South Hill Primary School

Supporting Pupils with Medical Conditions Policy

Written: Dec 2023
Review Date: Dec 2024

South Hill Primary School

"Building Character, Learning together"

1. Introduction

The policy framework describes the essential criteria for how South Hill Primary meets the needs of children and young people with long-term conditions. It is in line with DfE statutory guidance on Supporting Pupils with Medical Needs (Dec 2015) for governing bodies of maintained schools and proprietors of academies in England

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

The named member of school staff responsible for this medical needs policy and its implementation is:

NAME: Jacqui Donley
ROLE: Senior Assistant Headteacher (SAHT) - Inclusion

DfE guidance:
Governing bodies should ensure that all schools develop a policy for supporting pupils with medical needs that is reviewed regularly and is readily accessible to parents and school staff.
Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.
Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- monitoring of Individual Health Care Plans (IHCPs).

This school is an inclusive community that supports and welcomes pupils with medical needs.
South Hill Primary School is welcoming and supportive of pupils with medical needs. It provides children with medical needs with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

- This school will listen to the views of pupils and parents/carers.
- Pupils and parents/carers feel confident in the care they receive from this school and the level of that care meets their needs.

- Staff understand the medical needs of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical needs policy.
- This school understands that not all children with the same medical condition will have the same needs; our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical needs may be considered to be disabled under the definition set out in the Equality Act 2010, e.g. attention deficit hyperactivity disorder (ADHD), autism, dyslexia and dyspraxia are forms of neurodivergence which often amount to a disability under the Equality Act 2010, even if the person does not consider themselves to be disabled. Where this is the case, this school complies with its duties under that Act. Some children may also have special educational needs (SEN) and a few may have an Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice and the school's SEND and Inclusion policy.

This school's medical needs policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

- Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services.

The medical needs policy is supported by a clear communication plan for staff, parent/carers and other key stakeholders to ensure its full implementation.

- Pupils, parent/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical needs policy through clear communication channels.
- All children with medical needs that are complex, long-term or where there is a high risk of emergency intervention will have an IHCP (see Appendix 1), which explains what help they need in an emergency.
- Children's photos alongside their medical condition and important information including what to do in an emergency (when relevant) is kept confidentially on the inside door of a classroom cupboard. In addition, all children with severe medical needs, are easily identified by all staff as their photos are available on the staff room wall. Individual Health Care Plans (IHCPs) are held in the school office, in the staff room and with their medication.
- IHCPs are shared with all staff by email when they are written and if necessary further information and training will be provided at staff meetings.

All staff understand and are trained in what to do in an emergency for children with medical needs at this school.

- More than the required number of staff receive emergency first aid training, which is updated every three years.
- To fulfil the requirements set out in a pupil's IHCP, staff who provide the support will receive suitable training and ongoing support. This will be provided by a specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The school keeps an up to date record of all training undertaken and by whom.

- All staff receive annual or bi-annual training on how to support pupils who may suffer from an asthma or allergy attack and the school has an emergency salbutamol inhaler (medication for asthma) and adrenaline auto injector (for anaphylactic shock) for use by staff with pupils for whom we have permission from a parent or medical professional, should the need arise.
- The school has two members of staff (Mrs Donley and Mrs Coombs) who hold First Aid at Work qualifications and are able to support with medical emergencies as required.
- The Early Years Teachers and some Teaching Assistants have Paediatric First Aid qualifications and take the lead with emergency situations with children in Reception.

All staff understand and are trained in the school's general emergency procedures.

- All staff should be aware of the content of this policy and know what action to take in an emergency. School nurses will provide training for common conditions, e.g. epilepsy and diabetes, as required.[1]
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance; they will not take pupils to hospital in their own car.

This school has clear guidance on providing care and support, and administering medication at school.

