

# Supporting Pupils with Medical Needs - Primary

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# **Document History**

Version	Status	Date	Author	Summary Changes
V1		Nov 21	Michelle Smith	Initial draft

This policy should be read in conjunction with the Health and Safety Policy and the Management of Medications Policy.

#### 1. RATIONALE

Most pupils will have, at some time, a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medication.

Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **medical needs**. Most children with medical needs are able to attend school regularly and with some support from school, can take part in most normal school activities. However, staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

There will be some pupils whose access to the curriculum is impaired not so much by the need to take medication but that their condition brings with it a level of dependency on adult support to meet their personal needs. This policy seeks to include these pupils and their needs.

Parents or carers have prime responsibility for their child's health and should provide school with the information about their child's medical condition.

\* There is no legal duty which requires school staff to administer medication; this is a voluntary role however school should take all reasonable steps to ensure a pupil can attend school without interruption to their education. Staff who provide support for pupils with medical needs, or who volunteer to administer medication, should receive support from the Headteacher and parent, access to information and training, and reassurance about their legal liability. Staff should whenever they feel it necessary consult with their respective professional associations.

#### **Good Practice**

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. Pupils with a medical condition will not be denied admission or be prevented from taking up a place in school because arrangements for their medical condition have not been made.

Children in our MAT with medical conditions should be properly supported so that they can play an active part in school, remaining healthy and able to achieve their academic potential, with full access to education, including school trips and physical education.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

### Definition of the term Medical Condition used in this context:

A medical condition that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances. Some children with medical conditions may be disabled. Where this is the case the Local Governing Body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have

an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the Local Offer and the school's SEND information which is available on the school website.

#### **Statement of Intent**

All pupils attending the school with a medical condition must be appropriately supported in order that they have full opportunity to rulfil their academic potential. Where necessary, the academy SENCo will work with parents and external agencies to apply for an EHCP, where it is deemed necessary and proportionate to do so.

#### 2. RESPONSIBILITIES

It is important that responsibilities for pupils' safety is clearly defined and that each person involved with pupil's medical needs is aware of what is expected of them. Close co-operation between school, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs.

#### The Multi Academy Trust (MAT)

The MAT is responsible, under the Health and Safety at Work Act 1974, for making sure that a school has a Health and Safety Policy. This should include procedures for supporting pupils with medical needs, and managing medication. In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. It is the employer's responsibility to ensure that correct procedures are followed.

Where pupils would not receive a suitable education in a mainstream school because of their health needs, the MAT should liaise with the Local Authority. The Local Authority has a duty to make other arrangements. Please refer to the Local Offer for more details. 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.

#### **GOVERNORS**

The Local Governing Committee must ensure that arrangements are in place in school to support pupils with medical conditions. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child. The school, Local Authority, health professionals and other support services should work together to ensure that children with medical conditions receive a full education.

The Local Governing Committee should ensure that the school's leaders liaise with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

The Local Governing Committee should 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, as set our in the Child Protection policy. Policies should be reviewed regularly and be readily accessible to parents/carers and school staff .

The Governing Committee will ensure that:

- The Head of Primary Education / Headteacher implements this policy effectively.
- The Education, Health and Care Plans are devised, implemented and monitored by the Headteacher working in partnership with the parents/carers, pupil, Pastoral Lead and relevant healthcare professionals.
- Written records are kept of all medicines administered to children.
- All healthcare plans (EHCP) actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. As detailed in the SEND policy, all EHCPs should be annually reviewed with parents, school staff and any other agencies working with the pupil.
- That staff are properly trained to provide the support that pupils need.
- That the school's policy sets out what should happen in an emergency situation.
- That the appropriate level of insurance is in place and appropriately reflects the level of risk, with risk assessment being carried, when appropriate.
- That the school provides parents with information about the Local Offer and the School Offer including information displayed on the school website, and the Local Authority website.
- That parents provide the school with sufficient and up-to-date information about their child's medical needs. This will be prompted with an annual data check.

