



Introduction

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at school with medical conditions. In doing so they must ensure that such pupils can access and enjoy the same opportunities at school as any other child.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of pupils have a common law duty to act in the place of parents and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to the need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

Definition

Pupil's medical needs may be broadly categorised as either:

- Short-term: affecting their participation in school activities because they are following a course of medication
- Long-term: requiring on-going care and support, sometimes with acute episodes, and involves the need for medication and/or care while at school. The condition requires monitoring and may require immediate intervention in an emergency.

Some children with a long-term medical condition may be disabled. Where this is the case, the Governing Body must comply with its duties under the Equality Act 2010. Some children with medical conditions may also have Special Educational Needs and may have a statement of Education, Health and Care Plan (EHCP). For children with SEND, this policy should be read in conjunction with the SEND Code of Practice and the school's Local Offer.

Responsibilities:

- The Governing Body will ensure that arrangements are in place in school to support students with medical conditions so that they can enjoy the same opportunities as any other child.
- The person with overall responsibility for the implementation of this policy is: Frances Parr. She is responsible for:
 - ensuring that sufficient staff are suitably trained to support children with medical needs
 - making all relevant staff aware of the child's condition
 - making cover arrangements in the case of staff absence or turnover to ensure someone trained is always available to support the child
 - briefing supply teachers
 - risk assessments for school visits, holidays and other school activities outside of the normal timetable
 - monitoring of individual healthcare plans.
- The school will work with health professionals, parents/carers and other support services to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases, this will require flexibility, part-time attendance or periods in alternative provision. Plans will be put in place to ensure children can be reintegrated smoothly into school following a long period of absence.
- Staff must not give prescription medicines or undertake health care procedures without appropriate training reflecting Individual Health Care Plans. A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, such as the school nursing service, will provide training in medical procedures or administering medication.

Procedures to be followed when notification is received that a pupil has a medical condition

When the school is notified that a pupil with a medical condition will be joining the school, it will put in place appropriate arrangements to manage that condition within school in time for the start of the relevant term. In the case of pupils already attending the school who are newly diagnosed or moving to the school mid-term, the school will make every effort to put in place arrangements within two weeks.

Where a pupil's medical condition is unclear, or there is a dispute between professionals or parents about the diagnosis, the school will use its best judgement about what support to provide on the available evidence. This will normally involve some medical evidence and consultation with parents. Where the evidence is unclear, the school may need to challenge parents and medical professionals on the support to be provided.

On the advice of medical professionals and in consultation with parents, it may be agreed that the medical condition requires an Individual Health Care Plan to be put in place. Not all children with medical conditions will require an IHCP. Appendix A shows is a flow chart of the process.

The school will ensure that there is an appropriate level of insurance in place. Staff providing support for medical conditions should ask at the school office for a copy of the insurance cover. Insurance policies will need to be checked to ensure they cover any particular medical procedure. Any conditions of insurance, such as training for staff, will be complied with.

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by the named person with responsibility for this policy who is Frances Parr. It will be the responsibility of the class teacher and all members of staff involved with the child to ensure that the plan is followed.

The IHCP will be written to provide clarity about what needs to be done, when and by whom. They will clearly define what constitutes an emergency and explain what to do. If a child (regardless of whether they have an IHCP) needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, including accompanying them to hospital if necessary.

IHCPs must be easily accessible to all who may need to refer to them, while preserving confidentiality. They will capture all 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 degree of support needed. The IHCP must be completed by the named member of staff with support from parents/carers and a relevant healthcare professional who can advise on the particular needs of the individual child.

The school will ensure IHCPs are reviewed at least annually or when a child's needs change. Where a child has a Special Educational Need and EHC plan, the IHCP should be part of the EHC plan.

