

The Coppice Primary School Supporting Pupils with Medical Conditions Policy

Written by	Billy Hutt
Approved by Trustees	March 2023
Date for Review	March 2024

Contents

1. Aims	3
2. Legislation and statutory responsibilities	3
3. Roles and responsibilities	4
4. Equal opportunities	5
5. Being notified that a child has a medical condition	5
6. Individual healthcare plans	5
7. Managing medicines	6
8. Emergency procedures	7
9. Training	7
10. Record keeping	8
11. Liability and indemnity	8
12. Complaints	8
13. Monitoring arrangements	8
14. Links to other policies	8
Appendix 1: Being notified a child has a medical condition	9

.

1. Aims:

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Board of Trustees will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy are: Billy Hutt (Headteacher) and Karen Woodyatt (DSL and person responsible for medical conditions).

2. Legislation and statutory responsibilities:

This policy meets the requirements under <u>Section 100 of the Children and Families Act 2014</u>, 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 (DfE)'s statutory guidance on <u>supporting pupils with</u> <u>medical conditions at school</u>.

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities:

3.1 The Board of Trustees

The Board of Trustees has ultimate responsibility for making arrangements to support pupils with medical conditions. The Board of Trustees will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Headteacher:

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff:

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be forced to do so. This includes the administration of medicines.

Those staff, who take on the specific responsibility to support pupils with medical conditions, will receive sufficient and suitable training (where offered by medical professionals), and will need to achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils they teach with medical conditions. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents and Carers:

Parents and Carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils:

Pupils with medical conditions will often be best placed to help provide information about how their condition affects them. Pupils, where possible and depending on the age of the child, should be involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals:

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and Paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4 Equal opportunities:

The Coppice Primary 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.

5. Being notified that a child has a medical condition:

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP - **See Appendix 1.**

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

6. Individual healthcare plans (IHPs):

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to **Karen Woodyatt (DSL and person responsible for pupils' medical needs)**

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When and by whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents and carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Board of Trustees, the Headteacher and Karen Woodyatt, who has responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded places in school such as the lunch hall.
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete assessments, use of rest periods or additional support in catching up with lessons, counselling sessions etc.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication e.g. older pupils with diabetes, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable

- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents, carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines:

Prescription medicines only will be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' or carers' written consent and
- Where an 'administration of medicines in school form' (Appendix 2) has been completed by the parent or carer at the school office. Medicines must not be handed to Class Teachers.

For medicines e.g., antibiotics that require a set number of doses a day, **Coppice staff will only be able to deliver one of these doses.** The rest of the doses need to be managed at home by parents and carers.

Pupils under at The Coppice will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication will first check maximum dosages and when the previous dosage was taken. Parents and carers will always be informed.

The school will only accept prescribed medicines through the school office that are:

- In-date and labelled with the child's name clearly visible
- Provided in the original container, as dispensed by the pharmacist, and includes instructions for administration, dosage and storage.

Non-prescription medicines e.g. Calpol, Neurophen and allergy relief must be administered at home prior to your child coming to school in the morning. Should it be felt by a member of staff that your child requires a second dose by lunchtime, we will contact you and ask whether you want to collect your child or come to school to administer the second dose. It will not be possible for school to administer non-prescription medicines to a child unless it is part of an agreed IHP (Individual Healthcare Plan) designed in conjunction with Mrs. Woodyatt.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs:

<u>Controlled drugs</u> are prescription medicines that are controlled under the <u>Misuse of Drugs Regulations</u> 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug will have these kept in a secure cupboard in the school's Bathroom Management Area (BMA) and only named staff will have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs:

Pupils, who are competent, will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice:

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- 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 IHPs
- If the pupil becomes ill, send them to the school office unaccompanied or with someone unsuitable
- Penalise pupils 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
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer medicine in school toilets

8. Emergency procedures:

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Training:

Staff, who are responsible for supporting pupils with medical needs, will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Billy Hutt (Headteacher) and Karen Woodyatt (Medical Needs Lead).

