

COURT LANE INFANT & JUNIOR ACADEMIES



Supporting pupils with medical conditions policy

Approved by:
Local Governing Board

Date: 20/01/2020

Last reviewed on: March 2022

Next review due by: January 2024

Contents

1. Aims	3
2. Legislation and statutory responsibilities	3
3. Roles and responsibilities	3
4. Equal opportunities	6
5. Being notified that a child has a medical condition	6
6. Individual healthcare plans	6
7. Managing medicines	7
8. Educational off-site visits	10
9. Diabetes	10
10. Asthma	11
11. Epilepsy	11
12. Nut Allergy/Anaphylaxis	12
13. Sickness and Diarrhoea	13
14. Sun Cream	13
15. Emergency Procedures	13
16. Hygiene and Infection control	13
17. Admissions and transitions	13
18. Absences	14
19. Training	14
20. Record Keeping	14
21. Liability and indemnity	14
22. Complaints	15
23. Monitoring arrangements	15
Appendix 1: Being notified a child has a medical condition	16
.....	16

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our schools will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The local governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs) with the support of NHS and other healthcare professionals, where appropriate

The named persons with responsibility for implementing this policy are Karen Geddes (Head Teacher – Court Lane Infant's) and Laura Flitton (Head Teachers – Court Lane Junior's).

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

3. Roles and responsibilities

3.1 The Local Governing Board

The Board of Trustees of the University of Chichester Multi-Academy Trust has ultimate responsibility for ensuring arrangements to support pupils with medical conditions are made. This responsibility has been delegated to the local governing board for oversight.

The governing board will:

- Make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented

- Ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.
- Ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

3.2 The Head Teachers of the Court Lane Academies

The Head Teachers will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs, including liaising with NHS Staff where specialist knowledge is required to create the IHP
- Ensure that relevant staff are trained by the NHS Staff to carry out any delegated tasks linked to the feeding and daily care plans provided and that the trained staff are competent to deliver any medicines and procedures
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Ensure that staff are able to act safely and promptly in an emergency situation
- Ensure that the school nursing service has been contacted in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Furthermore, that whenever the Court Lane Academies are notified that a pupil has a medical condition, the Head Teachers will ensure:

- that all relevant staff are made aware of a pupil's condition
- that cover arrangements in case of staff turnover/absence are in place (in so far as is reasonably practicable)
- that supply teachers are briefed on medical conditions
- that risk assessments for visits and activities out of the normal timetable are carried out and reasonable adjustments are made, as necessary
- that IHPs and feeding plans are monitored at least annually
- that transitional arrangements between schools are carried out
- that if a child's need change, the above measures are adjusted accordingly

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions. This includes the administration of medicines, although they cannot be directed to do so.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. This may include training by NHS staff.

All staff members should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff members responsible for completing risk assessments for off-site activities should, where appropriate, liaise with parents/carers, school nurses, other relevant healthcare professionals and the Head Teacher to ensure reasonable adjustments have been made as necessary

Teachers will take into account the needs of pupils with medical conditions that they teach.

3.4 Parents/Carers

Parents/Carers must:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment
- Ensure medicines are kept up-to-date
- Ensure that all medicines and medical equipment are collected at the end of the summer term and returned on the first day of the Autumn term
- Collect and dispose of any unwanted medicines prescribed for their child

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should, wherever appropriate, be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

Where medical needs are complex, NHS staff are responsible for supporting school in the development and provision of any daily care plans and/or feeding plans, which will be kept up-to-date and any revisions will be provided promptly to the school.

School nurses or other healthcare professionals will provide support and training to Court Lane staff to enable them to carry out delegated tasks. Involved professionals will update Court Lane staff with any changes to daily care and feeding plans and make sure that all training and resourcing is up to date.

Specialist local teams may be able to provide support for particular conditions e.g. asthma and diabetes

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place as soon as possible and within 4 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans (IHPs)

The Head Teachers have overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Deputy Head (Court Lane Infant's) and the SEND Leader (Court Lane Junior's).

Plans will be reviewed annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done

- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head Teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not an EHCP, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Head Teacher, Deputy Head or SEND Leader will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, 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
- Any additional risk assessments which require completion as a result of the medical condition e.g oxygen risk assessment
- 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
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers and the Head Teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

It is essential that clear written instructions are supplied by parents/carers when requesting that medication be administered to their child.

Parents/Carers should complete a consent form available from the school office giving:

- The child's name, date of birth and class
- Name of medication
- Clear instructions on the dose to be administered
- The time of day medication is to be given and the duration of the medication
- Any other information
- Parent/Carer details including name and contact details
- Medication must be in its original packaging including the prescriber's instructions
- The form should be signed by the parent/carer and retained in the school office for staff reference
- **Only the prescribed/recommended dose will be administered, this cannot be changed unless written instructions are given from a medical professional**

One adult will check the administration of medication completed by another member of staff. When the medication has been taken by the child, the Medicines Record sheet, kept in the First Aid Room, is to be completed and signed.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school 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, dosage and storage
- In the case of antibiotics or paracetamol the prescribed daily dosage in a syringe may be provided

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Asthma inhalers are kept in a labelled box in the child's classroom. Other medicines and devices such as, blood glucose testing meters and adrenaline pens are kept in the first aid room.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug **must not** have it in their possession. All controlled drugs are kept in a secure cupboard in the medical room and only named staff have access.

