

# PUPILS WITH MEDICAL NEEDS POLICY

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## • INTRODUCTION

Children with certain health conditions can face additional safeguarding challenges and additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration;
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children;
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in managing or reporting these challenges.

At **Busbridge Infant School** we believe that pupils with medical conditions should be supported, as best we can, to play an active role in school life, enjoy the same opportunities as any other pupil and have full access to all aspects of education. The governing board has arrangements in place to see that this is achieved and the school liaises fully with health professionals where appropriate. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils themselves feel safe. For these reasons, the school will liaise with health and social care professionals, pupils and their parents to achieve this.

## • AIMS

This policy aims to ensure that:

Pupils, staff and parents understand how our school will support pupils with medical conditions

Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Headteacher is responsible for implementing this policy

## 3. 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's statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

## 4. ACTION PLAN

The school's governing board is ultimately responsible for the implementation of this policy. The headteacher is in charge on a day-to-day basis and named individuals are responsible for the provision of support to individual pupils with medical conditions. Where pupils have disabilities and/or special needs as well as a medical condition, these will be taken into consideration at all times.

### **The role of the headteacher**

The headteacher will ensure that:

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- 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 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
- Sufficient staff are suitably trained and available to implement the policy.
- All staff are aware of the policy and their role in implementing it. Relevant staff will be made aware of any child with a medical condition.
- Cover arrangements are in place in case of staff absence, staff turnover and in emergency and contingency situations, to ensure someone is always available.
- Any supply teachers are aware of the medical condition where appropriate.
- Staff are appropriately insured and are aware that they are insured to support pupils with medical conditions.
- Staff are able to examine insurance policies relating to providing support to pupils with medical conditions should they wish to.
- The school nurse is aware of any child who has a medical condition that may require support at school, and is also aware of any child with a medical condition who has not yet had a formal diagnosis.
- Risk assessments for school visits, holidays, and other school activities outside of the normal timetable include consideration for any child with a medical condition.

- Individual healthcare plans (IHPs) are initiated, monitored and reviewed at least annually.
- The focus of support is on the needs of each individual child and how their medical condition impacts on their school life.
- Consideration is given as to how children will be reintegrated back into school after periods of absence due to their medical condition.

### **The role of school staff**

Any member of staff may be asked to provide support to pupils with medical conditions. Administering medicines is not part of teachers' professional duties but they are expected to take into account the needs of pupils with medical conditions that they teach. All school staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. 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.

### **The role of the school nurse**

Busbridge Infant School has access to the school nursing service which is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, this will be done before the child starts at the school. The school nursing service will liaise between medical practitioners and school staff on implementing a child's IHP and provide advice and training.

### **The role of other healthcare professionals, including GPs and paediatricians**

The GP or other healthcare professional will notify the school nurse when a child has been identified as having a medical condition that will require support at school. They will be involved in drawing up IHPs. Specialist local health teams are also available to provide support for children with particular conditions (eg asthma, diabetes).

### **The role of the individual pupil**

Pupils with medical conditions will be fully involved in discussions about their medical support needs and expected to comply with their IHP. After discussion with parents, children who are competent are encouraged to take responsibility for managing their own medicines and procedures and this will be reflected within their IHP. Wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves 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 will not force them to do so, but follow the procedure agreed in the IHP. Parents will be informed so that alternative options can be considered.

### **The role of the parents**

Parents are expected to provide the school with sufficient and up-to-date information about their child's medical needs. Parents are key partners and will be involved in the drafting, development and review of their child's IHP. They are expected to carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment, and must ensure they or another nominated adult are contactable at all times.

### **The role of the local authority**

Local authorities (LAs) provide school nurses for maintained schools and academies. The LA provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within IHPs can be delivered effectively. The LA works with [School Name] to support pupils with medical conditions to attend full time but has a duty to make other arrangements when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

## **5. 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.

## **6. PROCEDURE TO BE FOLLOWED WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION**

Where possible the school will not wait for a formal diagnosis before providing support to a pupil with medical needs. Support will be provided based on the available medical evidence and after consultation with parents.

For children starting at Busbridge Infant School, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or changed circumstances, every effort will be made to ensure that arrangements are put in place within two weeks. For children moving on to another school, relevant information will be passed to the new school as soon as possible.