A template with the information to be included is attached as Appendix B, but each MUST include:

- The medical conditions, 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, dietary requirements and environmental issues eg crowded/noisy conditions etc
- Specific support for the pupil's educational, social and emotional needs eg how absences will be managed, rest periods, counselling or support catching up with lessons
- The level of support needed and the extent to which the child can take responsibility for their own health needs. Where a child is self-managing medications, this should be clearly stated with appropriate arrangements for monitoring
- Who will provide the 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
- While 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 arrangement or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate eg risk assessments
- Where confidentiality is an issue for the parents/carers or child. The designated individuals to be entrusted with the information about the child's condition
- Where a child is returning to school following a period of ill-health, the plan must identify the support the child will need to reintegrate
- What to do in an emergency, including whom to contact, and contingency arrangements.

The Child's role in managing their own medical needs

If it is decided, in consultation with parents/carers, that a child is competent to manage their own health care needs and medicines, the school will encourage them to do so and this will be reflected in the IHCP.

Wherever possible, the school will allow children to carry their own medicines and devices or ensure that they can access them for self-medication quickly and easily. They must be stored in a manner that ensures the safety of other children is not compromised. If a child is not able to self-medicate then relevant staff will support and administer medicines and manage procedures where they have been trained to do so.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so but will follow the procedure in the IHCP and inform parents so that alternative options can be considered.

Managing medicines in school

- The schools will only administer, or supervise the administration of, medicines when it would be detrimental to the child's health or school attendance not to do so.
- No child under the age of 16 will be given prescription or non-prescription medicines without written consent from parents/carers – except in circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- The school will not administer non-prescription medicines to a child unless this has been agreed as part of an IHCP. Parents may come to school to administer the medicine to their child if necessary.
- The school will encourage parents/carers and healthcare professionals to determine a prescription regime that allows the administration of medicines outside school hours
- 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 in a pump or epi-pen.
- All medicines will be stored safely. Children must know where their medicines are kept at all times and be able to access them immediately, including who holds the key to locked rooms or cupboards.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available and not locked away. They must be kept in cupboards where both the class teacher and child know how to access them. It is essential that these devices are in the school at all times.
- During school trips, the member of staff in charge of first aid will carry all medical devices and medicines and the child will be told who to ask to access them.
- Staff administering medicines will do so in accordance with the prescribers instructions.
- A record will be kept of all medicines administered to children, stating what, how, when, how much and by whom. Any side effects will be noted. Record forms are included as Appendix C and D
- When no longer required, medicines will be returned to parents/carers to arrange safe disposal. Sharps boxes will be used for the disposal of needles, contaminated materials and other sharps.

School trips and visits

The school will actively support children with medical conditions to participate in school trips, sporting activities and residential visits. Teachers will ensure they are aware of the impact of the medical condition on a child's ability to participate and make reasonable adjustments to ensure they can be safely included in consultation with parents/carers and medical professionals as required.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to each child's IHCP, 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; or ignore medical evidence or opinion, (although this 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 Health Care Plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- penalize children for their attendance record if their absences are related to their medical condition eg 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Complaints

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If the issue is unresolved, they may make a formal complaint via the school's complaints procedure.

