

**Policy for Supporting Pupils with**

**Medical Conditions:**

**Reviewed March 2020**

**Approved: March 2020**

**Review: March 2022**

This policy is written in regard to Section 100 of the Children and Families Act September 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

We recognise that some children have medical conditions which could impact upon their education. We aim to minimise any disruption and ensure that each individual child with a medical need is able to access and enjoy the same opportunities in school and on educational trips and visits as any other child.

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 from medical professionals.

**Aims**

* To ensure pupils at school with medical conditions are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
* To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

**Procedure**

The Inclusions Leader is responsible for ensuring that the school is notified that a pupil has a medical condition:

* sufficient staff are suitably trained
* all relevant staff are made aware of a child’s condition
* supply teachers are briefed
* risk assessments for visits and activities out of the normal timetable are carried out
* Individual Healthcare Plans are monitored (at least annually)
* transitional arrangements between schools are carried out
* if a child’s needs change, the above measures are adjusted accordingly

Where children are joining school at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an Individual Healthcare Plan which details the support that child needs.

If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child’s medical condition and any implications for the child will be kept in the child’s individual record.

**The Development of Individual Health Care Plans**

We recognise that Individual Healthcare Plans are recommended, in particular, where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one.

When a child starts at Oliver’s Battery Primary School parents are requested to complete an IHCP (Individual Health Care Plan) for any ongoing medical condition. In the event that parents or medical practitioners inform us that a child has a medical condition, it will be requested that an IHCP be completed. In addition, and where appropriate, we will convene a meeting at the earliest opportunity with parents and where necessary medical practitioners. The purpose of the meeting will be to ensure that we have all relevant information relating to the medical condition and fully understand our role in supporting the pupil.

An Individual Health Care Plan will be drawn up during the meeting in consultation with parents and medical practitioners.

Where an Individual Health Care Plan has been provided by medical practitioners this will be amended as required.

The IHCP will be kept in the child’s office folder. Where a child’s medical condition is of significant risk to them (e.g. a child with diabetes, peanut allergy etc.) an A4 card will be displayed in the medical room and PPA room and class register. The child will be photographed and a brief description of the problem and action plan will be set out below the photo to ensure that all staff, including supply teachers and catering staff, are aware of critical information. Children with other ongoing medical conditions will also be made aware to all staff, as well as visitors and supply teachers.

The plan will state roles and responsibilities. The responsible person will normally be the class teacher and or teaching assistant.

Children who can manage their own health needs are encouraged to do so, and those who are not are supported and accompanied by our school staff. This could be while they use inhalers or inject themselves as part of managing diabetes. The child is always consulted about how they would like to be supported and this becomes part of the health care plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition) we will work with Hampshire County Council and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

Complaints should be dealt with in accordance with our Complaints Policy.

**Administering Medication**

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the school is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child’s health or school attendance not to do so.

If the child is well enough to attend school but needs to complete a course of medicine nominated staff, with written permission from a parent/carer, will administer the medicine.

Medicine/tablets etc. should be taken to the office by a responsible adult (not sent to school with a child.)

Nominated staff at school are authorised to administer medicines to children at school, should this be necessary. Parents/Carers should be aware that this is a voluntary role on the part of the school.

The administration of prescription medicines is only permissible once the appropriate authorisation form has been completed in full by parents/carers.

Parents will be asked to complete a medical health form when their child starts school to inform us of any health problems or allergic conditions that affect the child and these will be updated regularly.

Parents are urged to regularly check the expiry dates on medicine e.g. epipens and capsules for inhalers.

All medicines will be kept securely, medicines requiring refrigeration are kept in a fridge in a secure place, (with the exception of asthma inhalers - see below). The School Office retain consent forms completed by parents, which are then filed. A copy is kept on file.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

**Trips and Off Site Activities**

A child’s medical condition will not impact on their participation in any off site activity or day trip, and we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

**Supporting Children with Asthma**

As with other medication, parents will need to complete a form authorising the medication to be administered. Normally this would involve the child self-administering with the supervision of a member of staff.

We require any asthma medication to be accessible by children in school at all times.

Staff are instructed to make sure that they take asthma medication for individual children with them whenever they take that child out of school.

**School Emergency Inhalers**

From 1October 2014 the Human Medicines Regulations 2014 allow schools to keep a Salbutamol inhaler for use in emergencies.

The emergency Salbutamol inhaler will only be used by children for whom written parental consent for use of the emergency inhaler has been given, and who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as a reliever medication.

The inhaler can only be used if the pupils inhaler is not available e.g. because it is empty or broken. This inhaler is kept in the schools medical rooms.

**Roles and Responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

**The Governing Body**

* must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
* must ensure sufficient staff receive suitable training and are competent to support children with medical conditions

**The Head Teacher**

* should ensure all staff are aware of this policy and understand their role in its implementation
* should ensure sufficient numbers of staff are trained to implement the policy and deliver IHCPs, including in emergency and contingency situations, and they are appropriately insured

**School Staff**

* any staff member may be asked to provide support to pupils with medical conditions, although they cannot be required to do so
* any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
* a named staff member will be responsible for the administering of medicines and on the rare occasions when this person is absent, the parent will retain this responsibility. (see Medicines in schools policy)

**Parents**

* must provide the school with sufficient and up-to-date information about their child’s medical needs
* are the key partners and should be involved in the development and review of their child’s IHCP
* should carry out any action they have agreed to as part of the IHCP implementation

**Pupils**

* Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their Individual Healthcare Plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).
* Where possible we will endeavor to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

**The following practice is considered not acceptable:**

* preventing children from easily accessing their medication and administering it when and where necessary
* assuming children with the same condition require the same treatment
* ignoring the views of the child, their parents; ignoring medical advice or opinion
* sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHCP)
* preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
* preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child)