## **7. INDIVIDUAL HEALTHCARE PLANS (IHPS)**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Headteacher.

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
- 
- IHPs may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Those involved will

agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

- IHPs will be developed with the child's best interests in mind.
- IHPs will ensure that the school assesses and manages risks to the child's education, health and social well-being and minimise disruption.
- IHPs will be drawn up in partnership between the school, parents, and a named relevant healthcare professional who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.
- When a child is returning to school following a period of hospital education or alternative provision (including home tuition) the school will work with the LA and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.
- The IHP will state the steps which the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. The format of IHPs will vary to enable the school to choose what is most effective for the specific needs of each pupil, and the level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. However, all will contain the following information:
  - 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 (eg crowded corridors), travel time between lessons.
  - Specific support for the pupil's educational, social and emotional needs – eg 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.
  - 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 child's medical condition from a healthcare professional.
  - Cover arrangements for when the usual support person is unavailable.
  - Who in the school needs to be aware of the child'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. Parents will have a copy of the procedures to be followed when administering medicines.

- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. (Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP).
- IHPs will be easily accessible to all who need to refer to them while preserving confidentiality.
- Where a child has SEN but does not have a statement or education, health and care (EHC) plan, their SEN needs will be mentioned in their IHP.
- Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

A flow chart for identifying and agreeing the support a child needs and developing an IHP is provided in Appendix 1. Templates for medication requests and pupil's healthcare plans are provided from appendix 1 to appendix 10.

## **8. STAFF TRAINING**

Periodical training is undertaken so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy and to keep them up-to-date with procedures to be followed. New staff will receive training through their induction process. The named relevant healthcare professional advises the school on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

During the development or review of IHPs suitable training requirements for staff who will be involved with the individual pupil will be discussed. The relevant healthcare professional will normally lead on identifying, and agreeing with the school, the type and level of training required, and how this can be obtained. Once trained, the healthcare professional will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The family of a child will be able to provide relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. However, they will not be the sole trainer.

## **9. MANAGING MEDICINES IN THE SCHOOL**

Details of how the school manages medicines in school can be found in the school's policy on administration of medicines. Medicines are carefully labelled and stored securely. Access is readily available when the need arises. The school ensures that written records are kept of all medicines administered to children, and parents are informed if their child has been unwell at school.

### **School trips and sports activities**

At Busbridge Infant School pupils with medical conditions are encouraged to participate in school trips and visits, or in sporting activities, and will not be prevented from doing so wherever possible. Teachers will be aware of how a child's medical condition will impact on their participation. A risk assessment will be undertaken so that planning arrangements, with any reasonable adjustments, take account of any steps needed to allow all children to participate according to their own abilities. Parents and pupils will be consulted and advice taken from the relevant healthcare professional to ensure that pupils can participate safely, if at all.

### **Emergency situations**

Pupils in the school will know to inform a teacher immediately if they think help is needed. Staff will follow the school's procedures to contact emergency services if necessary.

Where a child has an IHP, it will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or, if an ambulance needs to be called, will accompany the child to hospital and stay until a parent arrives there.

Busbridge Infant School possesses an automatic external defibrillator (AED) for emergency use and appropriate staff are trained to operate this equipment. This is kept on the wall in the Staff Room. A short video has been circulated to all staff so that they know how to use it in an emergency.

## **10. EMERGENCY PROCEDURES**

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.

## **11. UNACCEPTABLE PRACTICE**

It is considered as unacceptable to:

- Prevent children from easily accessing their inhalers and medication and from 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; 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 IHP.

- Send a child with a medical condition to the school office or medical room without being accompanied, or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition eg 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 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, eg by requiring parents to accompany the child.

Staff may face disciplinary action if any such instances are brought to the attention of the headteacher.

## **12. RECORD KEEPING**

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents 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.

## **13. COMPLAINTS**

If parents or pupils are dissatisfied with the support provided they should discuss their concerns informally with the appropriate member of staff. If, however, this does not resolve the situation then they should make a formal complaint using the school's complaints procedure.

## **14. 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 information report and policy



## 15. MONITORING AND EVALUATION

The policy will be monitored by the headteacher and governors for its effectiveness in implementation, and evaluated and reviewed annually, or sooner in the light of any incidents that may occur or any changes to legislation.

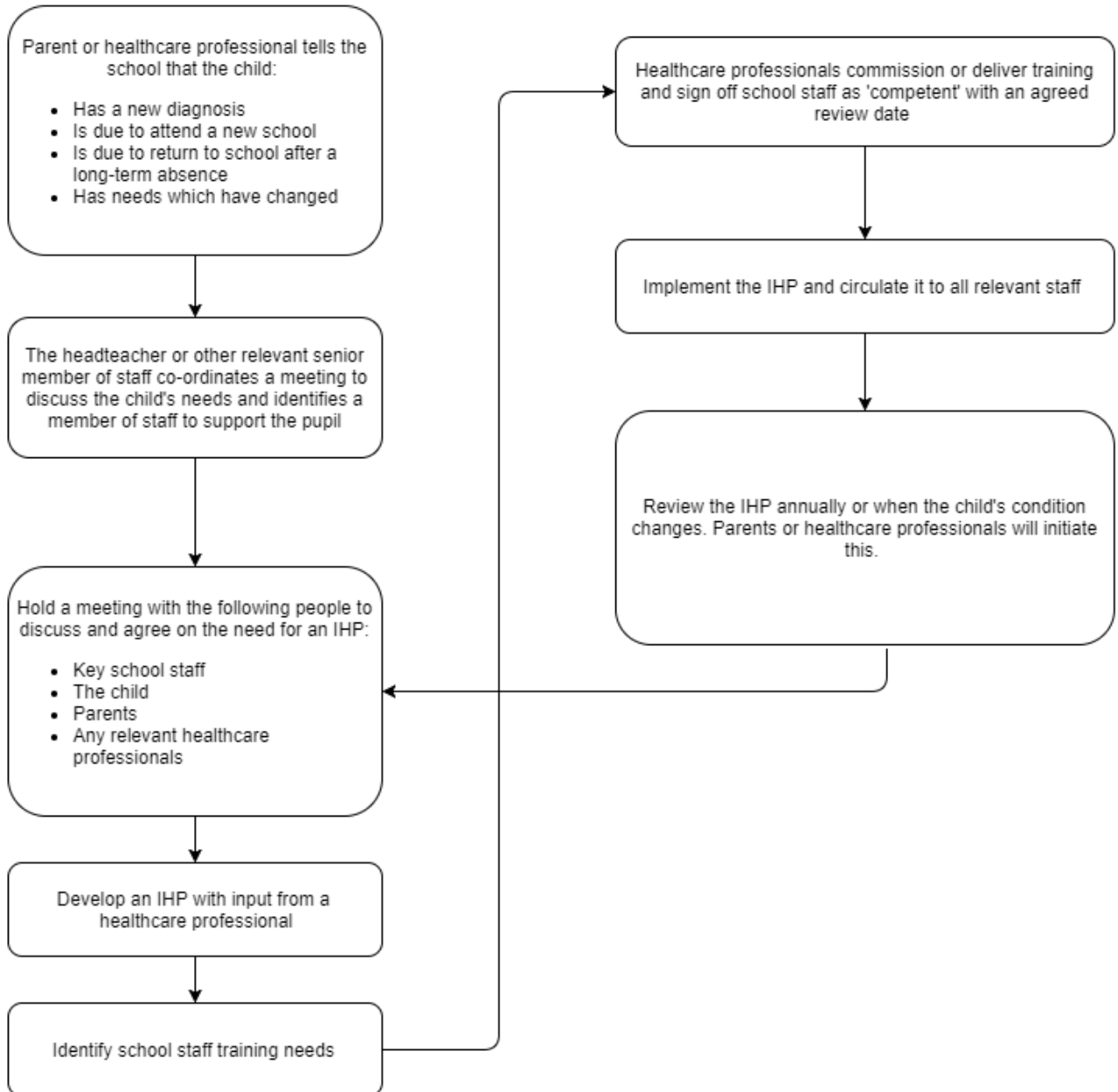
Date of Review	Summer Term 2022
Next school review	Summer Term 2023

This policy has been prepared using guidance provided by the DfE, Surrey County Council and CEfM



## APPENDIX 1

### PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS



**• THE FOLLOWING APPENDICES HAVE BEEN ADAPTED FROM SCC GUIDANCE ON SUPPORTING PUPILS WITH MEDICAL CONDITIONS:**

- APPENDIX 1 :- CHILD/YOUNG PERSON MEDICATION REQUEST**
- APPENDIX 2 :- RECORD OF MEDICINES ADMINISTERED TO AN INDIVIDUAL CHILD**

**• APPENDIX 1 :- CHILD/YOUNG PERSON  
MEDICATION REQUEST**

**BUSBRIDGE INFANT SCHOOL  
PUPIL MEDICATION REQUEST**

Child's Name: ..... Class .....

Condition or illness: .....

☎ Parents/Guardian's Home: ..... ☎ Work: .....

G.P: ..... ☎ .....

**Please tick the appropriate box:**

- This will be required only on the following date(s): .....
- This will be required on a long term basis.
- My child will be responsible for the self-administration of medicines as directed below.
- I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary.

I agree to update information about the child's medical needs held by the school.

I will ensure that the medicine held by the school has not exceeded its expiry date.

Signed ..... Date .....  
(Parent/Guardian)

Name of Medicine	Dose	Frequency/ times	Completion date of course, if known	Expiry date of medicine
Special Instruction				
Allergies				
Other prescribed medicines child takes at home				

**NOTE: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.**



