



Churchill CEVC Primary School

Supporting pupils with medical conditions

With kind hearts and determined minds, we inspire each other to be the best we can be

Written by	Headteacher based on DFE guidance and The Key model policy
Ratified by	Finance Committee
Date last reviewed	March 2022
Date of next review	February 2024
Signed – Chair of Governors	<i>S Furniss</i>
Signed – Headteacher	<i>L Woolven</i>

Supporting pupils with medical conditions in school

Based on The Key model

Please also read alongside COVID-19 policy and risk assessment

This policy should be taken as part of the overall strategy of the school and operated within the context of our vision, aims and values as a Church of England School

RATIONALE

This policy aims to provide clear guidance and procedures to staff, parents and pupils of Churchill Church of England Primary School. It forms the basis of a supportive environment in which pupils with medical needs may receive suitable medical care enabling their continuing participation in education.

AIMS

The Key aims of the policy are to ensure that:

- pupils at the schools who have medical conditions are properly supported so that they have full access to education, including school trips and physical education
- consultation with appropriate persons, such as health and social care professionals, parents and pupils is undertaken to ensure the needs of children with medical conditions are fully considered.
- pupils are kept safe from harm and abuse
- safe practices and procedures are in place to ensure that the schools meet their statutory responsibilities for health and safety

The governing body is responsible for ensuring that there are sufficient arrangements to support pupils with medical conditions in the schools and for ensuring processes are in place to enable the policy to be developed and implemented.

The Headteacher is responsible for overseeing all of the arrangements in place and for ensuring that the policy is implemented effectively. The Headteacher will designate relevant staff to carry out the specific roles within the policy and will ensure that there are sufficient deputies to allow for staff absence.

LEGISLATION AND STATUTORY RESPONSIBILITIES

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

SAFEGUARDING

Churchill Church of England Primary School is committed to the welfare and safeguarding of all pupils. This policy should be read in conjunction with our Safeguarding Policy.

EQUAL OPPORTUNITIES

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

ROLES AND RESPONSIBILITIES

The Role of the Governing Body

The Governing Body remains legally responsible and accountable for fulfilling its statutory duty, although, in meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on members of staff as appropriate.

The Governing Body will ensure that:

- Arrangements are in place to support pupils with medical conditions and ensure that such children can access and enjoy the same opportunities at school as any other child.
- Arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school, show an understanding of how medical conditions impact on a child's ability to learn, increase confidence and promote self-care.
- The focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- This policy is reviewed regularly and is readily accessible to parents and school staff.

The Role of the Headteacher

The Headteacher will ensure that:

- The school policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of this policy and understand their role in its implementation.
- All staff who need to know are aware of the child's condition.
- 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.
- School staff are appropriately insured and are aware that they are insured to support pupils in this way.

The Headteacher or SENCO or member of Senior Leadership Team will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse. The Headteacher has overall responsibility for the development of individual healthcare plans.

The Role of Parents

Parents will provide the school with sufficient and up-to-date information about their child's medical needs. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

The Role of Pupils

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

The Role of School Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they will take into account the needs of pupils with medical conditions that they teach.

School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The Role of School Nurses

Every school has access to school nursing services. They 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. They will not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.

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

The role of other healthcare 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. They 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).

The role of Local Authorities

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 cooperation 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 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 health needs (whether consecutive or cumulative across the school year).

The role of clinical commissioning groups (CCGs)

Clinical commissioning groups commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities).

Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this).

The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings. Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the

safety of these vulnerable children whilst in school. The role of providers of health services 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.

INDIVIDUAL HEALTH CARE PLANS

Individual Healthcare Plans (IHPs) will be drawn up where needs are complex or where it is necessary to clarify what support children require. The plan will be developed with the pupils' best interests in mind to ensure that the risks to the child's wellbeing, health and education are managed. Plans will be drawn up by the school in consultation with parents and medical professionals. The school nursing service or other medical professionals should inform the school when a pupil joins the school with a medical condition. See Appendix 1.

The Headteacher is responsible for deciding, in consultation with staff, parents, health professionals and the Local Authority how the school can support a pupil with medical needs.