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHCP.
- There is no legal duty for any member of staff to administer medication unless they have been specifically contracted to do so.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.[2]
- This school will not give medication (prescription or non-prescription) to a child without a parent's written consent (see the Form of Indemnity - Appendix 2). The school shall only give medicines in accordance with the school medicine record sheet (see Appendix 3), that is also signed by the parents. Only in exceptional circumstances will this guidance be overruled with permission of a medical professional.
- Before administering medication, the member of staff will check the school medicine record sheet, the administered medicine record sheet, the maximum dosage and when the previous dose was given. Parents/carers will be informed.
- Staff members will do all they can to ensure that timescales for medication are upheld. They will not provide mediation in a shorter timescale than prescribed, but there may on occasions be times when the medication is later than planned due to other work

[1] For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education.

[2] For schools covered by HCC's insurance where an IHCP is in place; parents have consented for the school to administer medication / meet other support needs as part of that plan; trained staff undertake these support needs and record keeping in relation to administration is robust then liability cover would be in place for common treatments administered by staff (e.g. in relation to oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.)
The insurance section have a detailed list of treatments which are covered, if you have pupils with significant medical needs contact insurance@hertfordshire.gov.uk or by phone on 01992 555480 for further advice and to ensure coverage.

commitments. Parents may or may be asked to come into school to administer the medication themselves.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents/carers at this school understand that they should let the school know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

In regard to the storage of medication and equipment at school:
- All staff understand what constitutes an emergency for an individual child (through the use of the IHCP) and makes sure that emergency medication, e.g. asthma inhalers, epi-pens etc are readily available (not locked away) whether the child is in the school or on off-site activities.
- **All** adrenaline auto injectors and allergy related medicines are stored in the 1st aid room on the lower ground floor in a box with the child's name and photo clearly marked.
- Some children, at the parents' request may have an additional auto injector that they carry or store in the classroom so that it is with them at all times. The location of the auto injectors is made clear on the Individual Health Care Plan.
- Asthma Inhalers for children in KS1 are held in the 1st aid room on the lower ground floor in a box labelled KS1 inhalers. In KS2 inhalers are held in the child's classroom, in the clearly labelled medical box with the administered medicine record sheet.
- We store controlled drugs securely in the locked medical cupboard in the office, with only office staff having access. Staff at this school can administer a controlled drug to a pupil once written permission and instructions are provided by the parent and medical professional (if required).
- Under no circumstances will medication be stored in first aid boxes.
- This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are responsible for the collection of all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- This school disposes of needles and other sharps in line with local policies. As required, sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

This school has clear guidance about record keeping.
- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any new or changes to their medical needs.
- IHCPs record the support an individual pupil needs around their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, school AHT for Inclusion, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEND but does not have an EHCP, their special educational needs are mentioned in their IHCP. Appendix 4 is used to identify and agree the support a child's needs and the development of an IHCP.
- IHCPs are held in the school office and by parents. A copy is kept with any medication and in the class inclusion folder. The AHT for Inclusion (Jacqui Donley) with the support of Zoe Coombs (administration officer) ensures that the records are correct.
- IHCPs are reviewed by parents/carers and the class teacher, at least every year or whenever the pupil's needs change.

- All school staff are made aware of and have access to the IHCP for the pupils in their care.
- An accurate record of all medication administered, including the dose, time, date and supervising staff is kept by Zoe Coombs in the school office or by the class teacher in the case of asthma inhaler use (Appendix 5).

This school ensures that the whole school environment is inclusive and favourable to pupils with medical needs (see equality scheme). This includes the physical environment, as well as social, sporting and educational activities.

- This school is committed to providing a physical environment accessible to pupils with medical needs and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical needs are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical needs may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical needs to help promote a positive environment.
- This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities so that they are accessible to all pupils. This includes out-of-school clubs and team sports. When required, risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- All relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

This school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

- This school makes sure that pupils with medical needs can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- This school will not penalise pupils for their attendance if their absences relate to a medical condition which is under the care of a doctor.
- This school will refer pupils with medical needs who are finding it difficult to keep up educationally to the AHT for Inclusion who will liaise with the pupil (where appropriate), parent/carer and with parental permission, the pupil's healthcare professional.
- The IHCP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out as required on out-of-school activities and these are recorded on the school system *Evolve*. Plans are put in place for any additional medication, equipment or support that may be required.