Frances Parr

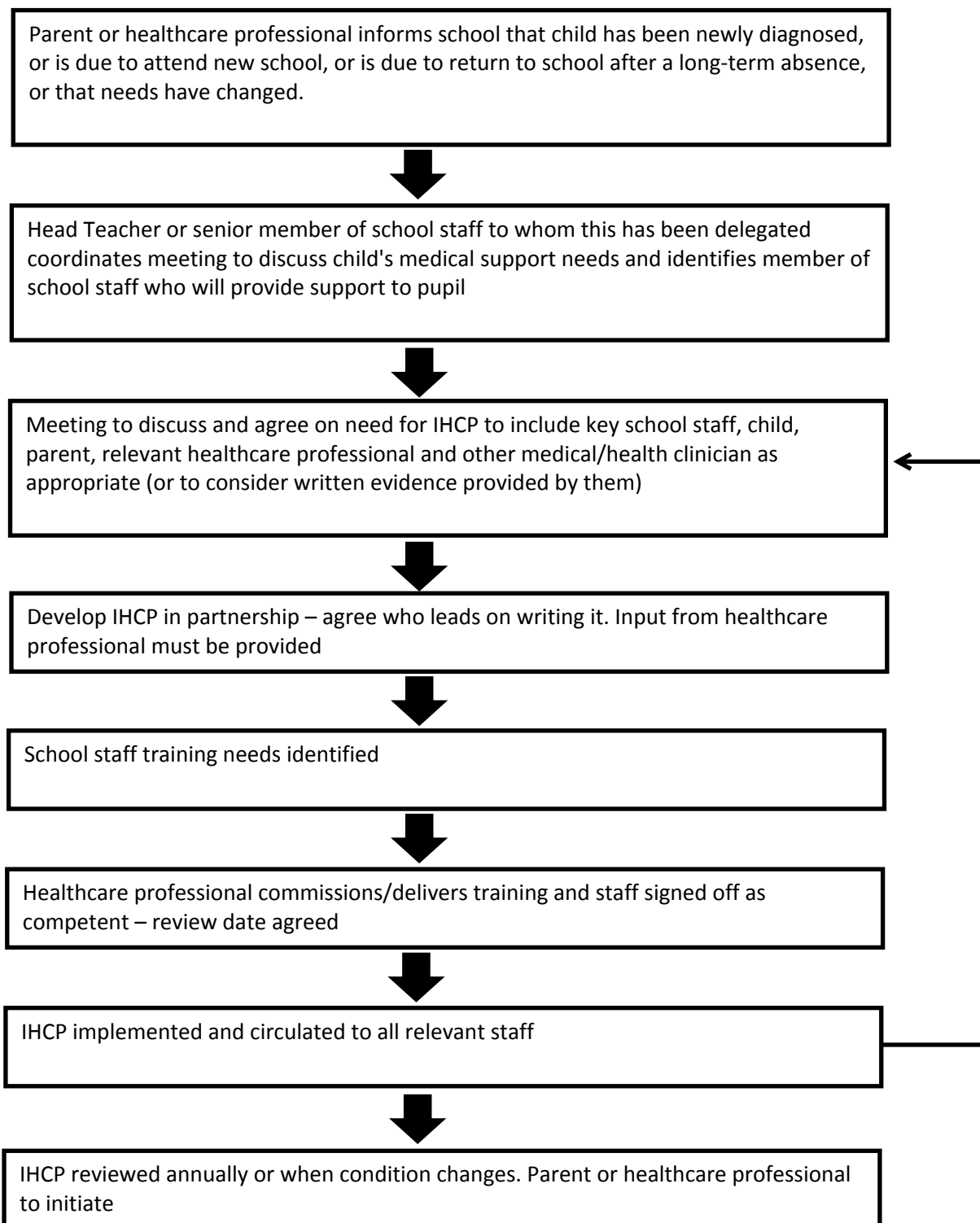
April 2020

To be revised April 2023

Finance and Premises Committee

Appendix A

Model process for developing Individual Health Care Plans



Appendix B
Barningham CEVC School Individual Health Care Plan

Child's Name	
Class	
Date of Birth	
Address	
Medical diagnosis or condition	
Date	
Review date	
Name of Parent/Carer 1	
Contact numbers	Work: Home: Mobile:
Relationship to child	
Name of Parent/Carer 2	
Contact numbers	Work: Home: Mobile:
Relationship to child	
Clinic/Hospital Name	
Contact Number/Name	
GP Name	
Contact Number	
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 trips/visits 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	
Staff training needed/undertaken – who, what, where, when	
Plan developed with:	Signed:
Form copied to:	

Appendix C

Barningham CEVC School Record of Medicine Administered to an Individual Child

Child's Name			
Class			
Date medicine provided by parent/carer			
Quantity received			
Name and strength of medicine			
Expiry date			
Quantity returned			
Dose and frequency of medicine			
Staff signature			
Parent/carer signature			
Date			
Time given			
Dose given			
Any reaction?			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Any reaction?			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Any reaction?			
Name of member of staff			
Staff initials			

Appendix D

Barningham CEVC School Record of Medicine Administered to All Children

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Staff signature	Print Name