



## **SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY**

**Recommended by: NRe**

**Recommendation Date: 29.09.21**

**Ratified by: LAGB**

**Signed:**

A handwritten signature in black ink, appearing to be "NRe", written in a cursive style.

**Position on the Board: Chair**

**Ratification Date: 29.09.21**

**Next Review: 01.09.22**

**Policy Tier (Central/Hub/School): School AWCH**

## **Contents:**

### Statement of intent

- Legal framework
- Roles and responsibilities
- Admissions
- Notification procedure
- Staff training and support
- Self-management
- Supply teachers
- IHPs
- Managing medicines
- Adrenaline auto-injectors (AAIs)
- Record keeping
- Emergency procedures
- Day trips, residential visits and sporting activities
- Unacceptable practice
- Liability and indemnity
- Complaints
- Home-to-school transport
- Defibrillators
- Monitoring and review

### **Appendices**

- Appendix 1 – First Aid Policy
- Appendix 2 – Individual Personal Plan template
- Appendix 3 – Individual Personal Plan procedures
- Appendix 4 – Consent to administer medication in school
- Appendix 5 - Head bump letter for parents/carers
- Appendix 6 – Example record of medication administered in school

## **Statement of intent**

The governing body of Abbeywood First and Church Hill Middle School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

**Please refer to the latest institutional copy of the COVID 19 Risk Assessment This risk assessment is reviewed and updated regularly, in line with government guidance.**

## **Legal framework**

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- Worcestershire Children First Guidance to Worcestershire Schools (2020)

This policy has due regard to the following school policies:

- Special Educational Needs and Disabilities (SEND)/Inclusion Policy
- SEND information report
- PHSE policies
- Complaints Procedures Policy
- First Aid Policy
- Attendance policy

## **Roles and responsibilities**

The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

**The Head of Estates in conjunction with the Executive Principal/Head of School** holds overall responsibility for implementation of this policy.

**The Executive Principal/Head of School is responsible for:**

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all PCPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of PCPs – **Personal Care Plans**.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

**Parents/carers are responsible for:**

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs
- Being involved in the development and review of their child's PCP.
- Carrying out any agreed actions contained in the PCP.
- Ensuring that they, or another nominated adult, are contactable at all times.

**Pupils are responsible for:**

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their PCP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

**School staff are responsible for:**

- Annually reviewing PCPs annually, at the request of parents or as the needs of the child change.
- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.
- The school nurse/relevant medical staff are responsible for:
  - Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
  - Supporting staff to implement PCPs and providing advice and training.
  - Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.
- Clinical commissioning groups (CCGs) are responsible for:
  - Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
  - Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.

- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.
- Other healthcare professionals, including GPs and paediatricians, are responsible for:
- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing PCPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

The LA (Worcestershire Children First) is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that PCPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.
- Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

The role of Ofsted

- Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.
- Key judgements are informed by the progress and achievement of students with medical conditions, alongside students with SEND, and by pupils' spiritual, moral, social and cultural development.

**Admissions**

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

**Notification procedure**

When the school is notified that a pupil has a medical condition that requires support in school, school will arrange a meeting with parents/carers, healthcare professionals and the pupil (if appropriate), with a view to discussing the necessity of an PCP.

The school does not wait for a formal diagnosis before providing support to pupils. A judgement is made by the Team Around the Child (TAC) based on all available evidence (including medical evidence and consultation with professionals). This TAC should include parents and the pupil, and may also include Behaviour and Wellbeing Leaders, the SEN Team, class teachers, other members of the pastoral team and other relevant staff.

For a pupil starting at the school arrangements will be put in place prior to their introduction and informed by their previous school/parent/carer at transition discussions.

**Staff training and support**

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed through the development and review of PCPs, on a termly basis for all school staff, and when a new staff member arrives.

Relevant medical staff will confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions. Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in PCPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be carried out on an annual basis for all staff and included in the induction of new staff members.

Suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood will be identified, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be commissioned by the Executive Principal/Head of School and provided by the following bodies:

[Commercial training provider](#)

[The school nurse](#)

[Relevant medical staff e.g. diabetic/epilepsy team](#)

[The parents of pupils with medical conditions](#)

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing body will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

### **Self-management**

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their Personal Care Plan (PCP).

Where appropriate and agreed by parents, pupils will be allowed to carry their own medicines and relevant devices e.g. AAI, inhalers. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's PCP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken.

### **Supply teachers/Cover staff**

Supply teachers/Cover staff will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

### **PCPs (Personal Care Plan's)**

The school, healthcare professionals and parents agree, based on evidence, whether an PCP (personal care plan) will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review PCPs. Where appropriate, the pupil will also be involved in the process.

PCPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments

- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan e.g. a broken leg, this will be used to inform a temporary risk assessment.

PCPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. PCPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the PCP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their PCP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their PCP identifies the support the child will need to reintegrate.

### **Managing medicines**

In accordance with the school's medical procedures, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional - this information may come via parents

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Medication is never administered that is not agreed in an PCP or with parent/cares written consent, unless under the instruction of medical professionals e.g. in a 999 call

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where

relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school holds asthma inhalers for emergency use. The inhalers will be stored in the medical room and their use will be recorded. Inhalers will be used in line with the school's First Aid Procedures.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

### **Adrenaline auto-injectors (AAIs and Allergies)**

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's First aid procedures. Where a pupil has been prescribed an AAI, this will be written into their PCP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in Reception and the Medical Room for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

In year 7 and 8 pupils who have prescribed AAI devices may keep their device in their possession if agreed with parents'/carers.

Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession.

For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location as identified for each individual child.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, the nearest trained member of staff will administer the AAI. The office will be notified so parents/carers and emergency services may be contacted. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school may keep a spare AAI for use in the event of an emergency, which will be checked on a half termly basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare may be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device.

Where any AAIs are used, the following information will be recorded on the **Adrenaline Auto-Injector (AAI) Record:**

- Where and when the reaction took place
- How much medication was given and by whom

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them (or an identified adult will hold) and the school will consider taking the spare AAI in case of an emergency. All First Aid boxes/travel bags are taken on every trip.

Within the PCP the section on Curriculum Arrangements will provide further guidance on how to support the individual pupil with allergies to fully access all learning while minimising risk.

### **Inhalers – Asthma**

We recognise the impact that Asthma can have on pupils in school. As with other medication, if the pupil is of an appropriate age and maturity and in agreement with parent/cares a pupil may keep their inhalers with them to be easily accessible. For other pupils, the inhalers will be stored in an appropriate, identified place to ensure they are easily accessible.

As with other medication, administration of the inhaler will be recorded and parents informed. Pupils needing to access an inhaler, will have an PCP written with any specific details of their care required within it.

### **Record keeping**

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate authorities are informed of any serious incidents (RIDDOR).

Relevant school form will be completed for all medication administered.

### **Emergency procedures**

Medical emergencies will be dealt with under the school's emergency procedures.

Where an PCP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.
- Contact details

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

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

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

A First aider will be available for all educational visits/activities.

### **Children with Health Needs Who Are Unable to Attend School**

Where a pupil has a health need which means they are unable to attend school, staff will follow government guidance to enlist the support of the Local Authority (Worcestershire Children First) to plan and implement appropriate provision.

A child is deemed unable to attend school due to health needs when their health conditions mean that they are unable to attend school for 15 days. This includes where a pupil may have an extended stay in hospital for longer than 15 days.

The Local Authority should work jointly with the school, family, pupils and other partners such as medical professionals to ensure that education is arranged as quickly as possible, and that it appropriately meets the needs of the child.

The process of compiling evidence from medical evidence should not delay the Local Authority in expediting the commissioning of appropriate provision for a pupil who is otherwise unable to attend school due to health needs.

Where a pupil has long term health needs which prevent them from attending school, they will not be penalised by the school for their attendance.

When reintegration into school is anticipated, the school will work collaboratively with other agencies and the family and pupil to design a person-centred reintegration plan. Appropriate supports may include a reintegration timetable, training and support for staff, additional intervention or reasonable adjustments to the school site (such as reorganising furniture to create accessible pathways in designated classrooms.)

A child with health needs who is unable to attend school will not be removed from the school register without parental consent and agreement from the Executive Principal/Head of School.

If a pupil is unable to attend school due to health needs during SATS examinations, it may be appropriate to seek support from the Standards and Testing Agency to minimise disruption to the pupil's education.

### **Liability and indemnity**

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

- The school holds an insurance policy with **RPA (Risk Protection Agency)** covering **liability relating to the administration of medication and healthcare procedures.**
- The policy has the following requirements:
- **All staff must have undertaken appropriate training.**

All staff providing such support will be provided with access to the insurance policies.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

### **Complaints**

Parents/carers or pupils wishing to make a complaint concerning the support provided to students with medical conditions are required to speak to the school in the first instance and can request a copy of the Complaints Procedure Policy

### **Home-to-school transport**

Arranging home-to-school transport for pupils with medical / life-threatening conditions is to be discussed with the LA

### **Defibrillators**

The school has a defibrillator on site which is located in the medical room.

### **Monitoring and review**

This policy is reviewed on an annual basis by the governing board, in consultation with the Health and Safety Lead.

The next scheduled review date for this policy is

## Appendix 2

