Christ Church C.E, Lark Hill and Lewis Street Primary Schools
Supporting Pupils with Medical Conditions Policy

Date	Spring 2023		
School	**Christ Church C.E**	**Lewis Street**	**Lark Hill**
Designated Governor	C. Sharp	G Caldwell	P. Royle
Review Date	Spring 2025	Spring 2025	Spring 2025
Signature			

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions.
- Pupils with medical conditions are properly supported to ensure they have equal access to education, including participation in school trips and sporting activities.
- All parties understand their role in supporting a pupil who will be away from school for 15 days or more because of a health need, whether consecutive or cumulative across the school year.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained.
- Making staff aware of pupils' condition, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions. If a less familiar staff member, such as office staff, is involved, they will take on a more secondary role to prioritize the child's best interests.
- Ensuring supply teachers are provided with appropriate information about the policy and relevant pupils, with such information discreetly available in classrooms in accordance with GDPR.
- Developing and monitoring Individual Health Plan (IHP) – see Appendix 1.
- Updating attendance policies re '15 days absence guidance'.

The named person with responsibility for implementing this policy is Wendy McCormack, Executive Headteacher and the Heads of Schools, Claire Kinch, Jane Bailey and Gemma Lavelle in her absence.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

This policy also meets the requirements under the following **Statutory Frameworks:**

- **Section 19 of the Education Act 1996** provides that each local education authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.
- **Section 100 of the Children and Families Act 2014** places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
- **Equality Act 2010** provides a context to Local Authority policies on education for children with medical needs and the need to comply with the equality duties.
- **Special educational needs and disability code of practice** explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans,

compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

- **Supporting pupils at school with medical conditions** – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England
- Arranging education for children who cannot attend school because of health needs December 2023. This guidance outlines how local authorities and schools can best support children who cannot attend school because of physical or mental health needs.
- Schools also need to be aware of their responsibilities when mental health issues are impacting on a child's attendance. DfE guidance February 2023
- **Supporting pupils at school with medical conditions** – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils 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.

3.2 The Executive Headteacher and SENDCo

The Executive Headteacher and SENDCo 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 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 pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

All staff will:

- ensure they have read and understood this policy.
- support pupils with medical conditions during school hours but be aware that this is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, this includes the administration of medicines.
- receive sufficient and suitable training if supporting pupils with medical conditions is part of their responsibility in school, and will achieve the necessary level of competency before doing so.
- take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents/Carers

All parents/carers 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 IHPs 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.

3.5 Pupils

Pupils with medical conditions are often the best source of information about how their condition affects them. Pupils 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 IHP.

3.6 School nurses and other healthcare professionals

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

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

4. **Equal opportunities**

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

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

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

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the following will be followed to decide whether the pupil requires an IHP (Appendix 1):

1. Parent or healthcare professional tells the school that the child has a new diagnosis, is due to attend a new school, is due to return to school after a long-term absence or has needs which have changed.
2. A meeting is arranged to discuss the child's needs, identify a team of staff to support the pupil in school and agree on the need for a IHP if necessary.
3. Develop an IHP with input from a healthcare professional where applicable.
4. Identify school staff training needs.
5. Implement the IHP and circulate to parents/carers and all relevant staff.
6. Review the IHP annually or when the child's condition changes. Parents or healthcare professional will initiate this.

The school will make every effort to implement arrangements within two weeks, or by the start of the relevant term for new pupils.

The school recognises that mental health conditions are medical conditions that can impact a pupil's well-being and ability to learn. The school will provide appropriate support, including making relevant referrals to health services where appropriate, to ensure that pupils with mental health conditions can fully participate in school life.

6. Individual Health Plan (IHPs) - see Appendix 1

The Executive headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Charlene Skeels and Rachel Berry, our Assistant Headteachers and SENDCo.

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

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. The decision to write an IHP for a pupil will be jointly made by the SENDCo and healthcare professional, in conjunction with parents/carers. This will be based on medical evidence. If there is not a consensus, the Head of School will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional where applicable (i.e. school nurse, specialist or paediatrician who can best advise on the pupil's specific medical needs). The pupil will also be involved wherever appropriate. Individual health plans written by healthcare professionals will supersede the school's IHP proforma (Appendix 1) to avoid duplication.

IHPs will be linked to, or become part the Education, Health and care (EHC) Plan. If a pupil has SEND but does not have an EHC plan, the SEND will be mentioned in the IHP.

IHPs will be reviewed annually or sooner if the pupil's medical needs change.

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 Executive Headteacher, Charlene Skeels, and Rachel Berry, Assistant Headteacher and SENCO will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours

- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Only prescription medicines will be administered at school, and only when it would be detrimental to the pupil's health or school attendance not to do so **and** where we have parents/carers written consent (Appendix 3). A record of medication administered in school will be maintained (Appendix 4).

