Supporting Pupils with Medical Conditions Policy

DRYBROOK SCHOOL

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Statement of intent

The governing body of Drybrook School has a duty to ensure arrangements are in place to support pupils with medical conditions. 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.

Drybrook 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.

1. **The role of the governing body**

    a. The governing body:

        i. Is legally responsible for fulfilling its statutory duties under legislation.
        ii. Ensures that arrangements are in place to support pupils with medical conditions.
        iii. Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school.
        iv. Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
        v. Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
        vi. Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
        vii. Instils confidence in parents/carers and pupils in the school's ability to provide effective support.

viii. Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
ix. Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
x. Ensures that pupils' health is not put at unnecessary risk. As a result, it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
xi. Ensures that policies, plans, procedures and systems are properly and effectively implemented.

b. The chair of governors and the head teacher hold overall responsibility for policy implementation.

The named person with overall responsibility for implementing this policy is Thomas Henesey, Headteacher.

2. **The role of the headteacher**

a. The headteacher:

i. Ensures that this policy is effectively implemented with partners.
ii. Ensures that all staff are aware of this policy and understand their role in its implementation.
iii. 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.
iv. Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
v. Has overall responsibility for the development of IHC plans.
vi. Ensures that staff are appropriately insured and aware of the insurance arrangements.
vii. Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

Parents/carers must ensure that all medicines brought to school are signed into the medication register and that the school is informed of the timing of the last dose given at home.

3. **The role of parents/carers**

a. Parents/carers:

i. Notify the school if their child has a medical condition.
ii. Provide the school with sufficient and up-to-date information about their child's medical needs
iii. Are involved in the development and review of their child's IHC plan.
iv. Carry out any agreed actions contained in the IHC plan.
v. Ensure that they, or another nominated adult, are contactable at all times.

4. **The role of pupils**

    a. Pupils:

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

Staff administering medication must record all doses accurately on Bromcom.

5. **The role of school staff**

    a. School staff:

        i. May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
        ii. Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
        iii. Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
        iv. Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

6. **The role of the school nurse**

    a. The school nurse:

        i. At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
        ii. Supports staff to implement IHC plans and provides advice and training.
        iii. Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

7. **The role of clinical commissioning groups (CCGs)**

    a. CCGs:

        i. Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
        ii. Make joint commissioning arrangements for education, health and care provision for pupils with SEND.
        iii. Are responsive to LAs and schools looking to improve links between health services and schools.
        iv. Provide clinical support for pupils who have long-term conditions and disabilities.
        v. Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

8. **The role of other healthcare professionals**

a. Other healthcare professionals, including GPs and paediatricians:

   i. Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
   ii. Provide advice on developing IHC plans.
   iii. May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

9. **The role of providers of health services**

   a. 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.

10. **The role of the LA**

   a. The LA:

      i. Commissions school nurses for local schools.
      ii. Promotes co-operation between relevant partners.
      iii. Makes joint commissioning arrangements for education, health and care provision for pupils with SEND.
      iv. Provides support, advice and guidance, and suitable training for school staff, ensuring that IHC plans can be effectively delivered.
      v. Works with the school to ensure that pupils with medical conditions can attend school full-time.

   b. 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.

11. **The role of Ofsted**

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

12. **Admission**

   a. 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.
   b. 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.

Parents/carers will be contacted within two working weeks to agree interim arrangements and begin creation of an IHP where required.

13. **Notification procedure**

a. When the school is notified that a pupil has a medical condition that requires support in school, the school will begin to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHC plan.
b. 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).
c. 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.
d. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

14. **Staff training and support**

a. Any staff member providing support to a pupil with medical conditions receives suitable training.
b. Staff do not undertake healthcare procedures or administer medication without appropriate training.
c. Training needs are assessed by the school nurse or other suitable healthcare professional through the development and review of IHC plans, on a termly basis for all school staff, and when a new staff member arrives.
d. 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.
e. The school nurse or other suitable healthcare professional confirms the proficiency of staff in performing medical procedures or providing medication.
f. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
g. Whole school awareness training is carried out on a regular basis according to need for all staff, and included in the induction of new staff members.
h. The school nurse may support the school to identify 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.
i. Training is commissioned by the school business manager and provided by the following bodies:

    i. Commercial training provider
    ii. The school nurse
    iii. Paediatrician
    iv. Other suitable healthcare professionals
    v. Parents/carers of pupils with medical conditions

