



**Policy Statement & Arrangements for Supporting Pupils with
Medical Conditions**

Agreed: June 2018

Reviewed: November 2019

Review: November 2020

LEGAL BACKGROUND

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 pupil referral units to make arrangements for supporting pupils at their school with medical conditions.

Generally, the **Health and Safety at Work etc. Act 1974**, and associated legislation, requires that organisations ensure the health and safety of persons at work and persons affected by their work. Pupils attending schools fall under this general legal requirement as they are affected by the work of the school whilst staff act in loco parentis, so are expected to do what a reasonable parent would do in given situations.

Additionally, **the Equality Act 2010** legally protects people from discrimination in the workplace and in wider society. There is specific non-statutory advice 'the Equality Act 2010 and Schools' produced by the Department for Education to help schools to understand how the Equality Act affects them and how to fulfil their duties under the Act.

STATEMENT

Frome Vale Academy will ensure that arrangements are in place to support pupils with medical conditions to enable them to access and enjoy the same opportunities at school as any other child. The focus will be on the needs of each individual child and how their medical condition impacts on their school life. The policy aims to provide clear guidance and procedures to staff and parents.

The overall responsibility for ensuring the policy is implemented effectively is held by Dr J Saunders, Principal at Frome Vale Academy.

The school will work together with parents, pupils, local authorities, health professionals such as specialist nurses and other support services to ensure that children with medical needs receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration will be given to how children will be reintegrated back into school after periods of absence.

No child with a medical condition will be 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 our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We retain the right not to accept a child at school at times where it would be detrimental to the health of that child or to others.

This document should be read in conjunction with the 1920 Supporting Pupils with Medical Conditions procedures.

SHORT TERM MEDICAL NEEDS

Many pupils will need to take medication (or be given it) at school at some time. Mostly, this will be for a short period only, to finish a course of antibiotics or apply a lotion. To support pupils with this will undoubtedly minimise the time they need to be off school. Medication should only be taken in school when absolutely necessary.

It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescribing doctor or dentist about this.

PROCEDURES

The following procedures are to be followed when notification is received that a pupil has a medical condition.

1. A parent or a health care professional informs the school that:
 - A child has been newly diagnosed, or;
 - Is due to attend a new school, or;
 - Is due to return to school after a long-term absence or
 - Has medical needs that have changed.
 - Are taking short term medications
2. The Principal or Vice Principal co-ordinates a meeting to discuss the child's medical support needs, and identifies the member of staff who will provide support to the child.
3. A meeting to be held to discuss and agree on the need for an individual health care plan (IHCP). The meeting will include the key school staff, child, parent, relevant healthcare professional and other medical/healthcare clinician as appropriate (or to consider written evidence provided by them).
4. An IHCP will be developed in partnership and the meeting will determine who will take the lead in writing it. Input from a healthcare professional must be provided.

Some children may have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. Where this is the case the IHCP should be linked to or become part of that statement or EHC plan.

Where a child has Special Educational Needs but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

5. The Principal or Vice Principal will identify staff training needs to ensure a sufficient number of staff are trained to ensure cover for sickness periods or staff turnover.
6. The Principal or the Operations Manager will book the relevant training with a certified body (if required) or via in-house training who in turn will ensure the appropriate training is given, staff are signed off as competent, and a certificate issued.
7. The IHCP will be implemented and circulated to all relevant staff. Supply staff will be informed that an IHCP is in place.
8. The IHCP will be monitored and reviewed annually or when the medical condition changes. The parent or healthcare professional may initiate the review.
9. For children starting at a new 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 children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

INDIVIDUAL HEALTHCARE PLANS

Not all pupils with medical needs will require an IHCP. The school, together with the healthcare professional and parent will agree, based on evidence, whether a health care plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal will take the final view.

The following will be considered when deciding what information will be recorded on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments;
- Specific support for the pupil's educational, social and emotional needs;
- The level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency, and cover arrangements for when they are 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 Principal 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 normal school timetable that will ensure the child can participate e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

- What constitutes an emergency and what to do, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician.

ROLES AND RESPONSIBILITIES

1. Governing Body

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they can take on responsibility to support children with medical needs.

2. Principal

- Ensure that their school's policy for supporting pupils with medical needs is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all staff who need to know (including first aiders, supply teachers, lunch break supervisors) are aware of the child's condition.
- Ensure sufficient number of trained staff are available to implement and deliver all required IHCPs.
- Have overall responsibility for the development of IHCPs, including contingency and emergency arrangements (this may involve recruiting a member of staff for this purpose).
- Ensure that school staff are appropriately insured and are aware they are insured to support pupils in this way.
- Ensure that the school nursing service is aware of children with medical conditions.

3. School Staff

- The staff identified as co-ordinator(s) for monitoring the provision of support to pupils with medical conditions are:

Dr J Saunders, Principal – Emergency First Aid

Mrs N Dawson, Vice Principal – Emergency First Aid and Administration of Medicines

Miss K Hill, Lead First Aider – Paediatric First Aider and Administration of Medicines

- Any member of staff may be asked to provide support to pupils with medical conditions, including administering of medicines, although they cannot be required to do so.
- Should receive suitable and sufficient training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4. School Nurses

- Responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.

- May support staff on implementing IHCPs, providing advice and training,
- Can liaise with lead clinicians locally on support for the child and associated staff training needs.

