



Supporting Pupils with Medical Conditions Policy

(Including: Ensuring a good education for children who cannot attend school because of health needs)

Date adopted	April 2015	Owner	Inclusion Leader and Admin Manager
Last reviewed	January 2021	Review cycle	Two Years

This policy is in line with DfE statutory guidance on supporting pupils at school with medical conditions (December 2015)

DfE Guidance

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions, that is reviewed regularly and is readily accessible to parents/carers and school staff.

Governing bodies should ensure that the arrangements they set up include details on how the schools' policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- Who is responsible for ensuring that sufficient staff are suitably trained.
- A commitment that all relevant staff will be made aware of the child's condition.
- Cover arrangements in case of staff absence or staff turnover to ensure that someone is always available.
- Briefing for supply teachers.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable.
- Monitoring of individual healthcare plans.

The named members of school staff responsible for this policy and its implementation are:

Emma Dennis (Admin Manager) and Jane Mason (Inclusion Leader)

The day-to-day administration of the medical policy and for passing on any current information of a pupil with medical needs is the responsibility of the office staff members on duty.

We aim to achieve the following:

We are an inclusive community that supports and welcomes pupils with medical conditions.

- We are welcoming and supportive of pupils with medical conditions. We provide children with medical conditions with the same opportunities and access to activities (both school-based and out-of-school) as other pupils. We will strive to ensure that adequate provision is in place to support pupils with medical conditions appropriately.
- We listen to the views of pupils and parents/carers.
- Pupils and parents/carers feel confident in the care they receive from our schools and the level of that care meets their needs.
- We understand the medical conditions of pupils at the schools and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- We understand that all children with the same medical condition will not have the same needs - we will focus on the needs of each individual child.
- We recognise its duties as detailed in Section 100 of the Children and Families Act 2014. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, the schools comply with their duties under that Act. 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 SEN, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice.

The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.

- Pupils, parents/carers, relevant local healthcare staff and other external stakeholders are informed of and reminded about this policy through clear communication channels.

All staff understand and are trained in what to do in an emergency for children with medical conditions at the schools.

- All school staff, including temporary or supply staff, are aware of the medical conditions at the schools and understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is refreshed regularly.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at the schools have an Individual Healthcare Plan (IHP)¹, which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.
- The Inclusion Leader and office staff will work together to ensure relevant IHPs are in place and monitored regularly when a new child starts at the schools.
- The schools have chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained. (see Appendix 4 for details)

All staff understand and are trained in the schools' general emergency procedures.

- All staff, including temporary or supply staff, should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. School nurses will provide annual training for common conditions eg asthma, allergies, epilepsy and diabetes.²
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance.
- Staff will only take pupils to hospital in their car in exceptional circumstances with parental agreement when a pragmatic decision has been made not to call for an ambulance.
- When an ambulance has not been necessary to call however, after discussion with a parent/carer and a pragmatic decision has been made to transport a child in a staff member's car to hospital, two staff members will accompany them and remain at the hospital with them until a parent/carer arrives.

The schools have clear guidance on providing care and support and administering medication at school.

- We understand the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the child to take them outside of school hours. If this is not possible the parents/carers of the child must complete and sign a Pupil Medication Request form prior to the school administering medicine.
- We will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. We will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The schools' governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- We will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, eg. pain relief, we will check the maximum dosage and when the previous dose was given. Parents/carers will be informed.
- Parents/carers understand that they should let the schools know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parents/carers are informed as soon as possible and the schools' disciplinary procedures are followed.

¹ An example template for an IHP has been produced by DfE - see template A.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

² For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in the schools, the Paediatric Diabetes Team will provide this level of training and education.

The schools have clear guidance on the storage of medication and equipment.

- We make sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, eg. asthma inhalers, EpiPens etc. are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent enough to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.
- Pupils can carry controlled drugs if they are deemed competent to do so, otherwise the schools will store controlled drugs securely in a non-portable container, with only named staff having access. Staff can administer a controlled drug to a pupil once they have had specialist training.
- We will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first-aid boxes.
- We will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- We dispose of needles and other sharps in line with local policies. Sharps boxes are kept securely at the schools and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

The schools have clear guidance about record keeping.