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

At Drybrook Primary School, pupils do not self-manage medication. All medication must be handed to the school office by a parent/carer and signed into the medication register. Medication is administered only by trained staff and all doses are recorded on Bromcom.
In the Early Years Foundation Stage (EYFS), parents must hand over medication directly to a member of EYFS staff. Medication must never be accepted from siblings. A statutory EYFS medication record is completed for every dose, and infectious illness procedures follow the school's Infection Control Policy.
Expired or unused medication will be returned to parents/carers for safe disposal. Controlled drugs are stored securely and recorded in accordance with statutory requirements.

15. **Managing medicines**

    a. In accordance with the school's First Aid and Medicines Policy medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
    b. Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.

    c. Non-prescription medicines may be administered in the following situations:

        i. When it would be detrimental to the pupil's health not to do so
        ii. When instructed by a medical professional

    d. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
    e. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
    f. Parents/carers are informed any time medication is administered that is not agreed in an IHC plan.
    g. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
    h. All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed who holds the key to the relevant storage facility.
    i. 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.
    j. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
    k. The school holds asthma inhalers for emergency use. The inhalers are stored in the First Aid room and their use is recorded.
    l. Staff may administer a controlled drug to a child for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.

m. Records are kept of all medicines administered to individual children – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

16. **Record keeping**

a. Written and digital records of all medicines administered are kept on Bromcom, with statutory EYFS medication records maintained separately of all medicines administered to children. Please refer to the First Aid and Medicines Policies for copies of forms. Written and digital records of medicines administered are retained for as long as the pupil remains on roll at Drybrook Primary School, in line with statutory data retention requirements.
b. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.

Emergency procedures for individual pupils are detailed within their IHPs on Bromcom, including when to call emergency services.

17. **Emergency procedures**

a. Medical emergencies are dealt with under the school's emergency procedures.
b. Where an IHC plan is in place, it should detail:

i. What constitutes an emergency.
ii. What to do in an emergency.

c. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.
d. If a pupil needs to be taken to hospital, a member of staff remains with the child until their parents/carers arrive.
e. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

The school will ensure pupils with medical conditions can participate fully wherever reasonable adjustments allow.

18. **Day trips, residential visits and sporting activities**

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

d. The school will never:
i. Assume that pupils with the same condition require the same treatment.

ii. Prevent pupils from easily accessing their inhalers and medication.
iii. Ignore the views of the pupil and/or their parents/carers.
iv. Ignore medical evidence or opinion.
v. Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.
vi. Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
vii. Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
viii. Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
ix. Create barriers to children participating in school life, including school trips.
x. Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Drybrook Primary School is covered by the DfE Risk Protection Arrangement (RPA). Staff acting in accordance with this policy are fully indemnified.

19. **Liability and indemnity**

a. The governing body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
b. The school holds an insurance policy with the RPA covering liability relating to the administration of medication. The policy has the following requirements:

    i. All staff must have undertaken appropriate training.

c. The school holds an insurance policy with RPA covering healthcare procedures. The policy has the following requirements:

    i. All staff must have undertaken appropriate training

d. All staff providing such support are provided access to the insurance policies.
e. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

20. **Complaints**

a. Parents/carers or pupils 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.
b. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.
c. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
d. 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.

21. **Home-to-school transport**

    a. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA.
    b. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

Links to Other Policies

This policy should be read alongside the following school policies:

- Safeguarding and Child Protection Policy
- First Aid and Medicines Policy
- SEND / Additional Needs Policy
- Accessibility Plan
- Infection Control Policy
- Health and Safety Policy
- Complaints Procedure