

Aston All Saints C of E [VA] Primary School

Policy to support children in school with medical conditions



Date: October 2021
Review date: October 2022

Policy statement

“The Christian ethos is at the heart of all we do in school and underpins all our aims.” It is our aim that every member of our school community feels valued and respected and that each person is treated, equally, fairly and well. We are a caring community, whose values are built on mutual trust and respect for all. The school medical conditions policy is therefore designed to support the way in which all members of the school can live and work together in a supportive and inclusive way. It aims to promote an environment where everyone feels happy, safe and secure and where all children have equal access to all areas of the school curriculum both within the school day and after school for example extra curricular and off site school visits including school residential visits.

Aims

This school aims to provide all pupils with all medical conditions the same opportunities as others at school.

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 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

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 Rachel Morley HT or SLT and determine if a child is listed on the INCLUSION REGISTER.

This supports to child's inclusion so that all parties will have the information they need for appropriate inclusion.

When the Care Plan is first put in place Rachel Morley HT should be made aware and agree the contents with the child's class teacher.

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 condition 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.

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. (In the staffroom if in school as this is a non pupil area.) 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 individual children's 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 overseen by office manager Miss Lauren Bagshaw or administrator Mrs Anne Moss in the blue Medicines folder in the staffroom.

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 in the school office and on the available on the Aston All Saints Staff Share > Documents > Pro Formas.

The forms are also in the appendix:

- i) Medicines in School: Short Term
- ii) Use of Inhalers

Individual care plans will state the dosage and other information of medicines for long term conditions (eg antihistamines for allergies.) Care plans are in the purple Care Plan folder in the staffroom and may be displayed in other areas of the school with parents' permission.

Care plans are created in conjunction with parents and data is protected under GDPR.

Care plans are also saved on the Share Point:
Aston All Saints Staff Share > Documents > Pro Formas.

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 in their care plan in the purple folder in the staffroom.

Care plans are also saved on the Share Point:

Aston All Saints Staff Share > Documents > Pro Formas.

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.

The next scheduled review date for this policy is October 2022

Linked Policies

Safeguarding and Child Protection Policy

Medicines in school and First Aid Policy

Record keeping

Written records are kept of all medicines administered to children in staffroom, blue folder overseen by office manager Miss Lauren Bagshaw or administrator Mrs Anne Moss.

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

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 or special needs statement, 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.

Long Term Absence and Pupils Who Cannot Attend School

LAs are responsible for arranging suitable full-time education for permanently excluded pupils, and for other children who - because of illness or other reasons - would not receive suitable education without such provision. This means that where a child cannot attend school because of health problems, and would not otherwise receive a suitable full-time education, the LA is responsible for arranging provision and must have regard to this guidance.

There will be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of the LA - for example, where the child can still attend school with some support; where the school has made arrangements to deliver suitable education outside of school for the child; or where arrangements have been made for the child to be educated in a hospital by an on-site hospital school. We would not expect the LA to

become involved in such arrangements unless it had reason to think that the education being provided to the child was not suitable or, while otherwise suitable, was not full-time or for the number of hours the child could benefit from without adversely affecting their health. This might be the case where, for example, the child can attend school but only intermittently.

Where they have identified that alternative provision is required, LAs should ensure that it is arranged as quickly as possible and that it appropriately meets the needs of the child.

Once parents have provided evidence from a consultant, LAs should not unnecessarily demand continuing evidence from the consultant without good reason, even where a child has long-term health problems. Evidence of the continuing additional health issues from the child's GP should usually be sufficient.

Schools would usually provide support to children who are absent from school because of illness for a shorter period, for example when experiencing chicken pox or influenza. In some cases, where a child is hospitalised, the hospital may provide education for the child within the hospital and the LA would not need to arrange any additional education, provided it is satisfied that the child is receiving suitable education. More generally, LAs should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year, and where suitable education is not otherwise being arranged.

Where children have complex or long-term health issues, the pattern of illness can be unpredictable. LAs should discuss the child's needs and how these may best be met with the school, the relevant clinician and the parents, and where appropriate with the child. That may be through individual support or by them remaining at school and being supported back into school after each absence. How long the child is likely to be out of school will be important in deciding this.

When treatment of a child's condition means that his or her family have to move nearer to a hospital, and there is a sibling of compulsory school age, the local authority into whose area the family has moved should seek to ensure that the sibling is offered a place, where provision is available, for example, in a local mainstream school or other appropriate setting.

Where a child has been in hospital for a longer period and returns home, if appropriate, the LA should aim to provide education at home or otherwise as quickly

as possible. The child's education may well have been disrupted by their time in hospital, so further discontinuity should be avoided if at all possible.

Reintegration back into school, following absence, should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition, also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

A child unable to attend school because of health needs must not, therefore, be removed from the school register without parental consent and certification from the school medical officer, even if the LA has become responsible for the child's education.

The governing body:

- Is legally responsible for fulfilling its statutory duties under legislation.
- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- 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.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- 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.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

The role of the headteacher

The headteacher:

- Ensures that this policy is effectively implemented with partners.

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- 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.

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.
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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.

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.

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 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.

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.

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 term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

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.

Legislation and guidance

Introduction

- Local authorities, schools and governing bodies are responsible for the health and safety of pupils in their care.

Areas of legislation that directly affect a medical conditions policy are described in more detail in –

Supporting pupils at school with medical conditions
DFE April 2014

Appendix i)

Aston All Saints C of E Primary School



Medicines In School (Short Term)

Child's Name:	
Staff member discussed with:	
Date/s:	
Medicine: (The child's name should be clearly marked on medicine.)	
Dosage:	
Time/s:	
Parent signature:	

STAFF: ALL MEDICINES & THIS FORM MUST BE STORED IN THE STAFFROOM, AWAY FROM CHILDREN.

Time/ Dose Administered:	Staff member:

Appendix i)

Aston All Saints C of E Primary School



Use of Inhalers

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Child's Name:	
Year group:	
Date:	
Your child used their inhaler in school as stated below	

STAFF: ALL INHALERS MUST BE STORED IN STOCKCUPBOARDS, AWAY FROM CHILDREN. INHALERS SHOULD GO ON EDUCATIONAL VISITS, INCLUDING CHURCH AND THIS SHOULD BE STATED ON RISK ASSESSMENTS

Time/ Dose Administered:	Staff member:

Copy to parents.
Copy in medicines file in staff room.