- As part of our admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- The schools use an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carers, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have an EHCP, their special educational needs are mentioned in their IHP. Appendix 1 is used to identify and agree the support a child needs and the development of an IHP. Appendix 2 shows the IHP template used by the school.
- The pupil (where appropriate), parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- The schools make sure that the pupil's confidentiality is protected.
- The schools seek permission from parents/carers before sharing any medical information with any other party.
- The schools keep an accurate record of all medication administered, including the dose, time, date and supervising staff.

The schools ensure that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- We are committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. We are also committed to an accessible physical environment for out-of-school activities.
- We make sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the schools' anti-bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- We understand the importance of all pupils taking part in off-site visits and physical activity, and that all relevant staff make reasonable and appropriate adjustments to such activities in order that they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- We understand that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

The schools make sure that pupils have the appropriate medication/equipment/food with them during physical activity and off-site visits.

- We make sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

- All staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- We will not penalise pupils for their attendance if their absences relate to their medical condition.
- We will refer pupils with medical conditions who are finding it difficult to keep up educationally to the Inclusion Leader who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at the schools learn what to do in an emergency.
- We will make sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

We are aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

- The schools are committed to identifying and reducing triggers both at school and on out-of-school visits.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- We review all medical emergencies and incidents to see how they could have been avoided, and change school policy according to these reviews.

Each member of the schools and health community know their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- We work in partnership with all relevant parties including the pupil (where appropriate), parent/carer, governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- Key roles and responsibilities are outlined in Appendix 3.

Ensuring a good education for children who cannot attend school because of health needs

According to statutory guidance, Local Authorities are responsible for arranging suitable full-time education for children who cannot attend school because of health problems, and would not otherwise receive a suitable full-time education. It states that LAs should work with schools to complement the education a child receives if they cannot attend school full-time but are well enough to have education in other ways. This guidance can be found at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/269469/health_needs_guidance_-_revised_may_2013_final.pdf

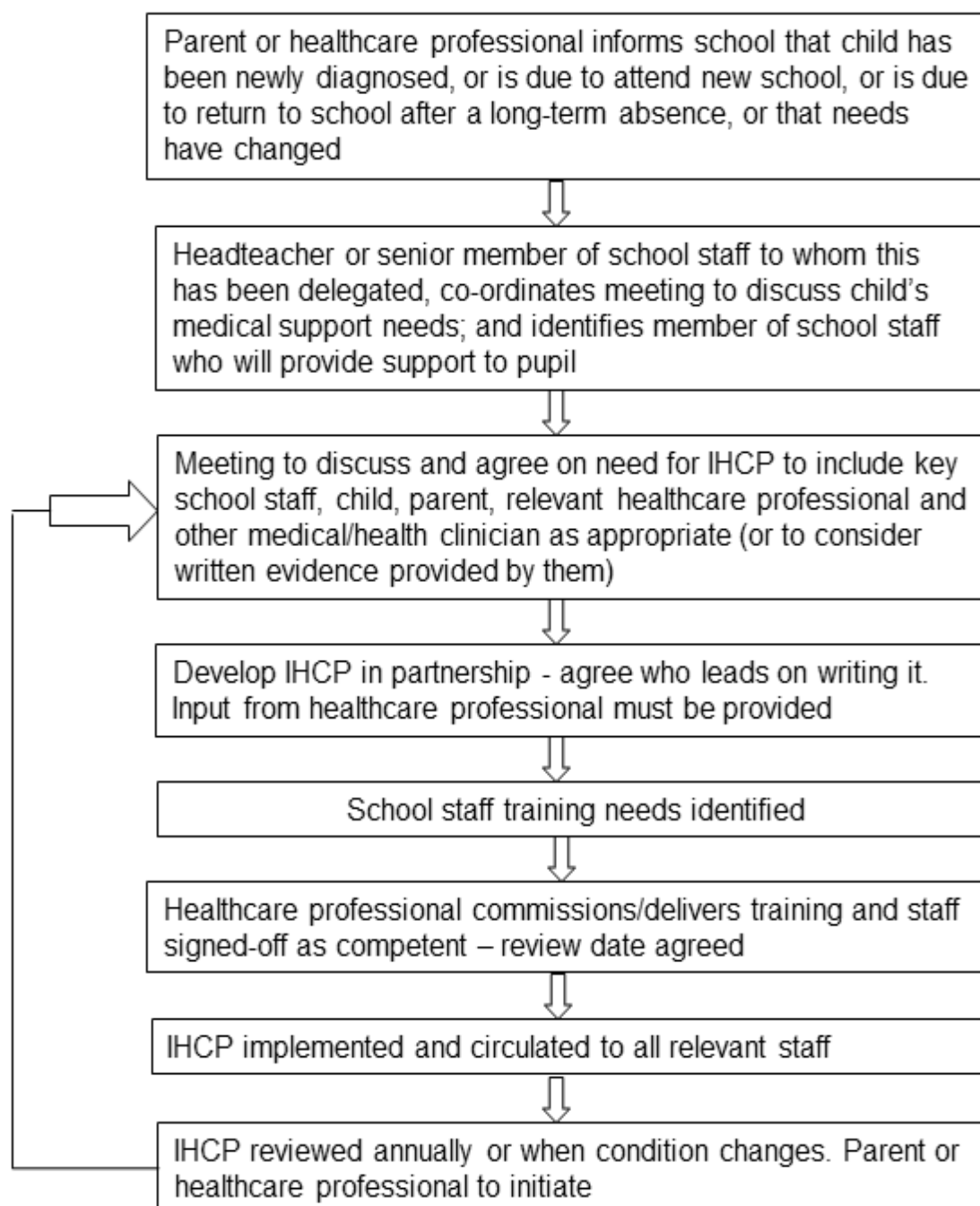
Working together with parents, children, health services and Local Authorities (LAs) the schools make sure:

- Effective collaboration between all relevant services (LAs, CAMHS, NHS, schools and, where relevant, school nurses). We will ensure that the schools make information available about the curriculum and work the child may miss, helping the child to keep up, rather than having to catch up. We will make use of Google Classroom (or similar) as our online vehicle for remote learning wherever possible.
- When reintegration into school is anticipated, we will work with the LA (and hospital school, home tuition services if appropriate) to plan for consistent provision during and after the period of education outside school. As far as possible, the child should be able to access the curriculum and materials that he or she would have used in school and the schools will remain in touch with the child while they are away. This could be through school newsletters, emails, invitations to school events or internet links to lessons from their school.
- We will work with the LA to set up a reintegration plan for each child. This may include extra support to help fill any gaps arising from the child's absence. It may be appropriate to involve the school nurse as they may be able to offer valuable advice and they can be prepared to offer any appropriate support. Under equalities legislation the schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child.
- Where the absence is likely to be lengthy, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. While most children will want to return to their previous school routine at once, some will need gradual reintegration over a longer period.

The medical conditions policy is regularly reviewed, evaluated and updated.

- In evaluating the policy, the schools seek feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

Should parents and pupils be dissatisfied with the support provided they should discuss these concerns with the Heads of Schools.



Appendix 2

Head of Schools: Maggie Down
Head of Schools: Kate Marchesi
Assistant Head: Larissa Cannon
Assistant Head: Helen Woolvet
Inclusion Leader: Jane Mason



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Individual healthcare plan (IHP)

All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at the schools have an Individual Healthcare Plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital.

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name and Relationship to child

Phone no. (work)

(home)

(mobile)

Name and 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

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 3

Roles and Responsibilities

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. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. 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. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Heads of Schools – should ensure that their school policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Heads of Schools should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Heads of Schools have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurse – every school has access to school nursing services. They are responsible for notifying the schools when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, eg. on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – eg. there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers – should provide the schools with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the schools that their child has a medical condition. Parents/ carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Appendix 4

The schools have chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

The use, storage, care and disposal of the inhaler and spacers will follow the schools' policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The schools hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupil's IHP.

Parents/carers of pupils in Early Years or Key Stage 1 will be informed if their child has used the emergency inhaler.