- The Class teacher working together with the office staff will be responsible for obtaining Individual Healthcare Plans written by the parents in consultation with all relevant parties and for ensuring that information is disseminated to relevant staff (including supply teachers) on individual pupil needs as required, including any emergency procedures. IHPs will be reviewed at least annually or when the child's medical / health needs have changed.
- If appropriate, medical information will be sought from the relevant medical professionals in order to inform the nature and content of the IHP
- Where a child has a special educational need identified in a statement or Education Health Care (EHC) plan, the IHP should be linked to or become part of that statement or EHC plan.
- Where a child has special educational needs, but no Statement or EHC plan, their special educational needs should be mentioned in their IHP.
- The content of the Health Care Plan will follow the format as required (See Appendix 2), in order to ensure the required level of support is provided to adequately reflect the child's medical needs.
- During off-site visits or extra-curricular activities the medical needs of pupils will be considered as part of the planning process and first aid requirements for the activity will take into account any medical or health care needs of the pupils taking part. Where required, sufficient essential medicines and health care plans will be taken as part of the activity and controlled by a suitable designated member of school staff. Individual pupil risk assessments will be undertaken where additional controls are required to reduce risk of accident or ill health during the visit/activity to an acceptable level.

TRAINING

The Headteacher will ensure that staff are appropriately trained, including any whole school awareness training, and that individual staff are equipped to administer medical treatment to pupils with medical needs as required.

The strategic identification and co-ordination of training will be the responsibility of the Headteacher and reviewed at least annually.

Staff involved in supporting pupils with medical conditions will be provided with general in-house training by an appropriate person covering the school policy requirements and relevant school procedures. Staff must not give prescription medication or undertake health care procedures without training.

Where staff require additional training in order to deal with a specific medical condition, this will be undertaken by a school nurse or relevant health care professional as deemed necessary.

All training will be recorded. Staff training records will be managed by those responsible for coordinating the training and will be stored electronically and on file.

COORDINATION OF INFORMATION

The Headteacher will ensure that all relevant staff are aware of individual pupils' medical needs and any emergency arrangements. School office staff will be responsible for coordinating and disseminating information as required.

LONG TERM MEDICAL ABSENCE

Where pupils are absent for 15 days or more (either consecutively or cumulatively) they will be considered to have long term medical absence.

All cases of long term medical absence will be supported by a multi-agency approach. This multi-agency response and planning will, as a minimum, involve school staff, a representative from the local authority, a healthcare professional as well as parents/carers. The SENCO for the school will be responsible for co-ordinating multi-agency response to a long term medical absence, including completing a referral to 'Tuition' when a child is too ill to attend school.

MANAGING MEDICATIONS

- Medicines will only be administered at school when it would be detrimental to a child's health or their attendance not to do so. Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours
- Each request for administration of medication to a pupil in school will be considered individually. No medication will be administered without prior consultation with, and written permission from the parent or guardian (Medication in School form – see Appendix 3)
- A minimum amount of medication, required by the pupil, will be held in school to accommodate the needs of that pupil. Any surplus medication will be returned to the parents to arrange for safe disposal

- Medicines received will be held securely within the school. All essential staff will be able to access medicines in case of emergency. Pupils will be informed of who to go to in order to access their medication and where it is stored
- Medication must be delivered to school by the parent or responsible person (not sent to school in the child's bag) and given to a member of the school's office staff.
- Medicines brought into school should be in **original packaging** and clearly marked on a label **by the dispenser** with:-
 - the name of the medicine
 - the pupil's name
 - dosage (including method of administration and times)
 - any special storage requirements
 - date
- The School will administer epipen treatment if the need arises to children who have a condition requiring such treatment provided the parents/carers have provided the School with an epipen for that child which is in date. The School should not administer treatment with an out of date epipen unless instructed to do so by the emergency services, nor will they use another child's epipen
- The School has considered the Guidance on the Use of Emergency Salbutamol Inhalers in School published by the Department of Health in March 2015 and have decided that they will keep general inhalers for use in emergencies. Pupils will still need to provide their own in all circumstances.