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parent/carer.

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

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

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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

7.1 Controlled drugs

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

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

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

7.2 Pupils managing their own needs

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

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

7.3 Unacceptable practice

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

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

8. Arranging education for children who cannot attend school because of medical needs

Suitable education will be arranged for pupils on roll who cannot attend school due to health needs. As part of our procedures for arranging suitable education under these circumstances, it is important our pupils, staff and parents/carers understand what our school is responsible for when education is being provided by Salford local authority (LA).

These arrangements follow the guidance provided by our local authority (LA school attendance). They adhere to The Education Act 1996 and The Education (Pupil Registration) (England) Regulations 2006. They are also based on the following statutory guidance from the Department for Education (DfE):

- Alternative provision
- Arranging education for children who cannot attend school because of health needs

8.1 Responsibilities of the school

We use best endeavor where possible to ensure a pupil's health needs are managed by the school so that they can continue to be educated here with support, and without the need for the intervention of the LA.

Alongside Salford Local Authority and Salford Children Missing in Education, we will aim to:

- Ensure that appropriate full-time education is provided as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. School should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- Ensure that the education children receive is of good quality, as defined in the statutory guidance Alternative Provision (2013), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.

- Address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

8.2 If our school makes the arrangements

Initially, our school will attempt to deliver the same high standard of education for children with health needs who cannot attend school. Specific detail on the education provided will be carefully considered based on the individual pupil. Staff members responsible for making and monitoring the education provided under these circumstances will also be agreed on a case by case basis, as well as how we will consult with parents/carers and pupils, and how we will reintegrate pupils back into school. This information will be documented in an Individual Health Plan (IHP).

The school's Children and Families Officer (CFO) and SENDCo will work together to inform the school attendance team, Salford LA and CME when a child hits 15 days absence due to medical reasons and this will be monitored termly.

8.3 If the local authority makes the arrangements

LAs are responsible for supporting schools to arrange suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should ensure that part-time education is on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science. Schools should refer to the Salford guidance for reduced timetables.

9. Emergency procedures

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

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

10. Personal Emergency Evacuation Plans (PEEPs)

A Personal Emergency Evacuation Plan (PEEP) should be completed for anyone who requires assistance with <u>any</u> aspect of emergency evacuation (see Appendix 2). This may include the following:

- Mobility impaired pupils – including wheelchair users and those who may be unable to access the stairs, steps or narrow corridors.
- Sensory impaired pupils – who may not be able to hear audible or see visual alarm signals.
- Those who may have difficulty reading signage.
- Those with medical conditionals (e.g. Epilepsy, seizures, heart or lung problems) which may affect their ability to evacuate.
- Those who may become emotionally distressed during an evacuation as a result of a medical condition, e.g., Sensory Processing Disorder, Autism or previous traumatic experience.

- Those who may not have an understanding of danger or know what to do as a result of a medical or cognitive condition.
- Those who may not be able to communicate verbally.
- Those with broken limbs due to a temporary medical condition.

A PEEP will describe the pupil's intended means of escape in the event of emergency, including drills. It will specify what type of assistance is agreed and how it is to be maintained to ensure the pupil's continued safety and should include assistance required from the point of raising the alarm to passing through the final exit of the building. This plan will be written by the school's lead health and safety manager, the pupil's class teacher and SENDCo. All PEEPs must be reviewed on an annual basis and when a significant change in circumstances (of the building or pupil) is anticipated or identified.

11. Training

Staff who are responsible for supporting pupils 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 pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Charlene Skeels and Rachel Berry, Assistant Headteacher and SENCO. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHP
- Help staff to understand 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 be trained to ensure they are aware of this policy and understand their roles in its implementation, including recognizing and acting swiftly in preventative and emergency situations. This will be provided for new staff during their induction.

12. Record keeping

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

IHPs are kept in a readily accessible place which all staff are aware of them and they are logged on CPOMS

13. Confidentiality and Data Protection

The school is committed to maintaining the confidentiality of pupils' medical information. Access to IHPs will be restricted to staff members who need to know the information to support the pupil. All medical information will be stored securely in accordance with GDPR and the school's data protection policy.

14. 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.

15. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with Charlene Skeels and Rachel Berry Assistant Headteacher and SENCO in the first instance. If they cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

16. Monitoring arrangements

This policy will be reviewed and approved by the governing board bi-annually.

17. 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 and Disabilities (SEND) information report and policy

Individual Health Plan (IHP) - Appendix 1

Name	DoB	Year Group	Class	Data Completed	Review Date
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environment issues, etc.					
Name of medication, dose, method of administration, when it should be taken, side effects, administered by/self-administered with/without support.					
How this affects the child at home and daily requirements.					
How this affects the child in school and daily requirements.					
Specific support for the pupil's educational, social and emotion needs; including adjustments and or aids needed in the learning environment.					
Arrangements for school visits/trips where applicable.					
Other relevant information.					
Describe what constitutes an emergency, and the action to take if this occurs.					
Responsible person in an emergency (state if different for off-site activities).					

