifies member of school staff who will provide support to the pupil.
- 3. Meeting held to discuss and agree on the need for IHP to include key school staff, child, parent and relevant healthcare professionals and other medical/health clinician as appropriate (or to consider evidence provided by them).
- 4. Develop IHP in partnership. Agree who leads on writing it. Input from healthcare professionals must be provided.
- 5. School staff training needs identified.
- 6. Healthcare professional commissions and/or delivers training.
- 7. Staff signed off as competent review date agreed.
- 8. IHP implemented and circulated to all relevant staff.
- 9. IHP reviewed annually or when condition changes. Parent/carer or healthcare professional to initiate.

## Appendix 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
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
Daily care requirements
Specific support for the pupil's educational, social and emotional needs
specific support for the pupil's educational, social and emotional fields
Arrangements for school visits/trips etc
Through the series visitely trips etc
Other information
Describe what constitutes an emergency, and the action to take if this occurs
The state of the s

Who	o is responsible in an emergency (state if different for off-site activities)
Plan	developed with
Staf	f training needed/undertaken – who, what, when
Forn	n copied to

#### Appendix 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 (as described on the container)	
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 conta	niner 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

nature(s)	Date	

#### Appendix C - Record of medicine administered to an individual child

	Name of school/setting			
	Name of child			
	Date medicine provided by par	ent		
	Group/class/form			
	Quantity received			
	Name and strength of medicine	2		
	Expiry date			
	Quantity returned			
	Dose and frequency of medicin	e		
Sig	nature of parent			
Sig				
Sig	Date			
Sig	Date Time given			
Sig	Date Time given Dose given			
Sig	Date Time given Dose given Name of member of staff			
Sig	Date Time given Dose given Name of member of staff			
Sig	Date Time given Dose given Name of member of staff Staff initials			
Sig	Date Time given Dose given Name of member of staff Staff initials Date			
Sig	Date Time given Dose given Name of member of staff Staff initials  Date Time given			

#### 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							

#### Appendix D: Request for pupil to carry his/her own medication whilst at school

Pupil's name: Year: Address:
Condition or illness:
Name of Medicine:
Contact Information  Name:
Daytime Phone number:
Signed: Date:
Authorised by Headteacher

#### Appendix 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			
ou Tra	onfirm that [name of member of staff] had any necessary treatment. I recommend ainer's signature		_	
	onfirm that I have received the training aff signature	detai	iled above.	
J.(				
Da				
Su	ggested review date			

#### **Appendix 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: Brighstone Primary School, New Road, Brighstone, PO30 4BB
- 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) Make notes of relevant information on this form and put a completed copy of this form by the phone

## Appendix G - Model letter inviting parents to contribute to individual healthcare plan development 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 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 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