The School will establish a medication record, used in conjunction with the pupil's Individual Health Care Plan. Persons administering medication will check medication type is correct then log the time and date, and sign the record upon administering medication (See Appendix B)

Some pupils may be competent to manage their own medication e.g. inhalers. This will be discussed with parents where it is felt that this is appropriate. Permission must be obtained from parents. Where a pupil has an Individual Health Care Plan the method of administration will be detailed within this document.

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

HYGIENE/INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should wear protective disposable gloves and a face mask where appropriate and should take care, when dealing with spillages of blood or other body fluids and disposing of dressings or equipment, that all traces are thoroughly cleared up and disposed of in an appropriate fashion and the area has been disinfected with an appropriate substance. Staff should wash their hands and any part of their skin which has been exposed thoroughly afterwards.

EMERGENCY PROCEDURES

All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of the need. Office based colleagues will complete the 'Emergency Form' to support the ambulance service and transfer to hospital (Appendix 4). A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parents arrive.

Generally, staff should not take pupils to hospital in their own car, as if the pupil's condition deteriorates, the pupil may be under increased risk. In those rare circumstances where this is assessed by the schools as an acceptable mode of transport this should only be carried out if another (suitably first aid trained) member of staff accompanies the casualty and driver, and the car driver holds the correct vehicle insurance.

INTIMATE OR INVASIVE TREATMENT

Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment for fears about accusations of abuse. Parents and the Headteacher must respect such concerns and should not put any pressure on staff to administer medication unless they are entirely willing to do so.

If the school can arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment this will minimise the potential for accusations of abuse. Two adults may ease practical administration of treatment too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

UNACCEPTABLE PRACTICE

The governing body is responsible for ensuring that there are sufficient arrangements to support pupils with medical conditions in school and for ensuring processes are in place to enable the policy to be developed and implemented. Staff recognise their duty under the DfE statutory guidance Supporting Pupils at School at School with Medical Conditions and are committed to upholding best practice.

The following examples would be considered unacceptable practice:

- Pupils will not be prevented from easily accessing their inhalers and required medication
- Assuming every child with the same condition requires the same treatment
- Ignoring reasonable views of parents or pupils
- Sending pupils home frequently or preventing them from staying for normal school activities (unless specified in their IHP)
- Sending seriously unwell pupils to the school office unaccompanied
- Penalising children for their attendance if justifiably related to their medical condition, e.g. hospital appointments
- Preventing pupils from drinking, eating or taking breaks in order to manage their medication
- Preventing children from visiting the toilet whenever necessary as a result of their medical condition as set out in their IHP
- Preventing children from participating, or creating unnecessary barriers, in any aspect of school life, including school trips

STAFF GUIDANCE AND INDEMNITY

There is no legal duty requiring school staff to administer medication. This is a voluntary role. Staff who provide support for pupils with medical needs or who volunteer to administer medication should be given support and guidance in the form of this policy, health care plans, systems of work and reporting procedures, access to suitable training and clarification of their legal liabilities.

North Somerset Council fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment, have been provided with adequate training and are following the LA's guidelines for the purposes of indemnity. The administration of medicine falls within this definition.

FURTHER INFORMATION ON ILLNESS AND MEDICATION

Further information for parents on the procedures to be followed in the event of pupil illness, and on some common illnesses, can be found on the school website in our attendance policy and Welcome pack.

COMPLAINTS

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue the school's complaints procedure should be followed.

