



HOLY FAMILY
Catholic Primary School

Policy for Supporting Children at School with Medical Conditions

Reviewed by Governors	Autumn 2024	Signed: 
Next Review Date	Autumn 2027	

This policy details how children with medical conditions will be supported at Holy Family Catholic Primary School and includes details on the administration of medicines in school. It is the responsibility of all staff to read this policy.

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

Aims

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, 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.
- To provide guidance to all staff, ensuring they are fully supported in carrying out their role to support pupils with medical conditions.
- To identify the roles and responsibilities of all parties involved in the arrangements made to support pupils at school with medical conditions.

Implementation

The Head teacher is responsible for ensuring that whenever 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
- cover arrangements in case of staff absence/turnover is always available
- 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

Procedure to be followed when notification is received that a pupil has a medical condition

Where children are joining Holy Family 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. The school (Mrs Ashby) and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher is best placed to take a final view. If the parents, 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 class SEN file.

Individual Healthcare Plans (IHPs)

Plans should be easily accessible to all who need to refer to them, while preserving confidentiality. (copies of care plans should be kept in classrooms with the original being kept in the first aid room). They should capture the key information and actions that are required to support the child effectively. Plans should be drawn up in partnership between the school & parents. The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies..
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in 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 medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision. It should be clearly stated if a child is self-administering medication.)
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate

- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements

see appendices A & B– copies of Individual Healthcare Plans

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, including making sure that *this* policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent before they take on responsibility to support children with medical conditions
- should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching materials as needed
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

The Head Teacher

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations
- has overall responsibility for the development of IHPs
- should ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way
- should contact the school nursing service in the case of any child with a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse

School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

School Nurses

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school – where possible they should do this before the child starts at the school
- may support staff on implementing a child's IHP and provide advice e.g on training

Other healthcare professionals

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (eg. asthma, diabetes)

Pupils

- Pupils do not attend IHP meetings.

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 IHP
- should carry out any action they have agreed to as part of the IHP implementation

Local authorities

- have a duty to promote cooperation between relevant partners such as governing bodies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health and their education, training and recreation
- should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified in the IHP can be delivered effectively
- should work with schools to support pupils with medical conditions to attend full-time
- where pupils would not receive a suitable education in mainstream school because of their health needs the local authority has a duty to make other arrangements

Providers of health services

- should cooperate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals as well as participation in locally developed outreach and training

Staff training and support

- any member of school staff requested to support a child with medical needs will receive the necessary training before the child starts/re-enters school
- this training will be carried out by a suitably qualified health professional
- training will be reviewed in line with advice from relevant healthcare professionals
- staff must not undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans)
- a member of staff with the First Aider at Work qualification will access awareness training for asthma, epilepsy and allergic reactions annually and will disseminate information to teachers, teaching assistants and dining room assistants

Notes

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk, e.g from infectious diseases. The school therefore does not have to

accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

The following practice is considered unacceptable:

- preventing children from easily accessing their inhalers and 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 IHP)
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable
- penalizing children for their attendance record if their absences are related to their medical condition
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- requiring parents to attend school to administer medication or provide medical support to their child, including toileting issues.
- preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips

Complaints procedure

- if parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school
- if this does not resolve the issue, they may make a formal complaint via the school's complaints procedure

Administration of Medicines

Medicines should only be administered in school when it would be detrimental to a child's health or school attendance not to do so. Only medicines prescribed by a child's doctor (including inhalers) can be administered by staff. Pain & fever relief medicine can only be administered upon completion of a medicine request form by the parent and only if it has been recently prescribed. The Head teacher maintains overall responsibility for the administering of medicines within school,

delegating to class teachers and teaching assistants the task of administering medicines to children within their classes in line with this policy. The following safeguards must be observed:

- Parents should complete a request form (appendix B) and give it and the medicine directly to the office. This form confirms that it is necessary, in the view of the child's doctor, dentist, nurse or pharmacist for the child to receive medicine during school hours.
- Parents/Carers will need to deliver/collect the medicine directly to/from the above staff upon dropping off or collecting their child. No medicines can be administered without a completed medicine request form.
- All medicines must be clearly labelled with the date, contents and name of the pupil and dosage as prescribed by the child's doctor or practitioner. The medicine must be in the bottle/packaging in which it was prescribed and include instructions for administration, dosage and storage. The dosage on bottle/packaging must be the same as stated on the request form. (The exception to this is insulin which must still be in date but which will be available inside a pump or pen rather than its original container.)
- Inhalers and forms should be given to staff who will be responsible for providing a safe place of storage. A completed inhaler form must be obtained. (See appendix C for procedures on use of inhalers and spacers)
- The school will hold a ventolin inhaler and spacer to be used **in emergencies only**. This does **not** exempt parents from providing school with an inhaler if their child has been diagnosed with asthma.
- A letter will be sent to all parents of children on the school's inhaler register requesting permission for the school's inhaler to be used in the event of an emergency.
- The spacer can only be used by one child. Once used it must be kept for the use of the child or disposed of. Parents will be asked to replace the spacer or will be charged the cost of a replacement. (Replacement spacers must be in the original sealed packaging.)
- The inhaler can be re-used but must be washed as soon as the asthma emergency is over. It is the responsibility of the person administering the emergency inhaler to wash and replace it.
- Parents will be informed by letter if their child has used the emergency inhaler.
- If a child has needed to use the emergency inhaler more than once, the parents will be asked to meet with the Head Teacher.

- Any special storage requirements for the medicine must be complied with, e.g. stored in a refrigerator. Medicines must be stored in the containers they were prescribed in. The medicine must be kept secure and inaccessible to children.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and epi-pens should be always readily available and not locked away (spare epi-pens are kept securely as they are for use of emergency services only).
- It is the responsibility of parents/carers to ensure that medication kept in school (e.g. inhalers, epi-pens) is in date. **Out of date inhalers are sent home with a request that parents replace them. This is the parents responsibility.**
- Records must be kept of medicines administered stating what, how and how much was administered, when and by whom. In the event of long term illnesses/conditions an individual record sheet must be kept and in the cases of children receiving a course of treatment, a weekly record will be kept. All records should be retained for one year.
- If the school is left with any unused medicine or medicine for which the expiry date has passed, the above mentioned staff should send a form to the parent to ensure its safe removal/disposal.

Administration of pain relief medication on residential trips

During residential trips it may become necessary to administer pain relief medication to a child. Parents will be asked to give consent prior to the trip on form EDVIS12 (appendix D).

- If parental consent has been given pain relief will be administered to a child if their temperature exceeds 38.3°C
- An ear thermometer will be taken on the trip to ensure an accurate temperature reading is taken.
- Staff will be trained by a lead first aid person on the correct use of the thermometer prior to the trip. New staff will receive training as required.
- The correct disposable cover must be used and disposed of after each use of the thermometer.
- The thermometer will be calibrated or replaced annually.