



# Heathfield Primary School

## Supporting children with medical conditions

***Our Mission Statement:  
Learning together, Learning for Life***

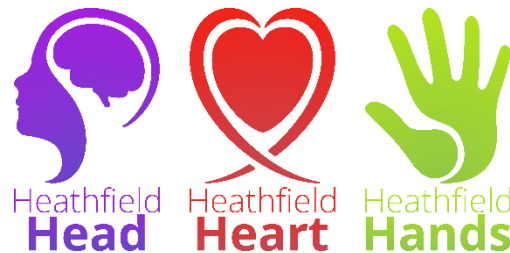
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<b>Headteacher</b>	Mr M D Thornley
<b>Policy written by</b>	Mr. Thornley
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<b>Committee Responsible</b>	Quality of Education

## INTRODUCTION

At Heathfield, our curriculum lays out the way we teach our children to achieve our mission statement;

***Learning together, learning for life.***

The curriculum consists of all the planned activities and routines that we organise in order to promote learning, confidence and self-esteem. It includes not only the formal requirements of the National Curriculum, but also the range of extra-curricular activities that the school organises in order to enrich the experience of the children. The children at Heathfield are provided with an inter connected curriculum that promotes meaningful connections between concepts and knowledge (**Heathfield Head**), develops genuine and robust character traits to prepare children for life in the modern world (**Heathfield Heart**) and opportunities for children to use and apply their Head and Heart to answer learning questions (**Heathfield Hands**) resulting in knowledgeable, physically and mentally healthy children that achieve their potential and have a solid foundation to become life-long learners.



## AIMS

This policy aims to ensure that:

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

The governing board will implement this policy by:

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

**The named person with responsibility for implementing this policy is Corinne Wilkinson.**

## 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 childrens at their school with medical conditions.

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

## **ROLES AND RESPONSIBILITIES**

The governing board has ultimate responsibility to make arrangements to support childrens with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

### **The headteacher**

The headteacher 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
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support childrens in this way
- Contact the school nursing service in the case of any children 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

### **Staff**

Supporting childrens 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 childrens with medical conditions, although they will not be required to do so. This includes the administration of medicines.

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

Teachers will take into account the needs of childrens with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a children with a medical condition needs help.

### **Parents**

Parents will:

- 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 may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

## **Childrens**

Childrens with medical conditions will often be best placed to provide information about how their condition affects them. Childrens should 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.

## **School nurses and other healthcare professionals**

Our school nursing service will notify the school when a children has been identified as having a medical condition that will require support in school. This will be before the children starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any childrens identified as having a medical condition. They may also provide advice on developing IHPs.

## **EQUAL OPPORTUNITIES**

Our school is clear about the need to actively support childrens 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 childrens 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 childrens with medical conditions are included. In doing so, childrens, their parents and any relevant healthcare professionals will be consulted.

## **BEING NOTIFIED THAT A CHILD HAS A MEDICAL CONDITION**

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

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for childrens who are new to our school.

See Appendix 1.

## **INDIVIDUAL HEALTH CARE PLANS**

The headteacher has overall responsibility for the development of IHPs for childrens with medical conditions. This has been delegated to Corinne Wilkinson.

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

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

- What needs to be done

- When
- By whom

Not all children 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 no consensus, the headteacher 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 children's specific needs. The children will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a child has SEN but does not have an EHC plan, 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 headteacher/role of individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The children'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
- Specific support for the children'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
- The level of support needed, including in emergencies. If a child 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 children'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 children's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the children 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 children can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/children, the designated individuals to be entrusted with information about the children's condition
- What to do in an emergency, including who to contact, and contingency arrangements

## **MANAGING MEDICINES**

Prescription and non-prescription medicines will only be administered at school:

- for children who suffer from asthma, allergies, etc, who could need medication at any time; and/or
- When it would be detrimental to the children's health or school attendance not to do so, for example, completing a prescribed course of medication, are fit enough for school, but need a dose mid-day (i.e. 4 doses daily).
- where written permission for that particular medicine has been obtained from the parent/carer.

In such cases medicines will be clearly labelled (name and dosage) and brought to the school office each day, where parents are required to complete a medical consent record.

The office staff will keep a written record each time the medicine is administered to a child.

Children should not bring in their own medicine. This should be brought into school by the parent.

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

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. 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. Morphine based medicines (or similar) will be locked within the school office. Children will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away.

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

The school will liaise with the School Health Service for advice about a children's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the children.

Information about children who have specific medical problems is recorded within school. This forms part of the annual data collection and is part of induction procedures for any child arriving mid year.

Training is provided for staff where administration of medicines requires medical or technical knowledge, this is done based on an audit of children's needs.

As and when it is necessary, staff will be made aware of the medical history of children to enable them to react in an appropriate manner if the need arises.

## **Children managing their own needs**

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

Children will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a child 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 so that an alternative option can be considered, if necessary.

### **Unacceptable practice**

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

- Prevent children from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents
- 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 child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask children to administer, medicine in school toilets

### **STAFF MEDICATION**

Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the children. Any staff medicine is the responsibility of the individual concerned and not the school.

### **EMERGENCY PROCEDURES**

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

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

## **TRAINING**

Staff who are responsible for supporting childrens with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to childrens 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/role of individual. 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 childrens
- 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.

## **RECORD KEEPING**

The governing board will ensure that written records are kept of all medicine administered to childrens for as long as these childrens are at the school. Parents will be informed if their children has been unwell at school.

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

## **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.

School's insurance policy is with: AIG

School's insurance covers staff administering medication as long as the procedrues above are followed. School is aware which procedures are covered by the insurance and which ones are not.

## **COMPLAINTS**

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



## **MONITORING ARRANGEMENTS**

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

## **LINKS TO OTHER POLICIES**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs policy