



## CLAREMONT PRIMARY SCHOOL

### SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

**Reviewed by: Teaching & Learning Committee**

**Date: Summer 2017**

**Next review: Summer 2019**

This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with the following school policies:

- Safeguarding Policy
- Complaints Policy
- SEN Information Report

This policy will be reviewed annually.

#### **Definitions of Medical Conditions**

Pupils' medical needs may be broadly summarised as being of two types:

**Short-term** affecting their participation at school because they are on a course of medication.

**Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy / SEN Information Report and the individual healthcare plan will become part of the EHCP.

## **The statutory duty of the governing body**

The governing body is legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of Claremont fulfils this by:

- Ensuring that arrangements are in place to support pupils with medical conditions and ensuring that such children can access and enjoy the same opportunities at school as any other child.
- Taking into account that medical conditions that require support at school will affect quality of life and may sometimes be life-threatening. Some medical conditions will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions.
- The school should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase the children's confidence and promote self-care. The school will also work to ensure that staff are properly trained to provide the support that pupils need.
- Ensuring that no child with a medical condition is 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 safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so.
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented.
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy).
- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition.
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how

they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided.

- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines.
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records.
- Ensuring that the policy sets out what should happen in an emergency situation.
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- Considering whether to
  - develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
  - Purchase and train staff in the use of defibrillators
  - Once regulations are changed consider holding asthma inhalers for emergency use
- Ensuring that the policy is explicit about what practice is not acceptable
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk.
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions.

## **Policy implementation**

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing Body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to Sylvia Crockett, Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

Claudia Street, Assistant Head will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans

Class teachers will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

All members of staff are expected to show a commitment to and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

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

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change.

For children being admitted to Claremont for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to Claremont mid-term every effort will be made to ensure that arrangements are put in place within two weeks.

The school aims to work in partnership with parents and carers as they are usually the child's main carers and have the responsibility of providing the school with sufficient information about their child's medical condition, treatment and/or the special care needed in school. It is vital that parents keep the school updated when there are significant changes to the details of their child's medication or condition. Any changes should be recorded on the medical conditions documentation held in school.

Pupils with medical conditions 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 healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Claremont does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by Claudia Street, and following these discussions an individual healthcare plan will be written in conjunction with the parent/carers and be put in place.

### **Individual healthcare plans**

Individual healthcare plans will help to ensure that Claremont effectively supports pupils with medical conditions. However, not all children will require one. The school, healthcare professionals and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher, Sylvia Crockett, is best placed to take a final view.

Copies of a child's individual healthcare plan are kept in a way that respects confidentiality but ensure that they are easily accessible to all who need to refer to them. Copies are located in:

- The SENCo's office
- The school office
- The medical room
- The child's classroom

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and (where necessary) a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child.

Claremont will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that Claremont assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Template 1 provides a basic template for the individual healthcare plan although this format may be varied to suit the specific needs of each pupil.

## **Specific Medical Conditions**

### **Asthma**

- All children will have an asthma card that is reviewed annually.
- All staff, including supply staff, should be made aware of those children who are asthmatic. Inhalers are kept in the child's classroom in a safe and accessible place. The child will be encouraged to use their inhaler as appropriate.
- A child having an attack should never be left unattended.
- Asthma attacks can cause panic – all staff should stay calm and reassure the child, encouraging them to breathe slowly and deeply and to relax,
- In the case of an asthma attack, parents will be contacted immediately and, if necessary, an ambulance called.

### **Epilepsy**

- All staff should be made aware of any children who suffer from epilepsy. Children with epilepsy will have an individual healthcare plan devised by the school.
- If a child has a fit, staff would contact a first aider immediately for assistance.
- During a fit, remove objects away from the child until they have recovered – do NOT attempt to restrict the child.
- As soon as the child is relaxed or "floppy" enough, try and roll them into the recovery position.

- After a fit, a child should be allowed to relax somewhere quiet or even sleep.
- Parents would be contacted immediately and, if necessary, an ambulance called.

