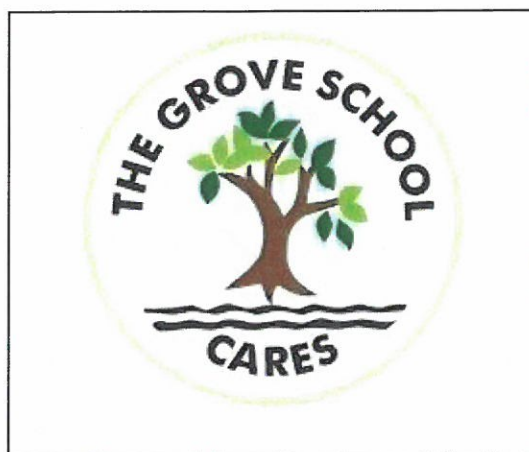


The Grove Primary School



Supporting Pupils with Medical Conditions Policy

Statutory duty from 1st September 2014

Draft policy for optional adoption by DCC schools updated 2023



- 1) Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- 2) Providing support, advice/guidance to schools and their staff to ensure Individual Healthcare Plans (IHP) are in place.
- 3) Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Body of The Grove Primary School is responsible for:

- 1) Ensuring arrangements are in place to support pupils with medical conditions.
- 2) Ensuring the policy and procedures clearly identify roles and responsibilities and are implemented effectively in supporting children with medical conditions.
- 3) Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: disability, ethnicity, gender reassignment, pregnancy or maternity, religion or belief, sex, or sexual orientation.
- 4) Ensuring the policy covers arrangements for pupils who are deemed mature and competent enough 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.
- 7) Ensuring procedures are in place which require written records are kept of all medicines administered to pupils.
- 8) Ensuring the policy sets out procedures in place for emergency situations, including evacuation of the building.
- 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.
- 11) Ensuring there are adequate, safe storage methods in place for the storage of medication.

- 15) Facilitating continuous two-way liaison with parents/carers and relevant agencies in the case of any child who has or develops a medical condition.
- 16) Ensuring confidentiality and data protection.
- 17) Assigning appropriate accommodation for medical treatment/care and storage of medication and medical equipment.
- 18) Ensuring dignity is respected for each child.
- 19) Ensuring all staff are regularly made aware of where the nearest defibrillator is located in relation to school and also any emergency medication.
- 20) Ensure an annual first aid needs assessment is carried out in school as part of Health and Safety to ensure any medical conditions that could entail a medical emergency are fully catered for.
- 21) Ensure procedures are in place for emergency situations, including evacuation of the building. A Personal Emergency Evacuation Plan (PEEP) and Emergency protocol should be in place and reviewed regularly where a child's medical needs require this.

d) Staff members are responsible for:

- 1) Ensuring they understand the policy and related paperwork and procedures.
- 2) Know which pupils in their care have a medical condition and be familiar with the contents of the IHP.
- 3) Taking appropriate steps and making adjustments to support and meet the needs of children with medical conditions across the school day.
- 4) Familiarising themselves with procedures which detail how to respond when they become aware that any pupil with a medical condition in school needs help.
- 5) Undertaking training to support pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- 6) Being aware of how all different types of medication are stored and ensuring easy access right across the school day for any emergency medication.

e) Parents and carers are responsible for:

- a) Newly appointed teachers, supply or agency staff and support staff will be made aware of the 'Supporting Pupils with Medical Conditions' Policy as part of their induction. Staff will also be made aware of any medical conditions within school that the HT deems necessary, with particular consideration for children with life-threatening conditions.
- b) The health professional delivering each training area/session will be named on each IHP to certify that the member(s) of staff have attended the training.
- c) No staff member may administer prescription or non-prescription medicines or undertake any healthcare procedures without undergoing handling medication training or training specific to the condition.
- d) School will keep an up-to-date record of medical conditions supported, training undertaken and a list of staff qualified to undertake responsibilities under this policy.
- e) Where schools have children attending an alternative provision, school should consider the training needs of the staff within that setting.