This school is aware of the common triggers that can make common medical needs worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks.

- The school is committed to identifying and reducing triggers both at school and on out-of-school visits. As a result the school:

    - Aims to be a nut free environment
    - Prevents the mass distribution of sweets, cake and chocolate
    - Completes risk assessments before implementing curriculum activities involving food, to ensure those with intolerances and allergies are protected
    - Provides an alternative clean space for children to eat at lunch time for those with severe allergies
- As part of Health and Safety Monitoring, the governing board (in conjunction with the Headteacher) reviews incidents (and identifies trends) to see how they could have been avoided, and changes school policy according to these reviews.

The medical needs policy is regularly reviewed, evaluated and updated every year.

- In sharing the contents of this policy, it is accessible at all times on the school website. It has been reviewed following input from the SLT, governing board and appropriate stakeholders.
- Should parents and pupils be dissatisfied with the support provided they should discuss these concerns in the first instance with the school AHT - Inclusion (Jacqui Donley) and then if necessary, the Headteacher (Jo Wellbelove).

Appendices

1. South Hill School Individual Health Care Plan (IHCP)
2. Form of Indemnity
3. School Medicine Record
4. Process for developing and reviewing the Individual Health Care Plans (IHCP)
5. Record of medicine administered to all children
6. Roles and responsibilities
7. Use of emergency salbutamol inhaler
8. Use of emergency auto adrenalin Injector

Appendix 1 - **South Hill School Individual Health Care Plan (IHCP)**

Heath Lane
Hemel Hempstead
Hertfordshire
HP1 1TT T
Tel: 01442 402127

Individual Health Care Plan

Child's Name	
Date of Birth	
Current Class	
Medical diagnosis or condition	
Plan date	
Review Date	
Family Contact Information	
Primary Contact Name	
Relationship to child	
Phone number 1	
Phone number 2	
2nd Contact Name	
Relationship to child	
Phone 1	
Phone 2	
3rd Contact Name	
Relationship to child	
Phone 1	
Phone 2	
GP Clinic Information	
Clinic Name	
GP Name	
NHS Number	
Doctors Phone Number	

School Information	
Who is responsible for providing support in school?	
Medical Information – please give details as required	
Medical needs	
Symptoms/Signs	
Triggers	
Treatments	
Equipment / devices	
Environmental issues	
Other	

Medicines			
Name	Dose	Method of administration	When medication should be taken

Side effects to medications
Daily care requirements
Specific support required for educational, social and emotional needs
Special arrangements required for school trips off site
Any other information
Describe what constitutes as an emergency
Actions to be taken in an emergency
Who is responsible at the time of an emergency?
In the event of my child displaying symptoms of asthma, and if their inhaler and spare inhaler are not available or are unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. Signed:
In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable. I give consent to my son/daughter to receive adrenaline from an emergency AAI held by the school for such emergencies. Signed:
I also consent for medical teams (paramedic or emergency 999 line operators) to administer emergency drugs if deemed necessary within their guidelines. Signed:

Plan developed by:	

Appendix 2
Form of Indemnity re Medication

South Hill Primary School

Form of Indemnity

Name of child…… **Date of Birth……**

I, …….. the parent/guardian of the above- named child wish the Headteacher of South Hill Primary School or a deputy nominated by him/her to administer medicine to my son/daughter in accordance with the official instructions supplied herewith.

In consideration thereof I hereby undertake to supply the necessary medicine and instructions to the Headteacher and to indemnify and hold harmless the Headteacher, his/her deputy and Hertfordshire County Council against any claim of any nature whatsoever arising from the administration of the medication.

I am aware that I am responsible for ensuring that the medicine provided is in date and is replaced/updated when necessary to ensure that it remains in date.

I am aware that staff will endeavour to adhere to the requested timings, but that there may be occasions when the administration of medication is delayed.

Signed……

Date ……

Appendix 3

South Hill Primary School

School Medicine Record

Child's Name…….. Class…….