### **Anaphylaxis and children with severe allergies**

- All staff should be made aware of those children who could potentially have a severe allergic reaction. Photos of children are available in the staff room, office, kitchen, SENCO's office and medical room, displayed in a way that respects confidentiality.
- Staff will ensure that the school kitchen is aware of an allergic child's requirements.
- If a child appears to be having a severe allergic reaction, a first aider should be called.
- If applicable the child's EpiPen should be used. Two EpiPens are held in school for each child (one in the classroom and one in the locked cupboard in the medical room). Named bottles of Piriton are held in a locked cupboard in the medical room.
- A child having a severe allergic reaction should never be left unattended.

### **Roles and responsibilities**

The school will arrange and facilitate staff training for supporting children with complex health needs, calling on all relevant healthcare professionals, which may include:

- The School Nursing Service
- The Community Nursing Team
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists
- The Health Needs Education Service
- The Specialist Teaching Service (about the potential impact of medical/physical conditions and the implications for teaching and learning)

**Local authorities** are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. KCC is currently consulting on the re-organisation of its Health Needs provision which will strengthen its ability to provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. KCC will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) *education for children with health needs who cannot attend school*.

## **The child's role in managing their own medical needs**

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in the cupboard in the Medical Room to ensure that the safeguarding of other children is not compromised. Claremont recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

## **Managing medicines on school premises and record keeping**

The following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- With *written parental consent* (see Administering Medication in Schools form held outside the office) we will administer medication for pain relief for a maximum of 48 hours (except aspirin or medicines containing aspirin except prescribed by a doctor).
- Claremont will only accept prescribed medicines, with written permission (see Administering Medication in Schools form held outside the office) from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- All medicines will be stored safely in the medical room. Children should know where their medicines are at all times and know how to access them immediately.
- Staff administering medicines should do so in accordance with the prescriber's instructions and the form completed by the parent. Claremont will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available in the child's classroom. Asthma inhalers should be marked with the child's name.
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- All medication will be sent home at Christmas, Easter and at the end of the year.

### **Day trips, residential visits, and sporting activities**

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

- During school trips the first aid trained member of staff will carry all medical devices and medicines required.
- A child who had been prescribed medication may legally have it in their possession if they are competent to do so, but must not pass it to another child. Otherwise accompanying staff will hold medication for the child.

### **Emergency procedures**

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

## **Staff training and support**

The following staff have received general training

### **School first aiders (full certificate) are:**

Joe Gerrard  
Jon Greaves  
Chris Hogwood  
Sheila Trochimiuk

### **Paediatric First Aiders:**

Jack Care – class teacher  
Liz Pelham – teaching partner

### **First Aid Training:**

Amy Webb  
Sue Wheeler  
Marta Zielinska  
Lorraine Stapleton  
Jackie Duffy  
Sharon Butler  
Jenni Barrowman

### **Emergency First Aid:**

Tara Vincent  
Julie Levett  
Tracy Brookbank  
Sally Vincent

All staff who are required to provide support to pupils for specific medical conditions will be trained by healthcare professional qualified to do so. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

All staff have had appropriate training regarding the use of Epipens. Other specialist training will be provided as necessary and with the advent of specific medical needs within the school population.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Claudia Street, Assistant Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

### **Other issues for consideration**

The Governing Body is still considering whether to invest in a defibrillator and staff training.

The Governing Body has **agreed not** to hold asthma inhalers on site for emergency use when regulations change.

### **Unacceptable practice**

Although staff at Claremont should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice 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\carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied
- Penalise children 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 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 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; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