3) Medical conditions register/list

- a) Initial school admissions forms and annual update requests should ask for information on medical conditions.
- b) Parents must have an easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration should be given to seeking consent from relevant agencies to have input into the IHP.
- c) A medical conditions list or register should be kept, updated and reviewed regularly by the nominated member of staff. As a minimum each class/form tutor should have an overview of the list for the pupils in their care, within easy access. Consideration should be made around staff knowledge for activities such as breaktime duties where the care of pupils may be with someone other than class teachers.
- d) Supply staff, support staff and lunchtime and extra-curricular staff should similarly have access on a need-to-know basis. Parents should be assured data sharing principles are adhered to.
- e) Timely transition meetings should take place to allow the sharing of information and appropriate staff training and the sharing of IHP content.

4) Individual Healthcare Plans (IHPs)

Child Looked After (CLA) then the school must be involved in ensuring the Integrated Transport Team are aware of any medical conditions.

- c) If a pupil is transported between Alternative Providers of education, then the school which the pupil remains on roll at should ensure the Integrated Transport Team are aware of any medical conditions.
- d) Once school has been named as the educational provider for a pupil with medical conditions who will be accessing transport provided by the local authority then the arrangement of a meeting to develop the Individual Healthcare Plan should be arranged. The meeting should include parents/carers, school and medical professionals where possible. The school should complete the School Transport and Medical Needs form and submit as soon as possible to ensure the transport will meet individual needs.
- e) When the transportation of medication is required on school transport parents will be responsible for handing them over to the adult in the car in a suitable bag or container unless the pupil is deemed competent and mature enough to be responsible for their own medication (e.g. Salbutamol inhalers).
- f) When prescribed controlled drugs need to be sent in to school via transport, 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. 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.

6) Education Health Needs (EHN) referrals

- a) All pupils of compulsory school age who because of a health need, 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.
- b) In order to provide the most appropriate provision for the condition, the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.
- c) The service will review each referral and identify an appropriate pathway of support to ensure education is provided whilst the child recovers.
- d) The current pathways available include 1:1 tuition and small group provisions.
- e) When reintegration into school is anticipated, the provision will work with the school to develop an appropriate reintegration plan.

- l) Records will be kept of any medication administered to children.
- m) **The Grove Primary School** has made the decision to hold emergency salbutamol inhaler kits and auto adrenaline injectors for use in an emergency.
- n) **The Grove Primary School** cannot be held responsible for side effects that occur when medication is taken correctly. Parents/carers must give their child the first dose of a new medicine and monitor for side effects.
- o) Staff will not force a pupil to accept their medication or comply with their health procedure. Procedures for dealing with this situation will be discussed in advance with parents/carers and possibly health professionals as part of the writing of an IHP. In the case of pupils who do not have an IHP, the parent/carer will be contacted to discuss next steps.

8) Emergencies

- a) 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.
- b) The school is responsible for ensuring that any emergency procedures are mindful of changes in daily routine and staffing levels.
- c) Where medical emergencies could potentially arise, consideration will be made as to whether a child's peers should be informed of what to do in an emergency. This will be discussed in advance with the parent/carer and also the child where appropriate.
- d) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9) Day trips, residential visits and sporting activities

- a) Clear arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residentials and sports activities
- b) To comply with best practice, risk assessments should be undertaken in order to plan for including pupils with medical conditions on school trips/visits/residentials. Consultation with parents/carers, healthcare professionals etc. will be separate to the normal day to day IHP requirements for the school day.
- c) Procedures will be put into place for the transportation and storage of medication during off-site visits and residentials.

- b) The details of how to make a formal complaint can be found in the School Complaints Policy.

14) Definitions

- a) '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.
- b) '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 ongoing 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.*
- c) 'Medication' is defined as any prescribed or over the counter treatment.
- d) '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.
- e) A 'staff member' is defined as any member of staff employed at **The Grove Primary School**.
- f) 'Health professionals' is inclusive of GP's, consultant paediatricians, schools nurse teams, health visiting and includes specialist nurses, e.g. diabetes and epilepsy.