

**Policy: Supporting Pupils with Medical Conditions**

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| **Adopted by Governing Body on** | **Sept 2023** |
| **Headteacher** | **L Jones** |
| **Date of Review** | **Sept 2024** |

**Contents:**

[Statement of intent](#_Statement_of_intent_1)

1. [Legal framework](#_[Updated]_Legal_framework)
2. [Roles and responsibilities](#_Roles_and_responsibilities_1)
3. [Admissions](#_Admissions)
4. [Notification procedure](#_Notification_procedure)
5. [Staff training and support](#_Staff_training_and)
6. [Self-management](#_Self-management)
7. [CARE PLANs](#_IHPs)
8. [Managing medicines](#_Managing_medicines)
9. [Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)](#_[_Updated]_Adrenaline)
10. [Record keeping](#_Record_keeping)
11. [Emergency procedures](#_Emergency_procedures)
12. [Day trips, residential visits and sporting activities](#_Day_trips,_residential)
13. [Unacceptable practice](#_Unacceptable_practice)
14. [Complaints](#_Complaints)
15. [Monitoring and review](#_Monitoring_and_review_1)

**Appendices**

1. [Individual Healthcare Plan Implementation Procedure](#implementationprocedure)

**Statement of intent**

The governing board of Royd Nursery Infant Schoolhas a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children’s medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school’s compliance with the DfE’s ‘Special educational needs and disability code of practice: 0 to 25 years’ and the school’s Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

# Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

* Children and Families Act 2014
* Education Act 2002
* Education Act 1996 (as amended)
* Children Act 1989
* National Health Service Act 2006 (as amended)
* Equality Act 2010
* Health and Safety at Work etc. Act 1974
* Misuse of Drugs Act 1971
* Medicines Act 1968
* The School Premises (England) Regulations 2012 (as amended)
* The Special Educational Needs and Disability Regulations 2014 (as amended)
* The Human Medicines (Amendment) Regulations 2017
* The Food Information (Amendment) (England) Regulations 2019 (Natasha’s Law)
* DfE (2015) ‘Special educational needs and disability code of practice: 0-25 years’
* DfE (2021) ‘School Admissions Code’
* DfE (2015) ‘Supporting pupils at school with medical conditions’
* DfE (2022) ‘First aid in schools, early years and further education’
* Department of Health (2017) ‘Guidance on the use of adrenaline auto-injectors in schools’

This policy operates in conjunction with the following school policies:

* Administering Medication Policy
* Special Educational Needs and Disabilities (SEND) Policy
* Drug and Alcohol Policy
* Asthma Policy
* Allergen and Anaphylaxis Policy
* Complaints Procedures Policy
* Pupil Equality, Equity, Diversity and Inclusion Policy
* Attendance Policy
* Admissions Policy

# Roles and responsibilities

The governing board will be responsible for:

* Fulfilling its statutory duties under legislation.
* Ensuring that arrangements are in place to support pupils with medical conditions.
* Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
* Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
* Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
* Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
* Instilling confidence in parents and pupils in the school’s ability to provide effective support.
* Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
* Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
* Ensuring that pupils’ health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
* Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher will be responsible for:

* The overall implementation of this policy.
* Ensuring that this policy is effectively implemented with stakeholders.
* Ensuring that all staff are aware of this policy and understand their role in its implementation.
* Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all care plans, including in emergency situations.
* Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
* Having overall responsibility for the development of care plans.
* Ensuring that staff are appropriately insured and aware of the insurance arrangements.
* Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

* Notifying the school if their child has a medical condition.
* Providing the school with sufficient and up-to-date information about their child’s medical needs.
* Being involved in the development and review of their child’s care plan.
* Carrying out any agreed actions contained in the care plan.
* Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

* Being fully involved in discussions about their medical support needs, where applicable.
* Contributing to the development of their care plan, if they have one, where applicable.
* Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

* Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
* Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
* Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
* Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The LA will be responsible for:

* Commissioning school nurses for local schools.
* Promoting cooperation between relevant partners.
* Making joint commissioning arrangements for EHC provision for pupils with SEND.
* Providing support, advice, guidance, and suitable training for school staff, ensuring that care plans can be effectively delivered.
* Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

# Admissions

Admissions will be managed in line with the school’s Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child’s medical condition during the admission process.

