St Nicholas' Primary and Nursery School

Policy for Supporting Pupils at School with Medical Conditions

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Introduction and Key Points

This Policy is based on the statutory guidance for governing bodies of maintained schools in England, December 2015. The key points of the guidance are:

- Pupils at school with medical conditions are supported so that they have full access to education, including school trips and physical education.
- The Governing Body will ensure that arrangements are in place in school to support children with medical conditions.
- The Governing Body will ensure that school leaders consult with health and social care professionals, pupils and parents to ensure that the needs of pupils with medical conditions are effectively supported.

At St Nicholas' Primary School, we consider that a child with medical conditions is not a child needing a short course of antibiotics or with a minor or very temporary illness.

Background

On 1 September 2014 a new duty came into force for Governing Bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance is intended to help governors meet their legal responsibilities and to set out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all pupils with medical conditions, both physical and mental health, are properly supported in school so that they can play a full role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This can be because pupils with long-term complex needs may require ongoing support, medical care whilst at school or medicines to help them manage their condition. Others may require monitoring or interventions in emergency situations. It is also true that children's medical needs may change over time, sometimes leading to periods of absence. It is important that parents feel their child's needs are being supported in school and that each child feels safe. In making decisions about how to support each child the school should establish relationships with relevant local health services to help them. It is crucial that school receive help and advice from healthcare professional as well as considering the views of parents and pupils.

In addition to the educational impact of medical conditions, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may develop emotional disorders such as anxiety or depression around their condition. Long-term absences can impact on academic achievement and progress. It can also impact on their ability to integrate with their peers. Reintegration back into school should be fully supported by the school so that pupils are able to fully engage with the learning and do not fall

behind. Short-term frequent absences, including those for appointments connected to the medical condition need to be carefully managed.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the Governing Body must comply with their duties under that Act. Some may also have special educational needs (SEND) and may also have an Education, Health and Care plan (EHC) which brings together health and social care needs as well as their special education provision. For children with SEN, this guidance should be read in conjunction with the new SEND Code of Practice 2014.

Local Authority (OCC)

OCC, as the employer, is responsible for all health and safety matters.

Responsibilities of the Governing Body

In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, head teacher, a committee or another member of staff as appropriate. Help or co-operation can also be enlisted from other appropriate persons. We expect that an approach to meeting the duty will be taken in the light of the statutory guidance. This will inform the school and the others about what needs to be do in terms of implementation. However, the Governing Body remains legally responsible and accountable for fulfilling their responsibilities. At St Nicholas' Primary and Nursery School, the Head teacher, in co-operation with parents, key staff and appropriate agencies, make the arrangements.

The Governing Body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they must ensure that such children access and enjoy the same opportunities as other pupils. Schools, local authorities and other health professionals should work together to ensure that pupils with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the Local Authority.

At St Nicholas' Primary and Nursery School we understand that many of the medical conditions that affect pupils in school may affect their quality of life and may in some cases be life threatening. Some may be more obvious than others, so we work to ensure we focus on the individual needs of each pupil. Children and young people with medical conditions are entitled to a full education and have the same rights of admission as other children. This means that no child with a medical condition should be denied admission or be prevented from taking up a place because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies must ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore, do not have to accept a child into school at times where it would be detrimental to the health of that child or others to do so.

Governing Bodies must ensure that arrangements they put in place are sufficient to meet their statutory responsibilities and ensure that procedures and systems are properly managed and effectively implemented.

At St Nicholas' Primary and Nursery School the Head Teacher will ensure that all staff, who could be called upon to understand and account for the medical needs of a pupil, are trained in meeting the needs of the child. This will be done through a medical needs meeting with parents and other relevant agencies, including school nurses and other healthcare professionals where relevant. If appropriate the child will then have an **Individual Health Care Plan (Appendix A)**, which will be displayed in the staff room and kept by their class teacher. Where medication is involved, the Plan will be stored alongside the prescribed medication in the child's medical pack. These are kept in the medical boxes stored in individual classrooms (Epi-pens) for Years 1-6 and in the Secure Cupboard in the Early Years block, for our Early Years pupils. The office will track staff training needs and ensure that Epi-pen training and first aid training are booked as required. The office will produce a 'medical needs' summary register for each class register and this will be regularly updated. If pupils with a Health Care Plan are attending a residential, the EVC coordinator and the trip's Lead Teacher will meet with relevant staff and parents to decide if and how the Plan must be adapted to cater for the child during the trip. This may include a 1:1 Risk Assessment.

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

For children starting at a new school, arrangements should be in place in time for the start of term. If a child joins a school mid-term, every arrangement should be made to meet the needs of the child within two weeks. In the case of a severe medical condition, the Head Teacher will arrange a Medical Planning Meeting as far in advance as possible of start dates and will involve all relevant agencies, or advice from them in their absence. All relevant staff training will be arranged as soon as possible. Schools do not have to wait for a formal diagnosis before providing support for a pupil. In cases where a pupil's condition is unclear, or where there is a difference of opinion, judgements will be needed about how to support the pupil based on the evidence available. This will normal involve medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support is put in place.