LINKS TO OTHER POLICIES

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

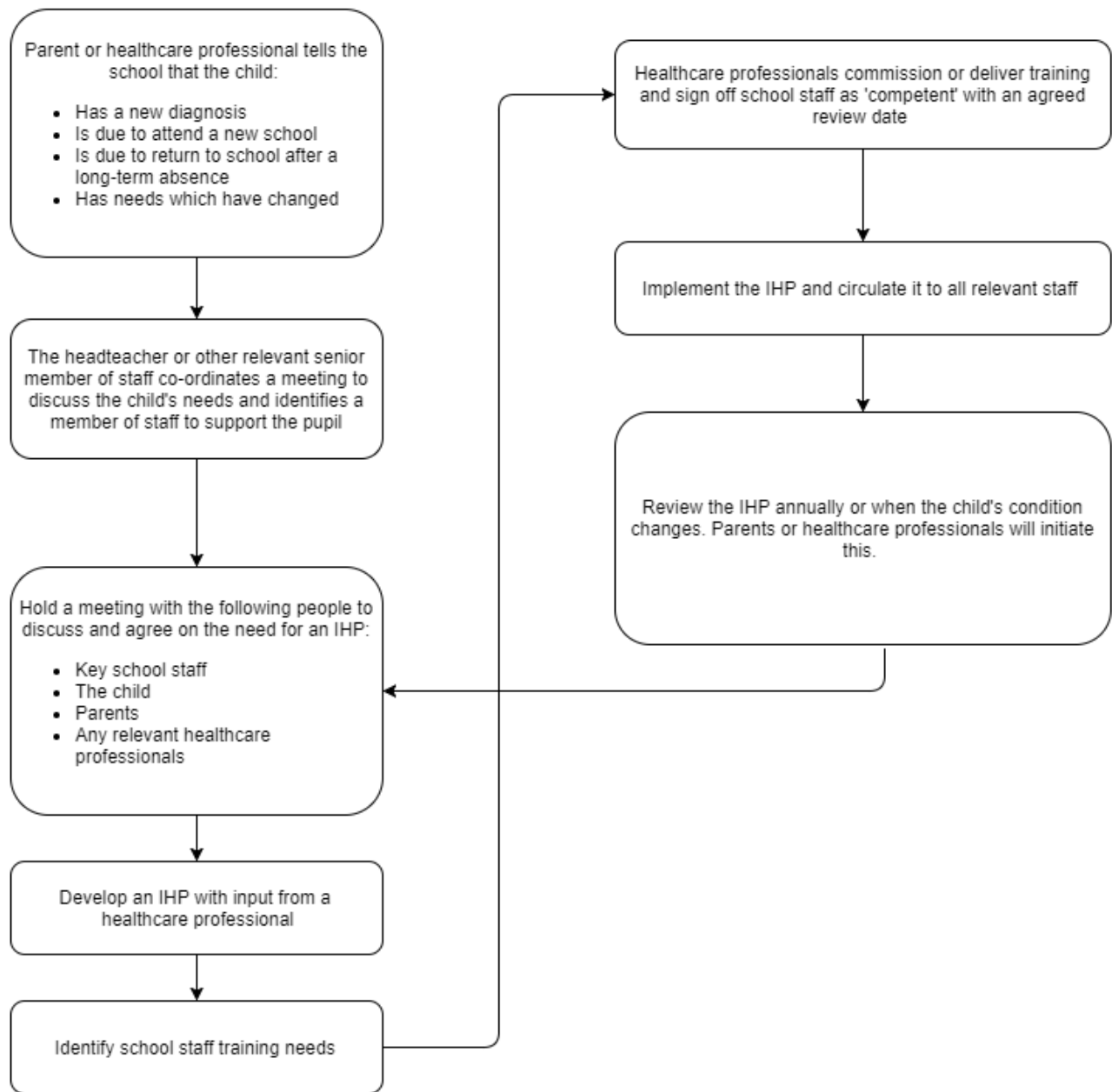
Signed:

Chair of Governors*S Furniss*.....Headteacher*L Woolven*.....

Date: March 2022

Next Review Date: February 2024

Appendix 1: Being notified a child has a medical condition





Appendix 2

CHURCHILL C.E.V.C. PRIMARY SCHOOL

Pudding Pie Lane, Langford

Bristol, BS40 5EL

Tel: 01934 852446

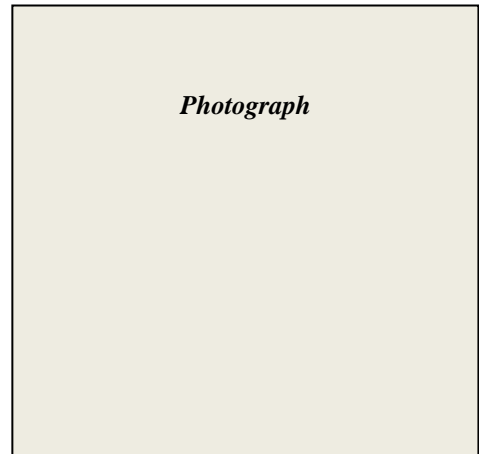
Email: office@churchill-pri.n-somerset.sch.uk

