



Supporting Children with Medical Needs Policy

Policy date: Sept 25

Policy statement

Ingol Community Primary School is an inclusive school that aims to support and welcome pupils with medical conditions; to provide all pupils with all medical conditions the same opportunities as others at school.

We seek to ensure all our pupils can:

- be healthy.
- stay safe.
- enjoy and achieve.
- make a positive contribution.
- achieve economic well-being.

The school ensures:

- staff understand their duty of care to children and young people in the event of an emergency.
- staff feel confident in knowing what to do in an emergency.
- medication being taken as prescribed.
- staff understand the common medical conditions that affect children at this school.
- staff receive training on the impact medical conditions can have on pupils.
- staff understand that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

The Governing Body

The governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this policy. Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the governing body as a whole to ensure that:

- no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that no pupil's health is put at unnecessary risk, for example, from infectious diseases;
- There is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this policy;
- Sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
- Staff who provide such support are able to access information and other teaching support materials as needed.
- Funding arrangements support proper implementation of this policy e.g. for staff training, resources etc.

The Headteacher

The Headteacher of this school (Miss N Parkinson) has overall responsibility to ensure that this policy is developed and implemented effectively with partners. To this end, she is supported by the SENDCO (Mr J Moss). The headteacher will ensure that:

- All staff are aware of this policy and understand their role in its implementation;
- All staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc;
- Where a child needs one, an IHCP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
- Sufficient trained numbers of staff are available to implement the policy and deliver against all IHCPs, including in contingency and emergency situations;
- Staff are appropriately insured and are aware that they are insured to support pupils in this way;
- appropriate health professionals i.e. the school nursing service are made aware of any child who has a medical condition that may require support at school that has not already been brought to their attention;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the LA, alternative education providers e.g. hospital tuition, parents etc., aims to ensure a good education for them;
- Risk assessments take account of the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

School Staff

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. While administering medicines is not part of teachers' professional duties, they should still take into account the needs of pupils with medical conditions that they teach. Arrangements made in line with this policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School Nurses and Other Healthcare Professionals

This school has access to a school nursing service which is responsible for notifying the school when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at school and our arrangements for liaison support this process. While the school nurse will not have an extensive role in ensuring that this school is taking appropriate steps to support pupils with medical conditions, they are available to support staff on implementing a child's IHCP and provide advice and liaison, for example on training. The school nurse can also liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs.

Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their

medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHCP. It is also recognised that the sensitive involvement of other pupils in the school may be required not only to support the pupil with the medical condition, but to break down societal myths and barriers and to develop inclusivity.

Parents

Parents are key partners in the success of this Policy. They may, in some cases, be the first to notify school that their child has a medical condition and where one is required, will be invited to be involved in the drafting, development and review of their child's IHCP. Parents should provide school with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

INDIVIDUAL HEALTHCARE PLANS

An IHCP is a working document that will help ensure that this school can effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assess and manage identified risks to their education, health and social well-being and minimise disruption.

An IHCP will often be essential, such as in cases 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. The school, relevant healthcare professional and parent will need to agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher is considered best placed to and will take the final view.

Our flow chart for identifying and agreeing the support a child needs and developing an IHCP is at Appendix A. The level of detail within an IHCP will depend on the complexity of the child's condition and the degree of support they need, and this is important because different children with the same health condition may require very different support.

Where a child has SEND but does not have an EHC Plan, their special educational needs will be mentioned in their IHCP. Where a child has SEN identified in an EHC Plan, the IHCP will be linked to or become part of that EHC Plan.

In general, an IHCP will cover:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medicine (dose, side-effects and storage), and other treatments, time, facilities e.g. need for privacy, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons etc. and being added to the register of asthma sufferers who can receive salbutamol where applicable;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.;

- the level of support needed, (some children will be able to take responsibility for their own health needs and this is encouraged), including in emergencies. If a child is self-managing their medicine, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary); and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head teacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours, including emergency salbutamol in the case of a child suffering an asthma attack without their own inhaler being in working condition;
- any separate arrangements or procedures required for school trips or other activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments; • where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

If a child has an emergency health care plan prepared by their lead Clinician it will be used to inform development of their IHCP. IHCPs, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with this school. An IHCP will be reviewed at least annually and earlier if there is any evidence that a child's needs have changed. This review should also trigger a re-check of any registers held e.g. asthma sufferers with permission to receive emergency salbutamol and may require a re-check of school insurance arrangements especially where a new medical procedure is required.