Individual Health Care Plans

The Head Teacher will ensure that all Individual Healthcare Plans, where appropriate, are developed in partnership, with the help of pupils, parents, key school staff and other agencies. These plans will be reviewed annually or, if necessary, as pupils' needs change.

We use the template attached to this policy (**Individual Healthcare Plan**)[**Appendix A**], to identify a need and to support a child effectively. If a child requires an Epi-pen, the Child Health Service will issue an Allergy Advice Plan.

Where a child has a special educational need identified in a Statement or EHC Plan, this will inform any necessary individual healthcare plan.

Any member of the staff may be asked to support a child with medical needs but they cannot be required to do so. Although administering medicines is not part of teacher's professional duties they should take into account the medical needs of the pupils that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support a child with medical needs. Only those members of staff who have current First Aid qualifications will be required to act in an emergency. Parents must provide school with all the up-to-date information about the needs of their child.

Staff Training and Support

The school office will keep a central record of all staff training. This includes the register of Epi-pen trained staff and First Aid training. Epi-pen training needs to be renewed every 12 months and is carried out by the School Nurse Team. This training will be organised by the office and staff informed about the training. First Aid training is updated every 3 years and this is organised for specific members of staff. Where staff join or leave First Aid training needs are assessed by the Head teacher and Business Manager. Information supplied by parents on registration forms is kept in the school's central database and these forms are sent out to parents to update each September. All staff receive a list of pupils across the school who have additional medical needs. Only medication that has been prescribed by a doctor is administered in school; details of each medication is included in the forms completed by parents via the office. The only exception to this rule is the administration of an inhaler in a situation deemed to be an emergency.

Hygiene/Infection Control

Staff should follow basic hygiene procedure as set out in the **Health and Safety Policy, which also refers COVID-19.** Staff should use protective, disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressing or equipment.

The Child's Role in Managing their Own Medical Needs

Governing Bodies should make arrangements for pupils who are competent to manage their own health needs or medication.

Where possible, and in agreement with parents, we aim to ensure that children are fully aware of their medical needs and where appropriate are fully involved in managing their routine. These systems, including the management and appropriate level of supervision, are developed with the pupils, parents and other health professionals or support agencies, and are detailed on the relevant forms.

If a child refused to take any medication, the school staff will not force the child to do so. Parents would be contacted immediately for their advice and decision. If necessary, the school will call emergency services.

Managing Medicines on School Premises

The following procedures must be adhered to, for managing medicines:

- Medicines are only administered at school when it would be detrimental to a child's health not to do so.
- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent. (The only exception to this may be the use of an Asthma inhaler in a situation deemed to be an emergency and only by a qualified first aider)
- The only occasion where pain relief medication may be administered is on a residential visit. Parents will need to give approval prior to the visit (complete a **Parental Agreement to Administer Medicine form**). [Appendix B]
- In the first instance, school will ask parents if any prescribed medication can be administered outside of school hours, this is usually possible for most common antibiotics which need to be taken three times daily and therefore can be taken before and after school.
- Medications are stored in designated areas of school: the school office; the staffroom fridge if appropriate, or the Early Years fridge if necessary. Epi pens and inhalers should be readily available and not locked away. Most children with inhalers have them stored in their classrooms, in accordance with the recommendation on their Care Plan.
- Individual Epi-pen medication is kept in clearly labelled zippy pockets that contain the plan for medication, details of the medication and expiry dates so that parents are kept fully informed about needs for renewal.
- No child can be given medication that is out of date.
- When any medication is administered the record sheet **(Record of Medicine Administered to an Individual Child)[Appendix C]** is updated and parents are informed of doses and times of administration.
- When medication is no longer required or goes out of date it is returned to parents to dispose of responsibly or renew accordingly. Staff should not dispose of medicines.
- Where necessary, it is the parent/ carers responsibility to collect medication at the end of each school day/end of year.

At St Nicholas' Primary and Nursery School, it is essential that clear written instructions are supplied by parents, in the event of medication being administered to their child. Parents should always complete a **Parental Agreement to Administer Medicine form,[Appendix B**] giving the child's name and class, clear instructions on the dose to be administered to the child, the time it is to be given and for what period of time. This form is available from the school office. Only the prescribed/ recommended dose will be administered, unless we receive written instructions otherwise from a medical professional. The form must be signed by a parent/ carer and kept with the medicine in an agreed designated place. All medication administered must be recorded and witnessed by two members of staff.

Record Keeping

Governing Bodies must ensure that written records are kept of all medication that is administered.

- All medication taken by pupils or administered by staff is recorded on a **Record of Medicine Administered to an Individual Child** form [Appendix C]. For short term prescribed antibiotics, administration is also recorded on the form filled in by parents giving permission to administer the medicine.
- Parents are asked to collect out of date medicines and to replace them accordingly.
- If a child receives a bump to the head parents are informed by a slip home, with advice dealing with head bumps on the reverse. All such reported incidents are recorded in an Accident Book, kept in the school Staff Room/KS1 corridor/KS2 base of stairs to Wellbeing Room.
- If a pupil is unwell parents are contacted by phone and action agreed, this may include the pupil remaining at school but being monitored.
- If a child says that they are unwell but appears to be well, a parent may be contacted but not necessarily expected to come to school.