#### THE HEAD OF PRIMARY EDUCATION / HEADTEACHER

- Is responsible for implementing the Local Governing Body's Policy in practice and for developing detailed procedures. (See Appendix 1)
- Should ensure that good lines of communications exist between parents and all relevant education and healthcare professionals.
- Should ensure that teachers who volunteer should receive proper training and support.
- Is responsible for the day-to-day decisions on administering medication.
- Must share information with relevant staff to ensure the best care for the child after seeking parental agreement to do so.
- Should ensure that wherever possible the parent is not inconvenienced from work in order to support the pupil or administer medication at school.

#### **PARENTS AND CARERS**

Parents, as defined in the Education Act 1944, are a child's main carers. They are responsible for making sure that their child is well enough to attend school.

#### Parents should:

- Provide the Pastoral Lead with sufficient information about their child's medical condition and treatment to allow the appropriate arrangements to be put in place in school.
- Reach agreement jointly with the school on the school's role in helping with their child's medical needs.
- Share information to ensure the best care for the child.

#### **SCHOOL**

The school will:

- Ensure that pupils with medical conditions are identified as they transfer to the school and through the ongoing annual data check process.
- Arrange for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
- Designated Safeguarding Leads to be entrusted with information about a pupil's condition; where confidentiality issues are raised by the parent/child.
- Always have a minimum of two members of staff available trained in firstaid response with knowledge of the pupils with medical conditions and access to their medical information and any supporting plans.
- Be clear about what to do in an emergency, including who to contact, and contingency arrangements. (Some children may have an emergency healthcare plan prepared by their lead clinician)
- Make all staff working directly with pupils aware of the pupils in the school with medical conditions, through regular meetings and sharing of appropriate documentation.
- Provide sufficient training for staff to meet the needs of pupils at the school with medical conditions.
- Ensure that prescription medicines and health care procedures will onlybe given by staff

following appropriate training from medical professionals.

#### **School Staff**

- Staff should use their discretion and judge each case on its merits with reference to any medical documentation held about the pupil. Staff should make inhalers and medication easily accessible to pupils and administer their medication when and where necessary.
- Staff should take the views of the pupil and their parents into account; act on medical evidence and opinion but challenge it when appropriate.
- Staff should encourage pupils with medical conditions to remain in school for normal school activities, including lunch, unless this is specified in medical documentation that it is not possible to do so.
- Staff should supervise pupils with medical conditions if they become ill.
- Staff should not penalise pupils for their attendance record if their absences are related to their medical conditions e.g. hospital appointments.
- Staff should encourage pupils to drink, eat and take toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Staff will not force pupils to take medicines or have necessary procedures against their will. They will aim to follow the procedure agreed, and contact parents whenalternative options may need to be considered.
- Staff should support parents in meeting the medical needs of their child in school by accepting responsibility for the pupil's medical needs at school and encourage pupils with medical conditions to participate, in all aspects of school life, including school trips.
- Staff should log in school records any concerns they have on a child's health and wellbeing and report these concerns to parents on the same day.

## **Emergency Procedures (see Appendix 3)**

In the event that an ambulance needs to be called any member of staff should;

- Ring the emergency service stating the medical condition
- Endeavour to make contact with the parent.
- Accompany the child in the ambulance.
- Take a copy of all medical details including medication.
- Remain with the child until the parent arrives.

Generally, staff should not take pupils to hospital in their own car. If it is required, then the member of staff should be accompanied by another adult and have public liability vehicle insurance.