Name of medicine	
Strength of medicine (if appropriate)	
How much to give (ie dose)	
When to be given?	
Any other instructions? (Include details for inhalers if any)	
Phone number of parent or adult contact	
Is the medicine to be left at school?	
Is the medicine to be taken home each day (eg antibiotics)?	

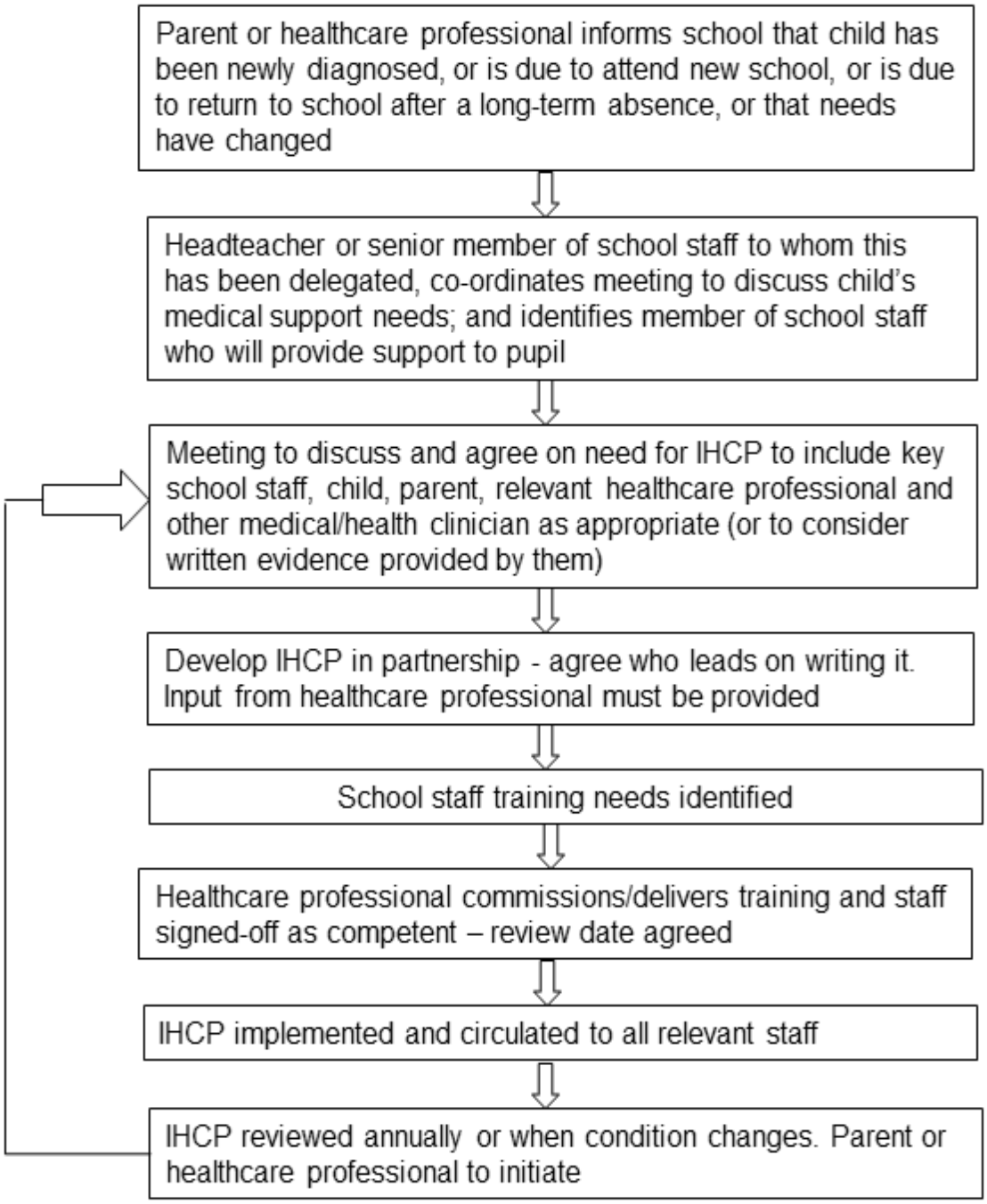
Parent's signature……

If more than one medicine is to be given,

please complete a separate form for each.