Headteacher Mrs. Lorraine Woollven

Plan Number:

Healthcare plan for a pupil with medical needs

Name	
Date of birth	
Medical Condition/Diagnosis	
School	
Class / Form	
Date	
Review Date	



Contact information

Family Contact 1		
Name		
Phone No	Home	
	Work	
	Mobile	
Relationship		
Family Contact 2		
Name		
Phone No	Home	
	Work	
	Mobile	
Relationship		

G.P	
Name / Surgery	
Phone No	

Clinic / Hospital contact	
Name	
Phone No	

Clinic / Hospital contact	
Name	
Phone No	

Clinic / Hospital contact	
Name	
Phone No	

Describe medical needs and give details of symptoms, triggers, signs, treatments, facilities, equipment / devices, environmental issues etc

--

Name of medication, dose, method of administration, when to be taken, side effects, administered by/self-administered with/without supervision

--

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):

Daily care requirements: (e.g. before sport, at lunchtime etc.)

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

Arrangements for school visits/trips etc:

Other information:

Plan developed with:

Staff training needed/undertaken – who, what, when:

Follow up care:

Form copied to:

--

Signed by:

School Representative	
Name	
Position	
Signature	
Date	

Parent / Carer	
Name	
Signature	
Date	

Health Care Professional	
Name	
Position	
Date	

This form and the information included within will be shared internally in order to fulfil the requirements of the plan.

Parent / Carer	
Name	
Signature	
Date	

The school will exhibit photographs in medical rooms, school office, staffroom or kitchen in order to alert users to the pupils' needs.

**Form to be completed by parents if they wish the school to administer medication
(short term).**

Appendix 3

The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

PUPIL DETAILS

Surname: _____ Forename(s): _____ Date of Birth: _____
Male/Female _____
Class: _____
Condition or illness: _____

MEDICATION

Name/type of medication (as described on the container): _____

For how long will your child take this medication? _____

Date dispensed: _____

Full directions for use:

Dosage and method: _____
Timing: _____
Special precautions: _____
Side effects: _____
Procedures to take in an emergency: _____

Last dosage given by parent:

Day:	Date:	Time:	Dosage:

CONTACT DETAILS

Name: _____ Daytime telephone no: _____
Relationship to pupil: _____

I understand that I must deliver the medicine personally to the school office and accept that this is a service that the school is not obliged to undertake.

Medicine will need to be collected by an adult daily from the School Office / After-school Club

Signature(s): _____ Date: _____
Relationship to pupil: _____

For school use only

Record of administration

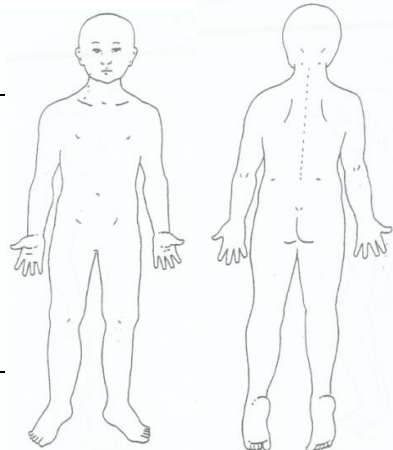
School Staff receiving medication (signature): _____ Date: _____

Day, date & time	Dosage	Initials 1	Initials 2	Day, date & time	Dosage	Initials 1	Initials 2



Headteacher Mrs. Lorraine Woollven

Emergency Accident Notification

Name:	
Date:	
Time:	
Date of Birth:	
Address:	
Tel:	
On Medication?	
Next of kin contact name:	
Next of kin contact number:	
Condition of patient: conscious/ non-conscious lucid	
Injured Part of Body:	
What happened?	
Treatment Provided:	
Name of person reporting the accident	