#### Education, Health and Care Plans (see Appendix 2)

The school, healthcare professionals and parents/carers should agree, based on evidence, when an Education, Health and Care Plan would be inappropriate or disproportionate. Where there is a discrepancy an appropriate healthcare professional should be asked to arbitrate. Education, Health and Care Plans must:

- Be clear and concise.
- Be written in partnership with parents, child, healthcare professional and key staff
- Be reviewed annually or when there is a change in the condition of the child.
- Be easily accessible whilst preserving confidentiality.
- Securely stored by the Headteacher, Pastoral Lead and relevant staff.
- Outline educational provision if the pupil is unable to attend school.
- Contain details of the medical condition, its triggers, signs, symptoms and treatments.
- Include relevant SEN information.
- Provide details of 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, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons.
- Outline specific support for the pupil's educational, social and emotional needs for example, how absences will be managed, changes to the school day and details of a personalised curriculum, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.
- Outline the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- State 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.
- State contingency plan and plan of action in the event of an emergency.

#### **Complaints**

Parents/carers' concerns about the support provided for their child with a medical condition should be directed, in the first instance, to the designated lead for supporting pupils with medical conditions, Head of Primary Education or Headteachers.

Where parents/carers feel their concerns have not been addressed, they should contact Chair of Board of Directors to make a formal complaint via the school's complaint procedure. (See website for details).

## **Supporting documents:**

- Equality Act 2010
- Supporting Children in School with Medical Conditions DfE December 2015
- SEN Code of Practice /SEN Local Offer
- Supporting Children at school with Medical Conditions-DfE April 2014
- Health and Safety at Work Act 1974

#### **APPENDIX 1**

- School Procedures on being informed of a medical need;
- Healthcare professional or parent informs school of medical needs on admission, or if newly diagnosed, or that needs have changed.
- School Office (admission information), First Aiders, Pastoral Lead and teachers to identify those pupils needing a Health Care Plan with a high level of medical need e.g. diabetes, severe allergic reaction (epi-pen users), and epilepsy.
- Office Lead to record all details of pupils with medical conditions from admission data forms and from annual data check onto SIMs.
- Pastoral Lead to co-ordinate Health Care Plan through partnership meeting with parents, child, healthcare professionals, key staff as appropriate.
- Agreement reached what support is needed, and who leads on writing the Health Care Plan (guidance p10 DfE document)
- Health Care Plan implemented and circulated to all relevant staff and First Aid team.
- Health Care Plans are reviewed annually or when conditions changes. In summer term, letter is sent home to remind parents to make sure spare medicines (inhaler/epi-pens) kept in school are in date.
- Administering non-prescription medicines: written permission must be provided by parents/carers, and filed in reception; if a child is unwell, parental permission must be sought before administering pain relief.
- Record kept of all medicines administered by trained school staff.
- Parent/carers must collect all unused medicines for disposal.
- Risk assessments for school visits and activities off site include relevant medical information.
- All consent forms include a request for medical information.
- List of first aiders posted around the school.
- Health Care Plans uploaded onto CPOMS by Pastoral Lead.
- School staff training needs identified and actioned through Headteacher, Pastoral Lead and school nurse
- Collated information passed to SENCo to include within the SEN Code of Practice for circulation to all staff at the start of the academic year.

## **APPENDIX 2**

# School xxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Health Care Plan for a Pupil with Medical Needs.

Name:								
Date of	Date of Birth:							
Conditi	on:							
Date D	iagnosed:							
	Epipen		Antihistimine		Other			
Medica	tion held at Sch	ool:						
Class:								
Date:								
Review	Date:							
	ACT INFORMATI Contact 1	ON		Fam	ily Contact 2			
Name				Nam	ne			
Phone	No (mobile)			Phor	ne No (mobile)			
Phone	No (home)			Phor	ne No (home)			
Relation	nship:			Rela	tionship:			
Emerge	ency Contact 3			GP				
Name:				Nam	ne:			
Phone No:					ne No:			

Describe condition and give details of pupils'	Educational sym	nptoms:
Describe what constitutes an emergency for t	the pupil and wh	nat action to take if this occurs:
Who is responsible in an emergency? On Site: Head Teacher Off Site: Class	Teacher	
Agreement and Conclusion: School and parents will hold a copy of this He to be held in the child's health records. Any n between the school and parents.		
Agreed and Signed:		
	Parent	Date
_	Headteacher	Date

#### **APPENDIX 3**

#### **EMERGENCY PLANNING**

Request for an Ambulance:

Dial 999, ask for ambulance and be ready with the following information. Speak clearly and slowly and be ready to repeat information if asked.