# Notification procedure

The school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of a CARE PLAN, outlined in detail in the [care plans](#_IHPs) section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil’s medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

# Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school nurse through the development and review of care plans, on a regular basis for all school staff, and when a new staff member arrives.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in CARE PLANs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned when necessary and provided by the following bodies:

* Commercial training provider
* The school nurse
* GP consultant
* The parents of pupils with medical conditions

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

Supply teachers will be:

* Provided with access to this policy.
* Informed of all relevant medical conditions of pupils in the class they are providing cover for.
* Covered under the school’s insurance arrangements.

# Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their care plan.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil’s care plan will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

# Care Plans

The school, healthcare professionals and parents agree, based on evidence, whether a care plan will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review care plans. Where appropriate, the pupil will also be involved in the process.

Care Plans will include the following information:

* The medical condition, along with its triggers, symptoms, signs and treatments
* The pupil’s needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
* The support needed for the pupil’s educational, social and emotional needs
* The level of support needed, including in emergencies
* Whether a child can self-manage their medication
* Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member’s proficiency to carry out the role effectively
* Cover arrangements for when the named supporting staff member is unavailable
* Who needs to be made aware of the pupil’s condition and the support required
* Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
* Separate arrangements or procedures required during school trips and activities
* Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil’s medical condition
* What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the care plan

Care Plans will be easily accessible to those who need to refer to them, but confidentiality will be preserved. Care Plans will be reviewed on at least an annual basis, or when a child’s medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the care plan will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their care plan.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their care plan identifies the support the child will need to reintegrate.

# Managing medicines

In accordance with the school’s Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil’s health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents’ written consent.

Non-prescription medicines may be administered in the following situations:

* When it would be detrimental to the pupil’s health not to do so
* When instructed by a medical professional

No pupil will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in a care plan.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber’s instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the child’s classroom and their use will be recorded. Inhalers will be used in line with the school’s Asthma Policy.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

# Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school’s Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children’s allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha’s Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school’s Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their care plan.

Pupils who have prescribed AAI devices, will have their devices stored in the stock room in the child’s class.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil’s parents will be notified that an AAI has been administered and informed whether this was the pupil’s or the school’s device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

* Where and when the reaction took place
* How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer’s guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Further information relating to the school’s policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

# Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.

# Emergency procedures

Medical emergencies will be dealt with under the school’s emergency procedures.

Where a care plan is in place, it should detail:

* What constitutes an emergency
* What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

# Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

# Unacceptable practice

The school will not:

* Assume that pupils with the same condition require the same treatment.
* Prevent pupils from easily accessing their inhalers and medication.
* Ignore the views of the pupil or their parents.
* Ignore medical evidence or opinion.
* Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their care plan.
* Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
* Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
* Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child’s needs.
* Create barriers to pupils participating in school life, including school trips.
* Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

# Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school’s response, they may make a formal complaint via the school’s complaints procedures, as outlined in the Complaints Procedures Policy.

# Monitoring and review

This policy is reviewed on an annual basis by the governing board, school nurse and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is September 2024.

# Individual Healthcare Plan Implementation Procedure

 Staff Training Record – Administration of Medication

|  |  |  |
| --- | --- | --- |
|  | Name of school |  |
|  | Name of staff member |  |
|  | Type of training received |  |
|  | Date of training completed |  |  |  |  |
|  | Training provided by |  |
|  | Profession and title |  |

I confirm that the staff member has received the training detailed above and is competent to carry out any necessary treatment pertaining to this treatment type. I recommend that the training is updated by the school nurse.

Trainer’s signature:

Print name:

Date:

**I confirm that I have received the training detailed above.**

Staff signature:

Print name:

Date:

Suggested review date:

# Contacting Emergency Services

**To be stored by the phone in the school office**

**Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly, and be ready to repeat information if asked.**

* The telephone number: **0114 2882594**
* Your name.
* Your location as follows: **Carr Road, Deepcar, Sheffield**
* The postcode:**S36 2PR**.
* The exact location of the individual within the school.
* The name of the individual and a brief description of their symptoms.
* The best entrance to use and where the crew will be met and taken to the individual.

# Incident Reporting Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of incident** | **Time of incident** | **Place of incident** | **Name of ill or injured person** | **Details of the illness or injury** | **Was first-aid administered? If so, give details** | **What happened to the person immediately afterwards?** | **Name of first-aider** | **Signature of first-aider** |
|  |  |  |  |  |  |  |  |  |
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