



Manby Lodge Infant School

Policy for Supporting Pupils at School with Medical Conditions

Reviewed: Spring 2023

Next review: Summer 2023 (as this is due to be updated by the Local Authority)

Manby Lodge Infant School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014– "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014 (updated August 2017). The school will have regard to the statutory guidance issued. We take account of it; carefully consider it and we make all efforts to comply. Ofsted also places a clear emphasis on schools meeting the needs of pupils with SEN and Disabilities, also including those pupils with medical conditions.

Key roles and responsibilities

The Governing Body of Manby Lodge Infant School is responsible for:

- 1) Ensuring arrangements are in place to support pupils with medical conditions.
- 2) Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- 3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited, to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- 4) Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- 5) Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.

- 6) Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- 7) Ensuring written records are kept of, any and all, medicines administered to pupils.
- 8) Ensuring the policy sets out procedures in place for emergency situations.
- 9) Ensuring the level of insurance in place reflects the level of risk.
- 10) Handling complaints regarding this policy as outlined in the school's Complaints Policy.

The Head teacher is responsible for:

- 1) Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- 2) The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures.
- 3) Liaising with healthcare professionals regarding the training required for staff.
- 4) Identifying staff that need to be aware of a child's medical condition.
- 5) Ensuring that Individual Healthcare Plans (IHPs) are in place
- 6) Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- 7) If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- 8) Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- 9) Continuous two way liaison with school nurses, health visitors and school in the case of any child who has or develops an identified medical condition.
- 10) Ensuring confidentiality and data protection.
- 11) Assigning appropriate accommodation for medical treatment/ care.
- 12) Considering the purchase of a defibrillator.
- 13) We do not currently hold a 'spare' salbutamol asthma inhalers in school.

Staff members are responsible for:

- 1) Being familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff will have access to protective disposable gloves and should take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

- 2) Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
- 3) Knowing where controlled drugs are stored and how to access them.
- 4) Taking account of the needs of pupils with medical conditions in lessons and when on trips or outings.
- 5) Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- 6) Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

Parents and carers are responsible for:

- 1) Keeping the school informed about any new medical condition or changes to their child/children's health.
- 2) Participating in the development and regular reviews of their child's IHP.
- 3) Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- 4) Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- 5) Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

Pupils are responsible for:

- 1) If able to, providing information on how their medical condition affects them.
- 2) Contributing to their IHP
- 3) Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

Training of staff

- 1) Newly appointed teachers, supply or agency staff and support staff will receive a copy of the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- 2) No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition.
- 3) School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. They will notify Health & Safety DCC, and Risk, Insurance & Governance Manager, DCC where necessary.

Medical conditions register /list

- 1) Schools admissions forms should request information on pre-existing medical conditions. Parents must have an easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information regarding attendance.
- 2) A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. Each class teacher should have an overview of the list for the pupils in their care, within easy access.
- 3) Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
- 4) For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

Individual Healthcare Plans (IHPs)

- 1) Where necessary (Head teachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Head teacher, SEND leader and medical professionals.
- 2) IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as Intranet or locked file is more appropriate. However, in the case of conditions with potential life-threatening implications the information should be available clearly and accessible to everyone.
- 3) IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- 4) Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
- 5) Where a pupil's medical needs warrant Intimate Care, the Intimate Care Policy will be referred to and followed. The dignity of the child is always a priority.
- 6) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

Transport arrangements

- 1) Where a pupil with an IHP is allocated school transport, the school should invite a member of Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be

passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.

2) For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.

3) When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.

4) Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

Education Health Needs (EHN) referrals

1) All pupils of compulsory school age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the local authority's duty to arrange educational provision for such pupils.

Medicines

1) Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours. *

2) If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.

***Where possible we ask that parents come to school to administer medicines.**

3) No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

4) No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

5) Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered unless it is a medical emergency.

7) A maximum of four weeks' supply of the medication may be provided to the school at one time, although salbutamol inhalers and adrenaline auto-injectors last for longer.

8) Due to the age of our children a child who has been prescribed a controlled drug may not have it in their possession. Schools should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.

9) Medications and Asthma inhalers will be stored in the School Office. Antihistamine and adrenaline auto-injectors will only be stored in the First Aid Cabinet in the hallway next to Reception classes.

10) Any medications left over at the end of the course will be returned to the child's parents.

11) Written records will be kept of any medication administered to children.

12) Pupils will never be prevented from accessing their medication.

13) Emergency salbutamol inhaler kits may be kept voluntarily by school. These will only be given to children with identified asthma as a last resort, if the child is in need and their own medication is not available.

14) General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room

15) Manby Lodge Infant School cannot be held responsible for side effects that occur when medication is taken correctly.

16) If the pupil refuses to comply with their health procedure, staff will not force a pupil to do so but will inform parents.

Administering medicines

When administering medicines staff must:

1) Ensure they wear protective clothing if necessary

2) Check they have the correct child by comparing with the photograph of the child on SIMs (if necessary).