- 1. Your telephone number:
- 2. Give your location as follows: School full address (remember to give postcode for the entrance that the Ambulance needs to gain admittance)
- 3. Give your name \_\_\_\_
- 4. Give child's name and age\_
- **5.** Give brief description of pupil's symptoms/known medical condition/current condition reason for emergency

- **6.** Inform Ambulance Control of the best entrance and state that the crew will be met and taken to patient.
- 7. Ensure school records on child are available to emergency team.
- 8. Ensure parents are informed immediately and stay with child until parents arrive.
- 9. If child goes to hospital take EHCP and pupil details with you. Take a mobile telephone

# Appendix 4

## Instructions for Medicines Stored Short Term In School

Pupil Name	Class	
I give consent for the n between the following	•	w to be given to my son/daughter by (name of school)
I also acknowledge that responsibility to go to	at medicine is administe the school office for th	ered by the school on a voluntary basis. It is my child's heir medicine and it is not the responsibility of school nere may be occasions when medicine is not given to
Signed	Parent/Carer Date.	
ledicine Name		Dosage/Instructions/Number of Spoons

Date	Time	Administered by	Witnessed by

Pupil Name	Class
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Medicine Name		Dosage/Instructions/Number of Spoons		
Date	Time	Administered by	Witnessed by	
Dute	Time	/ tarriiriisterea by	With essed by	

Instructions —	5 for Long Term Medic	nes Stored	In School	
Pupil Name	eCl	ass		56
	•		following symptoms then	I give permission for school
	ninister the following n	nedication.		
nptoms				
Dlossi	a contact ma hafara as	lminictoris =	the medication	
	e contact me before ac			
l do n	ot need to be contacte	ed before m	nedication is administered	
return the i	medication to school	at the end a	and beginning of a new to	e and that I will collect and erm. I also understand that
return the i	medication to school	at the end a luntary bas	and beginning of a new to	
return the i medicine is administere	medication to school a vo	at the end a luntary bas	and beginning of a new to is and there may be occa	erm. I also understand that
return the imedicine is administere	medication to school and a voted to my son/daughter	at the end a luntary bas	and beginning of a new to is and there may be occa	erm. I also understand that
return the imedicine is administere Signed	medication to school and a voted to my son/daughter	at the end a luntary bas	and beginning of a new to is and there may be occa	erm. I also understand that sions when medicine is not sions when for simple size of spoons
return the imedicine is administere Signed	medication to school and a voted to my son/daughter	at the end a luntary bas	and beginning of a new to is and there may be occa	erm. I also understand that sions when medicine is not
return the imedicine is administere Signed	medication to school and a voted to my son/daughter	at the end a luntary bas	and beginning of a new to is and there may be occa	erm. I also understand that sions when medicine is not sions when for simple size of spoons
return the i medicine is administere	medication to school and a voted to my son/daughter	at the end a luntary bas	and beginning of a new to is and there may be occa	erm. I also understand that sions when medicine is not sions when for simple size of spoons
return the imedicine is administere Signed Medicine Name	medication to school and a voted to my son/daughter	at the end a luntary bas	and beginning of a new to is and there may be occa	erm. I also understand that sions when medicine is not sions when for simple size of spoons

Medicine Name		Dosage/Instructions/Number of Spoons		
Date	Time	Administered by	Witnessed by	
	Time	raministered by	With essed by	

Reviewed by:

Michelle Smith

November 2021

Next Review Date:

Approved by Directors:

7 February 2022

Signed:

Lois Whitehouse Mark Gore

CEO Chair of Standards