This plan has been developed with (include names)

☐Parents/carers ☐Learning support assistant

☐Head of School ☐Pupil

☐Assistant Headteacher ☐Health professional/s

☐SENDCo ☐Other

☐Class teacher

Copies of this plan will be given to (include names)

☐Parents/carers ☐Learning support assistant

☐Head of School ☐Health professional/s

☐Assistant Headteacher ☐Other

☐SENDCo

☐Class teacher

Signed	Print Name	Role	Date

Personal Emergency Evacuation Plan - Appendix 2

Date of PEEP:			Date to be reviewed:		
New PEEP (tick as appropriate)		Revised (change in circumstance)		Annual update	

Pupil's name:	
Classroom:	
Location of classroom in building:	
Teacher's name:	
PEEP completed by:	

Question	Yes	No	Comments
Does the pupil change classrooms during the course of the day, which takes them to more than one location within the building and other buildings?			
Do they have difficulties identifying or reading signs that mark the emergency exits and evacuation routes to emergency exits?			
Does the pupil have any difficulties hearing the fire alarm?			
Is the pupil likely to experience problems independently travelling to the nearest emergency exit?			
Does the pupil experience difficulty using stairs without assistance?			
Are they dependent on a wheelchair or other mobility aid for walking?			
If the pupil uses a wheelchair would they have problems transferring from the wheelchair without assistance?			

Can the pupil raise the fire alarm upon discovering a fire?	Yes		No	
If no, detail the procedures agreed with the child/young person about how they will inform someone of this:				

How is the pupil to be informed of an emergency evacuation?			
Existing alarm system	☐	Staff member	☐
Visual alarm system	☐	Other (please specify details)	☐

Evacuation Procedure (step-by-step account beginning from the alarm being activated)

Safe Route/s (details of all safe route that could be used)

Designated Assistance (details of all persons designated to give the pupil assistance to get out of the building in an emergency)

Method of Assistance (transfer procedures, methods of guidance)

Equipment Provided (including means of communication)
Details of relevant training on use of equipment (inc. date and comment):

Final Checklist	**Yes**	**No**
Have the route(s) been travelled by the pupil and responsible person?	☐	☐
Has a copy of the exit route been attached?	☐	☐
Has the equipment detailed above been tried and tested?	☐	☐
Have any issues been satisfactorily resolved?	☐	☐
Has a copy of this form been sent to the person responsible for the fire evacuation within the school?	☐	☐
Has the fire safety competent person informed all relevant staff of these arrangements? .i.e. Class teacher, learning support assistant.	☐	☐
If not to any of the above, please explain and detail next steps:		
Record the length of time of practice evacuation (inc. date and length of time to safely evacuate):		

I am/We are aware of the emergency evacuation procedures and believe them to be appropriate for our child's need/s.

Parent Signature:		Date:	
Parent Name:			
Headteacher Signature:		Date:	
Headteacher Name:			

Medical consent form – Appendix 3

STAFF ONLY:			
FORM PASSED TO CLASS TEACHER (INSERT NAME):		***MEDICATION TO BE ADMINISTERED BY (INSERT NAME):***	

FORM FOR PARENTS TO COMPLETE IF THEY WISH THE SCHOOL TO ADMINISTER MEDICATION.

The school will not give your child medicine unless you complete and sign this form, and the Head teacher has agreed that school staff who volunteer to do so can administer the medication.

DETAILS OF PUPIL:

Name _____

Address: _____

M/F: Date of Birth: Class/Form:

Condition or illness: _____

MEDICATION:

Name and strength of Medication (as described on the container): _____

Form (e.g. tablets, syrup, cream): _____

For how long will your child take this medication? _____

Date dispensed by pharmacist/doctor: _____

Full Directions for use:

Dosage and method to be taken: _____

Timing: _____

Special Precautions: _____

Details of any side effects: _____

Can your child self-administer? _____

Procedures to take in an Emergency: _____

CONTACT DETAILS:

Name: _____ Daytime Telephone No: _____

Relationship to Pupil: _____

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this service is provided by the relevant member of staff and the school/unit on a voluntary basis. I agree to inform the school of any changes to this information by completing a new form at the earliest opportunity.

Date: _____ Signature(s): _____

Record of medication administered in school - Appendix 4

Name of pupil:		Class:	

Date	Time	Name of medication	Dose given	Any reactions	Signature of staff administering	Print name	Signature of staff witnessing	Print name

It is the responsibility of the class teacher to maintain and store these records appropriately and in line with GDPR.
Once this sheet is filled, or the course of medication completed, please return this to the school office so it can be saved in the pupil's folder.