Pupils managing their own Medical Conditions

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP. To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures themselves may require an appropriate level of supervision and this will be reflected in the IHCP too. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them. 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 agreed in the IHCP as well as inform parents. This is an occurrence that may trigger a review of the IHCP.

Training

The Headteacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the policy and deliver against all IHCPs, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff.

Any member of school staff providing support to a pupil with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in IHCPs. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training needs will be identified during the development or

review of IHCPs. It is recognised that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not always be required, but staff who provide support will be included in meetings where training is discussed. The family of a child will often be key in providing relevant information about how their child's needs can be met, and parents will be asked for their views - they should provide specific advice, but will not be the sole trainer.

A relevant healthcare professional, often the school nurse, will normally lead on identifying and agreeing with school, the type and level of training required, and how training can be obtained usually through the development of IHCPs. Healthcare professionals (including the school nurse) can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine and school will keep records of training and proficiency checks.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, which school undertakes to update to reflect any IHCPs. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions, but some training could be very simple and delivered by an appropriate person in school – for example basic training covering school procedures for administering a non-emergency prescribed oral medicine.

Managing Medicines on School Premises

In conjunction with the *Policy on the Administration of Medication in School*:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent/carer. In such cases, every effort should be made to encourage the child or young person to involve their parent/carer, while respecting their right to confidentiality. Non-prescription medicines may only be administered with written parent/carer permission.
- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Where permission for paracetamol to be administered has been given, unless a parent/carer can be contacted to check times, it will not be given before 12:30pm. A parent/carer will be informed.
- Where clinically possible the school will ask for medicines to be prescribed in dose frequencies which enable them to be taken 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 to school inside an insulin pen or a pump, rather than in its original container.
- All medicines must be stored safely. Children should know where their medicines are at all times. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips.

- The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access.
- Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted.
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal via the bus escort hand to hand. Sharps boxes will always be used for the disposal of needles and other sharps.

Day Trips, Residential Visits and Sporting Activities

Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities, so that their condition does not prevent them from doing so. Teachers will be aware of how a child's medical condition will impact on their participation, but be flexible enough to enable all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

School staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The lead member of staff will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Emergency Procedures

The School's First Aid Policy sets out what should happen in an emergency.

Where a child has an Individual Pupil School Healthcare Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Where appropriate, other pupils in school will be briefed on what to do in general terms, such as informing a member of staff immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint through the normal school complaints procedure that is available to view on the school website.

Signed (Headteacher): Ms N Parkinson

Signed (SENCO): Mr Moss

Process for Developing an Individual Healthcare Plan (IHCP)

A parent or healthcare professional informs school that a child with a medical condition:

- Has newly been diagnosed; or,
- Has had a change in their health needs; or,
- Is due to attend this school as a new pupil; or,
- Is due to return to this school after a long term absence

The Head Teacher or senior member of school staff to whom this task has been delegated, coordinates a meeting to discuss the child's medical support needs and identifies member(s) of school staff who will provide support to the pupil. With appropriate input from parents and in some cases a healthcare professional as well it may be agreed at this point that an IHCP is unnecessary because there will be no significant information to record on it and this along with any measures in place generally to support the child will be communicated to parents.

A meeting takes place to discuss and agree on the need for an IHCP to include key school staff, the child, parents, relevant healthcare professionals and other medical/health clinicians as appropriate (or to consider written evidence provided by them).

After agreeing who leads on writing it, an IHCP is developed in partnership. Input from a healthcare professional must be provided at this stage.

School staff training needs are identified.

Healthcare professional(s) commission/deliver training and school staff are signed off by the trainer as competent – a review date is agreed.

The IHCP is implemented and circulated to relevant staff.

The IHCP is reviewed annually or when a condition changes – to be initiated by a parent or a healthcare professional or by school due to an incident or identified change in needs or school procedures.



Individual Healthcare Plan (IHCP)

School/Setting			
Name of Child:			
Date of Birth:			
Address of Child:			
Gender:	Male/Female	Class/Year:	
Date:		Review Date:	
Medical Diagnosis or Condition:			
Emergency Contact Information			
Family Contact 1		Family Contact 2	
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Work Tel. No:		Work Tel. No:	
Home Tel. No:		Home Tel. No:	
Mobile Tel. No:		Mobile Tel. No:	
GP Details:			
Describe the child's medical needs (E.G. details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.)			
Medicine Details:			

Daily Care Requirements (e.g. before sports activities, lunchtimes etc):

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Arrangements for educational visits and outside normal timetable activities:

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Emergency Procedure:

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Staff Training needs:

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Plan Developed With:

Print Name	Signature	Relationship to child	Date