Training will be kept up-to-date and will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping:

The Board of Trustees will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents and carers will be informed if their child has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity:

The Board of Trustees will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

The Coppice Primary School's RPA insurance covers the school for administering of medicine provided that we adhere to the statutory guidance of "Supporting pupils at school with medical conditions (Dec 2015)". These principles are built into this policy. On adhering to the principles, staff are covered to provide support to pupils with medical conditions and have liability cover relating to the administration of medication. Individual cover may need to be arranged for any individual healthcare procedures not covered by this policy.

12. Complaints:

Parents and carers, with a complaint about their child's medical condition, should discuss these directly with the designated person in charge of medical conditions: **Karen Woodyatt** in the first instance, followed by the Headteacher: Billy Hutt if necessary.

If the above cannot resolve the matter satisfactorily, they will direct parents and carers to the school's complaints procedure.

13. Access, monitoring and review arrangements:

The Asthma Policy will be accessible to all staff and the school community via the school's website. Hard copies can be obtained through the school office. This policy will be reviewed on a two-yearly cycle. It will be monitored throughout this period by the school's leadership team, The Board of Trustees and the person responsible for medical conditions in school: Karen Woodyatt.

This policy will be reviewed and approved by the Board of Trustees every two years.

14. 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

13. Data Protection Statement:

The procedures and practice created by this policy have been reviewed in the light of our GDPR Data Protection Policy.

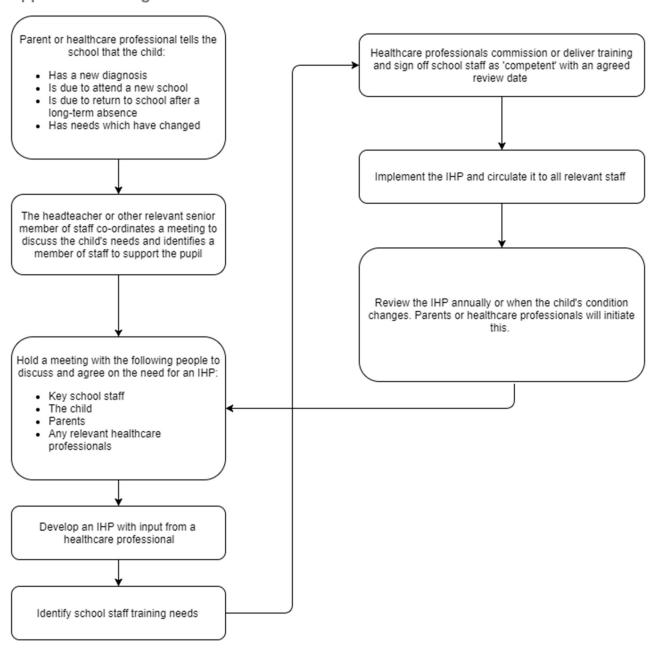
All data will be handled in accordance with the school's GDPR Data Protection Policy.

Name of policy	Content	Reason for policy	Who does it relate to?	Where is it stored?
Asthma	Procedures, administration and responsibilities linked to Asthma	To ensure a consistent and effective approach to supporting children with asthma in school	Adults linked to a child with asthma as well as affected children themselves	P-Drive (Full Trustees policies section)

As such, our assessment is that this policy:

Has Few / No Data Compliance Requirements	Has A Moderate Level of Data Compliance Requirements	Has a High Level Of Data Compliance Requirements
	✓	

Appendix 1: Being notified a child has a medical condition



Appendix 2: Administration of medicines form:

ADMINISTRATION OF MEDICINES IN SCHOOL

Child's name:	
Child's class:	
Condition or Illness:	
Name of parent giving permission:	
Signature	
Parent's Contact No.	
Date permission given	
Name of medicine	
Expiry Date	
Dose	
Time(s) medicine should be given	

School use only

Date	Dose	Time given	Member of staff