Emergency Procedures

Governing Bodies should ensure that the school has a policy that sets out how to deal with emergency situations.

In the case of emergency, the school will call an ambulance and contact parents. When conditions re require immediate emergency treatment, trained staff may volunteer to administer medication or emergency procedures such as resuscitation. Under normal circumstances, staff should not take children to hospital in their cars – it is safer to call an ambulance. A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent/ carer arrives.

Day Trips, Residential Visits and Sporting Activities

Governing Bodies should ensure that their arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in school trips and visits, or in sporting activities and not prevent them from doing so.

It is part of our equality duty that arrangements are put in place to actively support pupils with medical conditions to participate in school trips and visits. Staff must also make any reasonable adjustments to include all pupils. When completing Risk Assessments, staff will need to consult with parents, pupils and any relevant healthcare professional. Alongside making all adults aware of a child's medical needs and relevant emergency procedures, adjustments may include taking additional adults.

It may be necessary to take medication for pupils on a school trip/ visit (e.g. Epipen, Inhaler, Epilepsy emergency medication). Copies of relevant health care plans should also be taken.

Emergency medication must be taken on all trips, even where a trained member of staff is not present. In this case medication should be given to the paramedics to administer when necessary.

Confidentiality

The school will treat medical information confidentially. The Head will agree with the parents/carers, who will have access to records and information about a pupil. If information is withheld from staff they cannot be held responsible if they act incorrectly in giving medical assistance, but otherwise in good faith.

Unacceptable Practice

Although staff should use their discretion and judge each case on its merits with reference to any Healthcare Plan it is not generally acceptable to:

- Prevent children from accessing inhalers or to prevent the administration of medication.
- Assume that every child with the same condition requires the same treatment.
- Dismiss written medical advice (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from attending normal school activities.
- Penalise children for absences relating to their illness, for example, hospital appointments (doctor's notes may be sought for frequent absences where parents site a doctor's advice has been received).
- Prevent pupils from drinking, eating or taking toilet breaks if they require this.
- No parent should have to give up working because the school is failing to support their child's medical condition (this does not include the administration of short courses of antibiotics where, in the first instance, parents will be asked to administer these outside of school hours or may be asked to attend school to administer the medication at the appropriate time. If this is necessary and a parent/carer is not able to attend school, the school will make arrangements to administer the medication).
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability, Indemnity and Complaints

Governing Bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Should parents 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, there may be a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for

Education should only occur if it comes within the scope of section 496/497 of the Education Act 1996 and after all other attempts at resolution have been exhausted.

As a school we try very hard to uphold the aims and procedures outlined in this policy. However, we recognise that on occasion and despite every effort, parents may feel the need to question actions and possibly complain. Initial contact should first be made with the school. Any complaint that cannot be initially resolved by the class teacher should be passed to the Head Teacher. Only if the Head Teacher is unable to resolve the complaint or the complainant is unwilling to contact the Head Teacher, the complainant should invoke the more formal procedures by contacting the Chair of Governors. The Chair of Governors will investigate the matter and respond to the complainant. If the Chair of Governors cannot resolve the matter it will be referred to the Governing Body Complaints Committee. The Committee will try to resolve the matter as quickly as possible.

Supporting Pupils who are unable to attend school due to a Medical Condition

At St. Nicholas' Primary and Nursery school, we follow the government guidance 'Supporting Children who cannot attend school' which can be found at the following link:

'https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941900/health_needs_guidance_accessible.pdf

The approach taken when pupils have medical conditions and cannot attend school so that pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority. This reflects the requirements of the Education Act 1996.

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). Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school. –

The office/attendance team will alert the Headteacher if a pupil is unable to attend school due to a health need for more than 3 days. - The child will usually have an Individual Health Care Plan, an EHCP or will have seen a medical professional that the school can liaise with. - Parents/carers will be contacted to discuss how well their child is and if they are able to access work, which can be set via Google Classroom by the class teacher or delivered home. - If the pupil is in hospital, St. Nicholas' Primary and Nursery School will contact the Oxfordshire Hospital School (OHS). The class teacher will be responsible for liaising with the teacher from OHS. - When medical professionals deem the pupil is well enough to return to school, work will no longer be provided. The pupil is eligible for a part time reintegration. If the school can't make suitable arrangements, Oxfordshire County Council will become responsible for arranging suitable education for these children. This is when the child has been absent for 15 days or more. In cases where the local authority makes arrangements, the school will: - Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupils. - Share information with the local authority and relevant

health services as required - Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully - Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school) - Create individually tailored reintegration plans for each child returning to school

Appendices:

Individual Health Care Plan [Appendix A]

Parental Agreement to Administer Medicine [Appendix B]

Record of Medicine Administered to an Individual Child [Appendix C]

Signed…….. Date……..

APPENDIX A

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)	
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, contraindications, 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

APPENDIX B

Parental agreement to administer medicine

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy	

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the schools policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date

APPENDIX C

Record of medicine administered to an individual child

Name of school	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Staff signature	

_____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
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