When off-site activities are undertaken, controlled medications are kept in a locked box in a bag, which is signed out and back in on return with two signatures. The locked box and bag will be kept with a delegated member of staff at all times.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHP.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

For asthmatics who are able to take their own medication, only one adult is required to supervise the child. The adult should initial the entry on the Medical record sheet. If after ten puffs the child is not improving, then the parents/carers and hospital, if necessary, will be phoned.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment

- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues, unless in exceptional circumstances. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Educational off-site visits

All pupils should be encouraged to take part in educational visits wherever safety permits. This may mean that the academy would need to take additional safety measures for outdoor visits and staff supervising visits must be aware of any medical needs of pupils and the emergency procedures.

Reasonable adjustments will be made to ensure children with medical needs are able to participate and this will be recorded on the risk assessment.

Emergency medication must be taken on all educational visits e.g. Epi Pen (Auto injector), inhalers and epilepsy medication. Medication taken off site must be recorded. Copies of IHPs must also be taken on all trips, in case of emergency.

Paediatric trained first aiders will always accompany pupils on educational site visits if they are in Early Years Foundation Stage (EYFS).

9. Diabetes

Children with Diabetes attending Court Lane will be monitored according to their IHP. Blood sugar results will be recorded daily and noted accordingly.

Pupils with diabetes must not be left unattended if feeling unwell, or sent to the office unaccompanied.

Insulin will be administered when needed by a trained member of staff.

10. Asthma

Asthma medication must be immediately available to pupils. Inhalers are kept in the classroom in a labelled box. A log of the use of inhalers is kept. All inhalers must be labelled by the parent/carer with the child's name. Inhalers and spacers must be taken on off-site educational visits and are the responsibility of the designated adult in the group.

10.1 Asthma attack

In the event of a pupil having an asthma attack, a first aider will be alerted of the attack and the following guidance from Asthma UK will be followed.

<https://www.asthma.org.uk/advice/child/asthma-attacks/>

- Help them to sit up – don't let them lie down
- Help them to remain calm
- Help them take one puff of their reliever inhaler (with spacer if available) every 30 to 60 seconds, up to a total of 10 puffs
- If the blue inhaler is not available, or it is not helping, or you are worried at any point, call 999 straight away
- While you wait for the ambulance, the blue inhaler can be used again every 30 to 60 seconds (up to 10 puffs) if they need to

We will also ensure that:

- An asthma attack will be recorded in the first aid book by the staff member in charge of the child at the time of the attack and events before the attack will be logged in order to identify any triggers
- The parent/carer will be called to inform them of the attack in school
- If the pupil requires further medical attention the parent/carers will be contacted

11. Epilepsy

In the event of a child having a seizure, a suitably trained member of staff in dealing with epilepsy will be alerted to attend and give care to the pupil as detailed in their care plan.

An ambulance should be called if:

- It's the child's first seizure
- The child is badly injured
- They are experiencing breathing difficulties
- The seizure lasts longer than the period of time set out in their IHP
- The seizure lasts longer than five minutes, and you do not know how long their seizures normally last
- There are repeated seizures, unless this is deemed normal in their IHP

12. Nut allergy/Anaphylaxis

EpiPens or other Auto-Injector devices for specific pupils with medical conditions are kept in the first aid room in school.

The responsible adult (teacher taking the class or the child's TA if allocated a 1:1) will be responsible for ensuring that the auto injector is properly administered.

The school should be provided with an auto injector to stay in school, to prevent the risk of it being forgotten and not returned to school. However, where there is a current shortage of auto injectors, each school must make appropriate arrangements with the parent/carer to ensure one is always available for school.

Any special dietary needs must be communicated to the school's third party caterers, Caterlink Ltd, before a school meal can be provided.

It is standard practice for Caterlink Ltd not to use any ingredients containing nuts.

Any changes in dietary requirements will not happen unless written confirmation of the change is provided to Caterlink Ltd by the parent/carer or GP .

13. Sickness and Diarrhoea

Pupils should not attend Court Lane Infant School until 48 hours have elapsed from the last episode of diarrhoea or vomiting.

14. Sun cream

Parent/Carers are to provide sun cream labelled with the child's name and pupils are encouraged to apply their own sun cream. If children require assistance, this will be provided by school staff.

15. Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

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

16. Hygiene and Infection control

Staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

Staff should have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressing and equipment.

Only fully trained staff are able to perform Aerosol generating procedures (AGP) and must wear regular PPE as advised by NHS staff and current protocols.

17. Admissions and Transitions

Pupils with a medical condition will have the same rights to admission as other pupils.

Where a transition has been planned for a pupil to join Court Lane at the beginning of the academic year, these arrangements should be in place for the start of term.

Where a pupil joins mid-term or is given a new diagnosis, arrangements should be in place as soon as possible.

When a pupil transfers to a new school, it is the parent/carer's responsibility to inform the new school of the child's medical condition.

18. Absences

If a pupil needs to attend a hospital appointment during the school day, every effort should be made to bring the child into school first and so gain an attendance mark, this is the same for all pupils.

Routine appointments e.g. dental, GP or opticians, should usually be arranged out of school time.

19. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. Training received will be recorded in the relevant school's 'Health and Safety Bring Up Diary' and training certificates are kept by the School Business Manager.

Refresher training will be scheduled at appropriate intervals.

The training will be identified during the development or review of IHPs. Where possible, staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

20. Record Keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place, which all staff are aware of.

21. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We are members of the Department for Education's risk protection arrangement (RPA).

22. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Head Teacher in the first instance. If the Head Teacher cannot resolve the matter, they will direct parents to the Trust's complaints procedure.

23. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

Appendix 1: Being notified a child has a medical condition