5. Healthcare professionals (GPs etc.)

- Notify school nurse when a child has been identified as having a medical condition that will require support at school.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

6. Pupils

- Should be fully involved in discussions about their medical support needs and contribute to, and comply with, the development of their IHCP.
- Other pupils to be encouraged to be sensitive to the needs of those with medical conditions.

7. Parents

- Provide the school with sufficient and up to date information about their child's medical needs.
- As key partners, should be involved in the development and review of their child's IHCP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the IHCP implementation (this will include ensuring equipment/medications are taken in to school).
- To ensure any prescribed medicine provided to the Academy is in date with specific child's name on the label.

8. Local Authorities

Local Authorities are commissioners of school nurses for maintained schools and academies. 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 wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

As such they should:

- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support identified in the IHCP can be delivered effectively.
- Make other arrangements where a Pupil would not receive a suitable education in a mainstream school because of their health needs.

STAFF TRAINING AND SUPPORT

1. Any member of staff providing support to a pupil with medical needs should have received suitable training. Where staff already have some knowledge of specific support needed by a child extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

2. The relevant healthcare professional should normally lead on identifying the type and level of training required, and how this can be achieved.
3. 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 as set out in IHCPs. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
4. Staff **MUST NOT** give prescription medicines under healthcare procedures without appropriate training (updated to reflect any IHCPs). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' IHCPs.
5. Health care professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
6. All staff to receive awareness training of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This will also form part of staff induction training.

CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

1. Where a child is deemed competent to manage their own health needs and medicines, this should be encouraged and this should be reflected within IHCPs.
2. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily, but with an appropriate level of supervision.
3. If a child refuses to take medicine or carry out necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHCP. Parents should be informed so that alternative options can be considered.

MANAGING MEDICINES ON SCHOOL PREMISES

1. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
2. No child under 16 will be given prescription or non-prescription medicines without their parent's written consent. The only circumstances in which non-prescribed medicines may be administered are as follows; Parents, may by arrangement, call into the school to give their child non-prescribed medicines.

3. No child under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor.
4. Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
5. The school will only accept prescribed medicines that are in-date, labelled with the child's name, provided in the original container as dispensed by a pharmacist and include instruction for administration, dosage and storage. The exception to this is insulin which may be in a pen or pump but it must still be in date.
6. All medicines will be stored safely in a location which is known to the child. Where relevant the child should know who holds the key to the storage facility. Medicines such as asthma inhalers must always be readily available to the child and not locked away. This is particularly important when outside the premises e.g. school trips.
7. In this school controlled drugs that have been prescribed will be securely stored with only named staff having access. A record will be kept of any doses used and the amount of the controlled drug held in school.

School staff may administer a controlled drug to a child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.

8. The school 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 should also be recorded.
9. When no longer required, medicines should be returned to parents to arrange for safe disposal. Medicines should also be returned to parents during holiday periods.

EMERGENCY PROCEDURES

1. Each IHCP 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 and where appropriate that other pupils know what to do if they think help is needed.
2. If a child is taken to hospital, a member of school staff will stay with the child until the parent arrives.

USE OF EMERGENCY ASTHMA INHALERS

10. From 1st October 2014 schools have been allowed to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they medical room classroom for self-medication. Guidance has also changed this year to allow schools to have spare inhalers for use in an emergency. Frome Vale will follow this new policy, however only for pupils who have a signed care plan.

DEFIBRILLATORS

A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. The school has a defibrillator. The defibrillator is stored in the First Aid Room located half way down the ground floor corridor. The defibrillator is serviced and maintained by South Western Ambulance Service. The following members of staff have received formal defibrillator training which took place in February 2019; Kerry Hill, Cath Grady, Jan Saunders, Nikki Dawson, Ivan Vine and Marie McKenzie.

HOME TO SCHOOL TRANSPORT

This is the responsibility of the local authority. The school will work with the local authority who may find it helpful to be aware of a pupil's IHCP and what it contains, especially in respect of emergency situations.

DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

1. The school will actively support pupils with medical conditions to enable them to participate in school trips and visits or in sporting activities, and not prevent them from doing so.
2. The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on school trips and visits. It is best practice to include this as part of the activity risk assessment to ensure that pupils with medical conditions are included.

UNACCEPTABLE PRACTICE

The following is regarded by the school as unacceptable practice:

- Preventing children from easily accessing their inhalers and medication and administering when necessary;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child, their parents, medical evidence or opinion;
- Sending children with medical condition home frequently or preventing them from staying for normal school activities;
- If a child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalising children for their attendance record if their absences are related to their medical condition;
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need in order to manage their medical condition effectively;
- Requiring parents to attend school to administer medication or provide medical support to their child. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Preventing 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 the child.

LIABILTY AND INDEMNITY

Frome Vale Academy have Public Liability insurance with Zurich Municipal – Policy Number KSC-252038-7643. Our limit of liability is £50,000,000.

COMPLAINTS

If parents or pupils are dissatisfied with the support provided by the school to pupils with medical conditions, they should discuss their concerns directly with the school. If the issue remains unresolved, they may make a formal complaint via the school’s complaint procedure. A copy of the Academy complaint procedure can be found on the Frome Vale Academy website under Policies.

Signed by:

Principal on behalf of the Chair of Governors/Councillors

Date: