To live, love and learn joyfully in the family of Christ



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

Date of Policy: January 2021

Date of Review: January 2022

Values

We believe that the purpose of Sacred Heart Catholic Primary school is to:

- help pupils to live and learn in a Catholic Christian environment leading to acceptance and respect of others in a diverse school community and wider world
- provide an environment in which high expectations will lead to a striving for excellence in all areas of school life

- educate and develop each member of the school community by building on their strengths and supporting their weaknesses
- foster purposeful relationships with those who learn in, work in and visit our school where diverse views and backgrounds are respected

Children and Families Act 2014

1 The Children and Families Act 2014 includes a duty on schools to support children with medical conditions. This is inclusive of children with diabetes. Schools must make arrangements for supporting pupils at schools with medical conditions and in meeting that duty they must have regard to the statutory guidance issued by the Secretary of State

Definitions of Medical Conditions:

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in school activities because they are on a course of medication
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs)

2 Overview

Sacred Heart Catholic Primary will ensure that children with medical conditions are well supported.

- The Head Teacher is the named person with responsibility for supporting these children and for ensuring that sufficient staff are suitably trained,
- We have a commitment that all relevant staff will be made aware of the child's condition,
- We provide cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- We will brief supply teachers,
- We undertake risk assessments for school visits, holidays, and other school activities outside of the normal timetable.
- We monitor individual healthcare plans in liaison with the health practitioners

The Role of Staff

Some children with medical conditions may be disabled. Where this is the case, governing bodies must comply with their duties under the Equality Act 2010.

Some may also have Special Educational Needs and may have either a Statement of Special Educational Needs, or an Education, Health and Care (EHC) plan which brings together health and social care needs as well as their special educational provision. For children with SEN, this guidance

should be read in conjunction with the SEN Code of Practice and the Sacred Heart Catholic Primary School SEN Information Report

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions have full access to the school curriculum, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and may involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At the school, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals including the school nurse team will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures are followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting in Reception at Sacred Heart Catholic Primary School, arrangements will be in place in time for the start of the school year. In other cases, such as a new diagnosis or children moving to the school mid-term or mid-year, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect the child's quality of life and may be life-threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The school will ensure that arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need. The school will ensure that arrangements are clear and unambiguous about the need actively to 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 make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The school will make sure that no child with a medical condition is denied admission or prevented from attending school because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence is conflicting, a robust dialogue may be necessary to ensure that the right support can be put in place. This will usually be led by the SENDCO or Headteacher. Following the discussions an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by the SENCO, but it will be the responsibility of all members of staff supporting the individual children to ensure that the plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Healthcare Plans will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one.

The school, health care professional and parents/carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Where a child has SEN but does not have a Statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan. Appendix B shows a template for the Individual Health Care Plan

and the information needed to be included. Individual Health Care Plans, (and their Review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional (usually the SENDCO) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring the plan is finalised and implemented rests with the school.

The school will ensure that Individual Health Care Plans are reviewed at least termly or more frequently if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan. Annex B provides a template for the Individual Health Care Plan, which must include:

- 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/noisy conditions, travel time between lessons; specific support for the pupil's educational, social and emotional needs for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child'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 child's condition and the support required;
- arrangements for written permission from parents/carers 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 child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parents/carers or child, the designated individuals to be entrusted with information about the child's condition; what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the school's responsibility to write or review.

The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the parent/carer, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the office to ensure that the safeguarding of other children is not compromised or in the classroom if they may be required in an emergency. The school does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/carers should be informed, outside of the review, so that alternative options can be considered.

Managing Medicines on the Sacred Heart Catholic Primary School Site

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent (annexe D)
- We will not administer non-prescription medicines to a child. If a parent/carer wishes a child
 to have the non-prescription medicine administered during the school day, they will need to
 come to the school to administer it to their child;
- The school will only accept prescribed medicines that are in-date, labelled, provided in the
 original container as dispensed by a pharmacist and include instructions for administration,
 dosage and storage. The exception to this is insulin, which must still be in date, but will
 generally be available inside an insulin pen or a pump, rather than in its original container;
- All medicines will be stored safely in the school office (except for those requiring potential
 emergency use, such as asthma inhalers, blood glucose testing meters). Children should
 know where their medicines are at all times and be able to access them immediately;

Medicines and devices such as asthma inhalers and blood glucose testing meters always readily available to children; Inhalers will be stored in the classroom where both staff and the child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times. Epi pens are kept in the blue cupboard in the office marked clearly0 Epi-Pens.

During school trips, children with medical needs will always been in a group with a member of school staff. The member of staff will carry the child's medication or medical devices.

Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and

how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted. Annex C and Annex D outline these procedures. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;

When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents/carer; or ignore medical evidence or opinion, (although it may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments; Parents will however be notified if their child's attendance level falls below 90% and is affecting their progress at school so that measures can be discussed and put in place to improve their attendance or to refer for support for education at home.
- 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/carers, or otherwise make them feel obliged, to attend the school to
 administer medication or provide medical support to their child, including with toileting
 issues. No parent/carer should have to give up working because the school is failing to
 support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips

Complaints

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the complaints procedure outlined in the school's Complaints Policy.

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them) Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided School staff training needs identified Healthcare professional commissions/delivers training and staff signed-off as competent - review date agreed IHCP implemented and circulated to all relevant staff IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

Individual healthcare plan

Appendix 2

Individual Health Care Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
(meane)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision
Daily care requirements
Specific support for the pupil's educational, social and emotional needs
Arrangements for school visits/trips etc
Other information
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)
Plan developed with
Staff training needed/undertaken – who, what, when
Form copied to

Parental Agreement for School to Administer Medicines

The school will not give your child medicine unless you complete and sign this form.

Name of Child							
Date of Birth							
Class							
Medical condition/ Illness							
Medicine							
Name/ Type of Medicine							
Date dispensed							
Expiry date							
Dosage and method							
Timing							
Special Precautions							
Are there any side effects the school should know about?							
Procedures to take in an emergency							
Signature of parent							
Date							

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Parental Consent Form