

St Osyth Church of England Primary School



Policy for Supporting Children with Medical Needs

Autumn 2021

1. Introduction

Our School Policy is based on the DfE statutory guidance, 'GUIDANCE ON FIRST AID FOR SCHOOLS' which can be found at <https://www.gov.uk/government/publications/first-aid-in-schools> 'Supporting pupils at school with medical conditions, December 2015 and Section 100 of the Children and Families Act 2014.

2. Aims

Our Policy ensures that we meet our legal responsibilities and sets out our arrangements which are based on good practice. Our aim is to ensure that all children with medical conditions, in terms of both physical and mental health, 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.

3. Roles and Responsibilities

3.1 Our Local School Board

- makes arrangements to support pupils with medical conditions in school, including making sure that this policy for supporting pupils with medical conditions in school is developed and implemented.
- ensures that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- ensures that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- ensures 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.

3.1 Our Headteacher:

- ensures that our school's 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.
- ensures that all staff who need to know are aware of the child's condition.
- ensures 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. This may involve recruiting a member of staff for this purpose.
- has overall responsibility for the development of individual healthcare plans.
- makes sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- provides for the school contacting the 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.

3.3 Our Staff:

- provide support to pupils with medical conditions, including the administering of medicines.
- take into account the needs of pupils with medical conditions that they teach.
- participate fully in sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- take responsibility for knowing what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Our Parents:

- must provide the school with sufficient and up-to-date information about their child's medical needs.
- may in some cases be the first to notify the school that their child has a medical condition.
- must fulfil their role as 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, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
- Must provide written permission authorising the school to administer medicine, see Appendix B

3.5 Our Pupils

- provide information about how their condition affects them.
- participate in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- will all be sensitive to the needs of those with medical conditions.

3.6 Our School nurses

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.
- will support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

3.7 Our Other health care professionals

- Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- may provide advice on developing individual healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Community nursing teams will also be a valuable potential resource for our school when we seek advice and support in relation to children with a medical condition.

3.8 Our Local Authority:

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

Statutory guidance for local authorities health needs ⁸ 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 ⁹ (whether consecutive or cumulative across the school year).

3.9 Our health service providers

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

3.10 Our inspectors (Ofsted)

Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

4. Staff Training

4.1 Our school ensures that all staff who administer medicine are fully briefed in general procedures for medicines. Our school also ensures that all staff who administer specific medicines receive appropriate and specific training to do so.

4.2 Staff will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for our school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans.

4.3 Assessment about the training needs of staff is undertaken by our SENCO. This training assessment is reviewed with the changing needs of children and as staffing changes. Training in the administration for specific medicines is arranged via the school nurse. Records are maintained of all training completed by staff, see Appendix E.

4.4 The assessment of training needs and training of staff will always ensure that an appropriate number of staff have had first aid training and paediatric first aid training. This includes:

1. All Mid Day Supervisors being trained in paediatric first aid.
2. At least two members of the office team being trained in paediatric first aid.
3. At least two members of staff, being trained in paediatric first aid, being present in Foundation Stage.
4. At least one member of staff being trained in first aid on every class trip.

4.5 When residential journeys are undertaken by the school then an assessment of the first aid provision of any provider will be made. Only when the assessment shows that the first aid provision by the provider is appropriate will the residential school journey take place.

4.6 All staff read and apply this policy and it is included as part of staff induction.

5. The child's role in managing their own medical needs

5.1 Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

5.2 Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff will help to administer medicines and manage procedures for them.

5.3 If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed, as soon as is practicable, so that alternative options can be considered.

6. Managing medicines on school premises

6.1 Medicines will only be administered at our school when it would be detrimental to a child's health or school attendance not to do so

6.2 Parental consent

No child under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

6.3 Non-prescription medicines

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be consulted first if this is possible and will, in any case, be informed.

6.4 Prescription medicines

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

6.4.1 Our school will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in Storage of medicines

6.5 Storage

All medicines will be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. There is a locked fridge in our first aid room and this is used to store medicines which are for children and must be kept in refrigerated storage. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We carefully consider this when children will be outside of school premises, e.g. on school trips.

6.6 Record keeping

We keep records of all medicine administered to children. The appendices of this policy show the various records we use. Our site manager and health and safety IEB member/governor will audit these records at appropriate intervals and report the outcome of their audit to the headteacher.

6.7

If a child's injury requires a plaster, in the judgement of a trained member of staff, then a non allergenic plaster will be used. In the first aid room we keep a list of all the children, we have been informed by parents, that have an allergy to plasters. We will contact these parents if their children need a plaster.

7. Emergency procedures

7.1 As part of general risk management processes, we have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. See our school visits policy.

7.2 Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in our school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

7.3 If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. When requesting an ambulance, staff will speak to emergency services calmly and clearly ensuring that they have as much information as possible about the location of the child.

8. Day trips, residential visits and sporting activities

8.1 We will make every practicable effort to support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

8.2 Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible or it is simply not practicable.

8.3 We will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. We undertake risk assessments so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may include consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

9. Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, we believe that it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively - but children without specific medical needs should use the toilet facilities during break and lunchtimes rather than lesson times;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

10. Liability and indemnity

10.1 It is the responsibility of our IEB/Governing Body that the appropriate level of insurance is in place and appropriately reflects the level of risk. Our academy trust ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

10.2 Our Insurance policy is accessible to staff, on request. Our insurance policies provides liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required is ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, will be made clear and complied with.

11. Compliments and complaints

Please refer to our compliments and complaints policy.

12. Other issues for consideration Advice:

12.1 Home-to-school transport

This is the responsibility of local authorities. It is the responsibility of parents and careers to share health information about their child with the local authority home to school transport department and provider. The school may share such medical information, about pupils, which they judge transport providers may find helpful to be aware of, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for pupils with life-threatening conditions.

12.2 Asthma inhalers

Our school holds an asthma inhaler for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information.

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

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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 B:

Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name of medicine <i>(as described on the container)</i>	
Dosage and method	
Time medicine to be given	
Duration of medicine course	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – yes/no	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Parent Contact Details

Name	
Daytime telephone no.	
Relationship to child	

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

Signature(s) _____

Date _____

Template C:
Record of medicine administered to an individual child

Name of child

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Class

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Date

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Time given

--	--	--

Dose given

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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

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Staff initials

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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	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested 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 [insert school/setting address]
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. 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

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 the 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

Appendix F: Further sources of information

Other safeguarding legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 confers a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it is responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in, the persons for whom it is responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people

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- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Other relevant legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provides that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation. Paragraph 24 of the Schedule to the Education (Independent School Standards) Regulations 2014 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs and Disability Code of Practice¹⁴

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full-time, or such part-time education as is in a child's best interests because of their health needs.

Associated resources

View links to other information and associated advice, guidance and resources¹⁵, e.g. templates, and to organisations providing advice and support on specific medical conditions.