

Treeton C E Primary School

Supporting Pupils with Medical Conditions Policy

2024-25

(Updated September 2024 by E Minhas)

Introduction

The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Treeton C E Primary School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have special educational needs and disabilities (SEND) and have a statement or education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

The role of the headteacher

The headteacher:

- Ensures that this policy is effectively implemented with partners.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare (IHC) plans, including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHC plans.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.
- Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

The role of parents/carers

Parents/carers:

- 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 and review of their child's IHC plan.
- Carry out any agreed actions contained in the IHC plan.
- Ensure that they, or another nominated adult, are contactable at all times.

The role of pupils

Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHC plan.
- Are sensitive to the needs of pupils with medical conditions.

The role of school staff

School staff:

- 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.

The role of the school nurse. 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.
- Supports staff to implement IHC plans and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

The role of other healthcare professionals

- Other healthcare professionals, including GPs and paediatricians:
- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHC plans.

- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

The role of providers of health services

- Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The role of the LA

The 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.

The role of Ofsted

Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

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.

Identifying pupils who need to be listed on the INCLUSION REGISTER – and who may also need a CARE PLAN

Upon admission into school, information around medical conditions shared on the admissions form by parents will be put on Arbor by the school administrators.

Teachers (or KS leader) will contact parents and ask the following:

- 1) Is there more information to share beyond what is written on the admissions form?
- 2) Is there anything we need to do to adjust our provision so that the condition can be managed in school?

If the answer to 2 is YES – a care plan will be written and agreed with the Parents.

The care plan will trigger the child's name being on the INCLUSION REGISTER on Medical Tracker.

Children may have a condition which does not require a formal care plan but whose name will be on the INCLUSION REGISTER to support transition, good communication and risk assessment (e.g. off site visits). Class teachers will discuss each case with their KS leader or SLT and determine if a child is listed on the INCLUSION REGISTER.

This supports to child's inclusion so that SLT / SENDco / class teacher / child's next teacher / EVCo-ordinator etc will have the information they need for appropriate inclusion.

When the Care Plan is first put in place the HT (Medical policy lead) should be made aware and agree the contents with the child's class teacher.

After that updates will be the responsibility of the class teacher and the KS leader.

The SEND and Inclusion register is updated Termly by the SENDco, and shared with class teachers for checking.

Notification procedure by the School Nurse or Other Agencies in relation to IHCs (Individual Health Care Plan)

Some conditions may require the involvement of the school nursing service or other agencies. When the school is notified by other agencies (e.g. school nurse) that a pupil has a medical condition that requires support in school, the school arranges to meet with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHC plan (Individual Health Care Plan).

The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the head teacher based on all available evidence (including medical evidence and consultation with parents/carers).

For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.

Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

Staff training and support

Any staff member providing support to a pupil with medical conditions receives suitable training.

Staff do not undertake healthcare procedures or administer medication without appropriate training.

Training needs are assessed by the school nurse through the development and review of IHC plans, on a termly basis for all school staff, and when a new staff member arrives.

Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHC plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

The school nurse confirms the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.

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.

Training is commissioned by the school business manager and provided by the following bodies:

- Commercial training provider
- The school nurse
- Parents/carers of pupils with medical conditions

Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing body will provide details of further continuing professional development opportunities for staff regarding supporting pupils with medical conditions.

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.

Medicines or devices are held in suitable locations that can be accessed quickly and easily. This may vary case by case, and will be decided by the SLT and class teacher.

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.

Supply teachers and staff absence

Supply teachers are:

- Provided access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

Individual healthcare (IHC) plans

The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHC plans. Where appropriate, the pupil is also involved in the process.

IHC plans include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support.
- The training needs, expectations of the role and who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHC plan.

IHC plans are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHC plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an education, health and care (EHC) plan, the IHC plan is linked to it or becomes part of it.

Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHC plan identifies the support the child needs to reintegrate.

Managing medicines

The school only accepts medicines that are in-date, labelled with child's name, in their original container, and that contain instructions for administration, dosage and storage from GP or pharmacist.

All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them with staff supervision, whether in school or attending a school trip/residential visit.

When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.

The school holds asthma inhalers for emergency use. The inhalers are stored in classrooms and their use is recorded. Inhalers are always used in line with the school's Medicine Policy.

Records are kept of all medicines administered to individual children – stating what, how and how much was administered, when and by whom.

Record keeping

Written records are kept of all medicines administered to children.

Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

Appropriate forms for record keeping can be found on the school server under “Staff Area – Medical forms”

Emergency procedures

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

Where an IHC plan is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils are 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 remains with the child until their parents/carers 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.

Children with specific medical needs that could require emergency attention will be identified and their details made available on the medicines cupboard in the staffroom, as well as in the admin office.

Day trips, residential visits and sporting activities

Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.

- Each child has a Care Plan and is on the Inclusion register.
- Necessary protocols for managing visits are referred to on the child’s care plan.
- This information should be transferred to the Risk Assessment for each visit.
- When completing a risk assessment the visit leader must check the care plan file and register.

The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

The relevant guidance information about the above is available on the staff area and from the school office.

Liability and indemnity

The governing body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

Risk Pooling Arrangement through DSAT covers liability relating to the administration of medication.

Supply teachers and volunteers do not administer medicine or treatment.

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

Complaints

Parents/carers wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

If they are not satisfied with the school’s response, they may make a formal complaint via the school’s complaints procedure.

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.

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 transport plans for pupils with life-threatening conditions.

Policy review

This policy is reviewed annually by the SENDCo and Headteacher.

The next scheduled review date for this policy is September 2025

Linked Policies

Safeguarding Policy

Medicines Policy