## **Liability and indemnity**

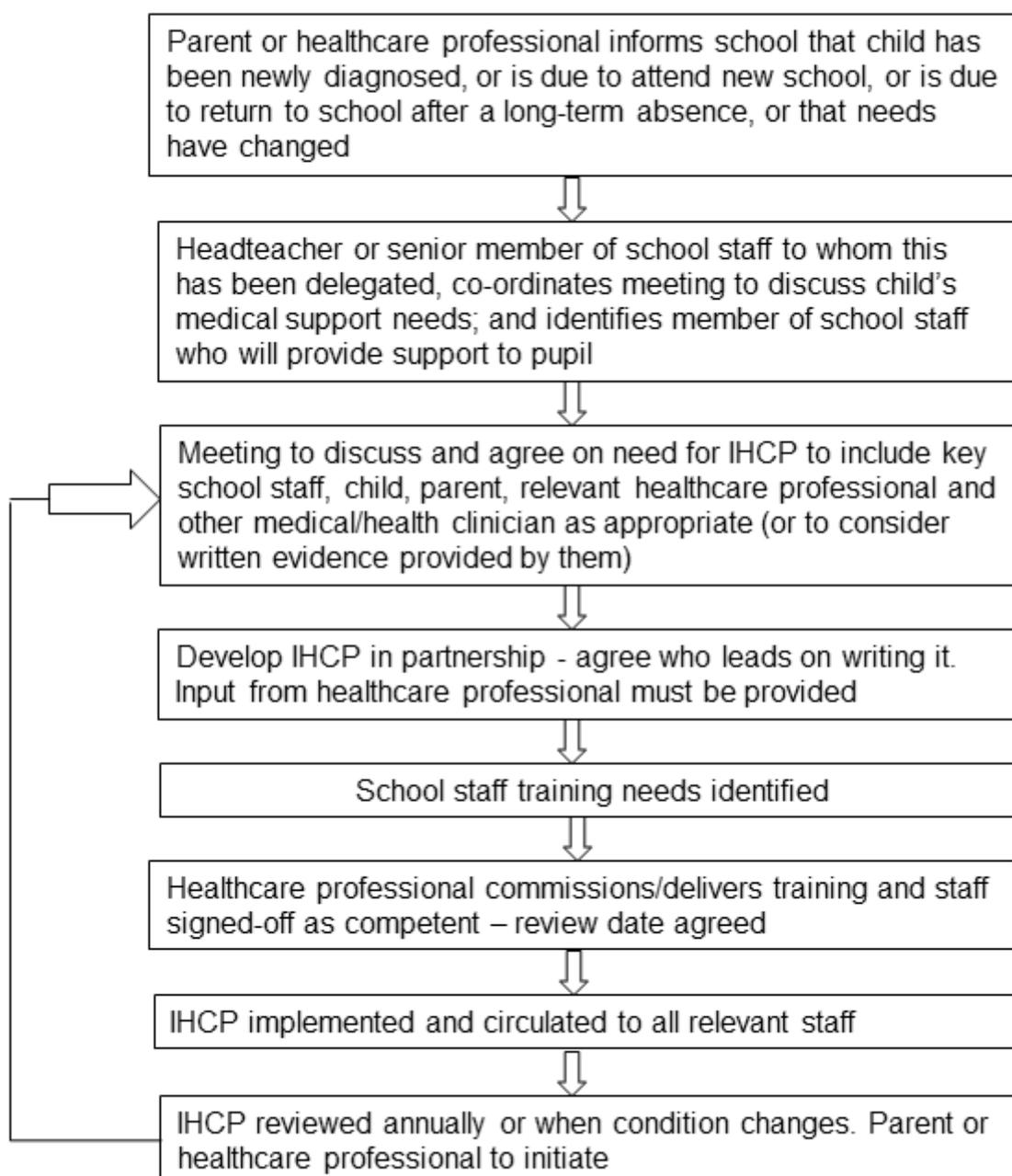
KCC Insurance provides a comprehensive insurance package through the Kent County Council's Safehands Insurance Programme, which has been specifically designed to protect against many of the adverse risks that schools have to face.

General enquiries helpline: 03000 416 539 or email: [insurance@kent.gov.uk](mailto:insurance@kent.gov.uk)

## **Complaints**

Should parents\carers be unhappy with any aspect of their child's care at Claremont, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the Pastoral Leader for their child's phase who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Claremont's Complaints Procedure.

## Annex A: Model process for developing individual healthcare plans



## Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date


### Family Contact Information

Name

Phone number (work)

(home)

(mobile)

Name

Relationship to child

Phone number (work)

(home)

(mobile)


### Clinic/Hospital Contact

Name

Phone number


### GP

Name

Phone number


Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

## Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Template C: record of medicine administered to an individual child**

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**C: Record of medicine administered to an individual child (Continued)**

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			



**Template E: staff training record – administration of medicines and/or medical procedures**

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer’s signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_