3) Ensure they complete an 'individual child administering medicines record' after each dose and will inform parents should it need to be replenished.

4) Ensure medication is returned to the correct storage place after each dose.

Emergencies

1) Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.

2) Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

3) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Infectious illnesses

1) All staff will refer to the Public Health England guidance when responding to a child who is ill or infectious.

2) All staff will take necessary steps to prevent the spread of infection

and take appropriate action if children are ill.

3) Parents/carers will be asked to collect children or keep them at home if there is a risk of infecting other children.

Day trips and sporting activities

1) Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips and sports activities and not prevent them from doing so unless a clinician states it is not possible.

2) To comply with best practice risk assessments should be undertaken, in line with H&S guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

3) Avoiding unacceptable practice each case will be judged individually but in general the following is not considered acceptable.

The following behaviour is unacceptable in Manby Lodge Infant School:

1) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.

2) Assuming that pupils with the same condition require the same treatment.

3) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.

4) Sending pupils home frequently or preventing them from taking part in activities at school.

5) Sending the pupil to the medical room or school office alone or with an unsuitable escort if they become ill.

6) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.

8) Creating barriers to children participating in school life, including school trips.

9) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Insurance

1) Teachers and support staff who undertake responsibilities within this policy will be assured by the Head teacher that are covered by the LA/school's insurance.

2) Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Headteacher.

Complaints

1) All complaints should be raised with the school in the first instance and the school aims to be able to resolve issues as soon as possible.

2) The details of how to make a formal complaint can be found in the School Complaints Policy which can be accessed on the school website

Definitions

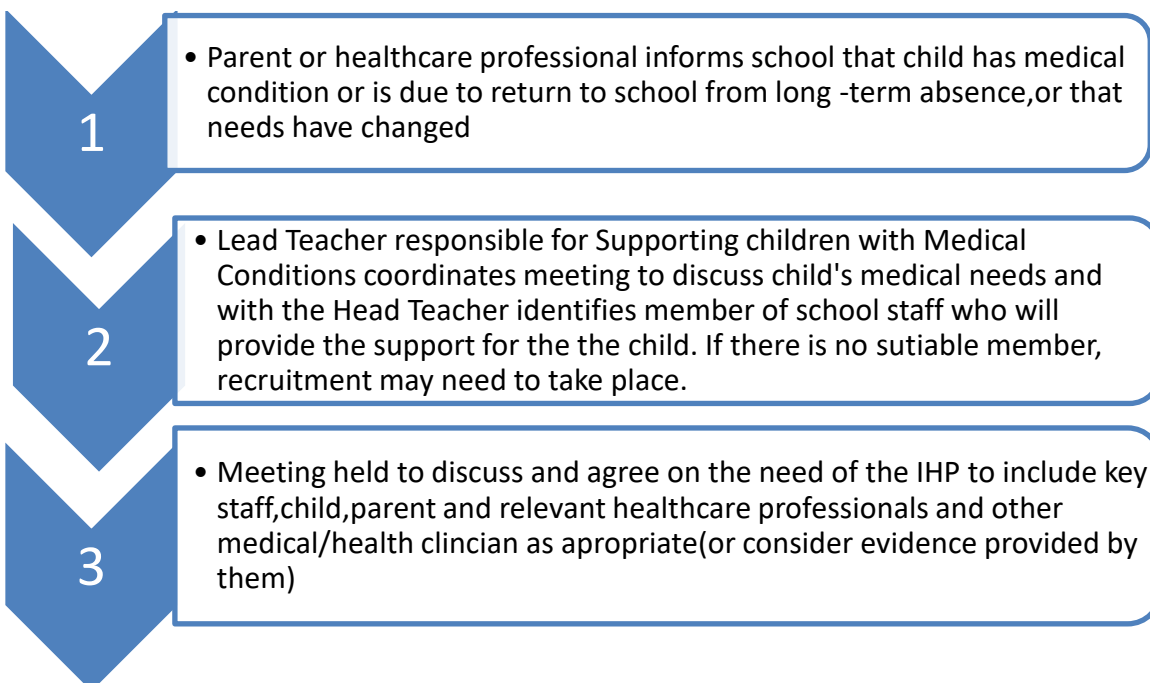
1) 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.

2) 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either on going or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. Being 'unwell' and common childhood diseases are not covered.

3) 'Medication' is defined as any prescribed or over the counter treatment.

4) 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.

5) A 'staff member' is defined as any member of staff employed at Manby Lodge Infant School.



4

- Develop IHP partnership. Agree who leads on writing it. Input from healthcare professionals must be provided

5

- School staff training needs identified
- Healthcare professional commissions and /or delivers training
- Staff signed off as competent-review date agreed

6

- IHP implemented and circulated to all relevant staff

7

- IHP reviewed annually or when condition changes. Parent/carer,health care or SEND leader to initiate