Appendix 4

Process for developing and reviewing the Individual Health Care Plans (IHCP)



Appendix 5

Record of medicine administered to all children

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Appendix 6

Roles and responsibilities

Governing Board – must make arrangements to support pupils with medical needs in school, including making sure that a policy for supporting pupils with medical needs in school is developed and implemented. They should ensure that pupils with medical needs are supported to enable the fullest participation possible in all aspects of school life. Governing boards should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical needs. They should also ensure that any members of school staff who provide support to pupils with medical needs are able to access information and other teaching support materials as needed.

Headteacher – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical needs and understand their role in its implementation. The Headteacher should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all Individual Health Care Plans, including in contingency and emergency situations. The Headteacher have overall responsibility for the development of Individual Health Care Plans (delegated to AHT - Inclusion). They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

Assistant Head teacher - Inclusion – should work with key stakeholders to ensure IHCPs are written and disseminated out to staff appropriately. The AHT should also contact the necessary professionals in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the services. The AHT will also ensure that staff receive the correct medical training required in order to provide the support required for individual pupils.

School staff – any member of school staff may be asked to provide support to pupils with medical needs, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical needs that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical needs. 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 nurse – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical needs, but may support staff on implementing a child's IHCP and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing Health Care plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils – with medical needs will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual Health Care plan. Other pupils will often be sensitive to the needs of those with medical needs.

Parents/carers – <u>are responsible for ensuring sufficient and up-to-date information about their child's medical needs.</u> They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's Individual Health Care plan, and may be involved in its drafting. **They should carry out any action as part of its implementation, eg provide in date medicines and equipment and ensure they or another nominated adult are contactable at all times.**

Appendix 7

Use of emergency salbutamol inhaler

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.
The protocol for the use of this inhaler is detailed below, following the Department of Health guidance on the use of emergency salbutamol inhalers in schools (March 2015). https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools
The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health guidance on the use of emergency salbutamol inhalers in schools.
The school hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler.
Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupil's IHCP.
A record of use for the emergency inhaler will be kept and parents/carers will be informed if their child has used the emergency inhaler.
Appropriate support and training has been provided to staff in line with the school's policy on supporting pupils with medical conditions.
Zoe Coombs will check on a termly basis that the inhaler and spacers are present and in working order, and the inhaler has a sufficient number of doses available; that replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use;
The emergency inhaler is stored in the school office and is clearly labelled to avoid confusion with a child's inhaler.

Appendix 8

Use of emergency Auto Adrenalin Injector (AAI)

- The school has chosen to hold a spare AAI device for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working.
- These AAI(s) held by the school are not a replacement for a pupil's own AAI(s).
- The protocol for the use of this is detailed below, following the Department of Health and Social Care guidance on AAI's in schools (September 2017).
- https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools
- The use, storage, care and disposal of spare AAI(s) will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12/13 of the Department of Health and Social Care guidance on the use of AAIs in schools.
- The school holds a register of children prescribed an AAI or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis.
- Written parental consent is sought for the use of the spare AAI as part of the pupil's IHCP.
- The spare AAI will only be used in pupils where both parental consent and medical authorisation has been provided.
- A record of use of any AAI(s) will be kept and parents/carers will be informed if their child has been administered an AAI and whether this was the school's spare or the pupil's own device.
- Appropriate support and training has been provided to staff in the use of AAI(s) in line with the school's policy on supporting pupils with medical conditions.
- All AAI devices are kept in the lower ground floor medical room, the spare AAI(s) are kept in a suitable location in the school office. AAIs are not locked away and remain accessible and available for use and not more than 5 minutes from where they may be needed.
- The spare AAI is clearly labelled to avoid confusion with that prescribed to a named pupil.
- Zoe Coombs checks on a termly basis the AAI(s) are present and in date and that replacement AAI(s) are obtained when expiry dates approach.