



Sheerness West Federation

**SUPPORTING PUPILS WITH
MEDICAL CONDITIONS POLICY**

September 20

Review: October 23

Policy Review Process	
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Reviewed By	Mr N Cates
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Policy Approval			
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Title	Name	Signed	Dated
Chair of Governing Body	Mr K Mackness		01/12/2020
Executive Headteacher	Mr B Cooper		01/12/2020
Head of Schools	Ms H Brewer		01/12/2020
Date Policy Ratified by Governing Body / FLT			01/12/2020

Document Storage

This document is stored electronically as detailed below:

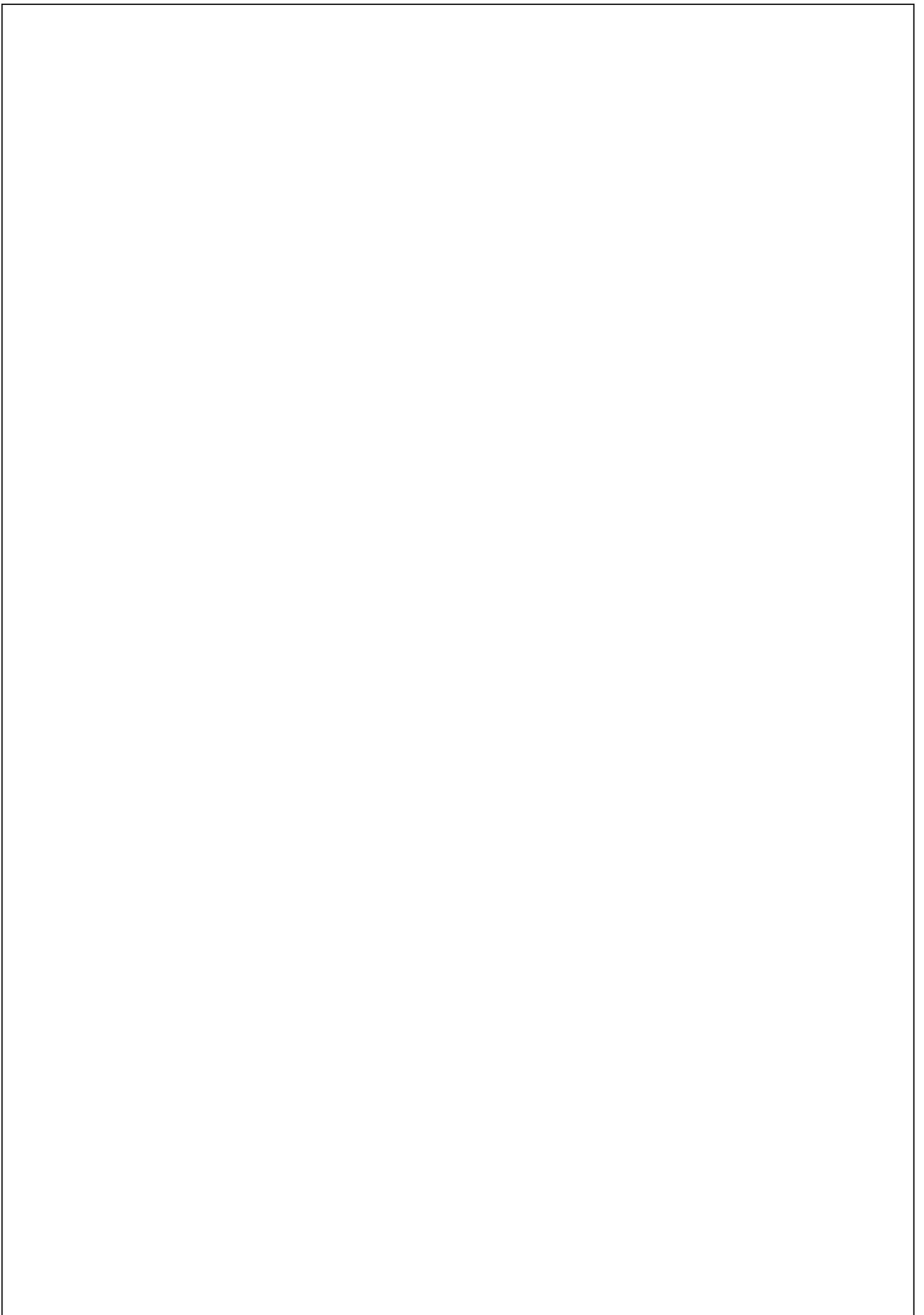
- On KLZ Sharepoint where it is accessible to all SWF Staff
- On the shared network drive, accessible to FLT members only
- On the school website(s) where applicable

A hardcopy of this document is kept in the FLT Offices at Rose Street and West Minster Primary Schools and displayed in the Staff Rooms where appropriate.

All due regard has been given to the Equality Act 2010 when creating the terms and conditions of this policy.

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how the Sheerness West Federation of Rose Street School and West Minster Primary 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 named person with responsibility for implementing and reviewing this policy is the Deputy Head (Inclusion) – Nigel Cates

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 references:

The Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE November 2018

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

Supporting Children with Medical Conditions in Early Years Settings (KCC advice)– see appendix 1)

3. Roles and Responsibilities

3.1 The governing body of Sheerness West Federation

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body 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

The Executive Headteacher 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 individual healthcare plans (IHPs), including in contingency and emergency situations
- 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
- Refer to the school nursing or specialist teaching services 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, or by, the school nursing or specialist teaching services.
- 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

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will 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

Parents 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 IHP 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 will often be best placed to provide 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 IHPs.

3.6 School nurses (Kent Community Health) and other healthcare professionals

Our schools might be notified that a pupil has been identified as having a medical condition that will require support in school in a variety of ways. This should be before the pupil starts at school, wherever possible.

We will liaise with or inform Healthcare professionals, such as GPs and paediatricians, and notify them of any pupils identified as having a medical condition that these professionals may not be aware of.

4. Equal Opportunities

Our schools are 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.

We 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 (see appendix 2)

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an Individual Health Plan.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

6. Individual Healthcare Plans (see appendix 3)

The Executive Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Nigel Cates, Deputy Head (Inclusion)

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. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on medical evidence. If there is not a consensus, the Executive Headteacher will make the final decision.

Plans will be drawn up in partnership with school, parents and a relevant healthcare professional, such as the school nurse (Kent Community Health), GP, specialist consultant or paediatrician, who can best provide advice

on the pupil's specific needs. The pupil will be involved wherever appropriate. **An IHP will not be put in place without written supporting medical evidence, so as to protect the child and staff.**

IHPs will be linked to, or become part of, a Special Educational Needs (SEN) Education, Health and Care Plan (EHCP). If a pupil has SEN but does not have an EHCP, the SEN will be mentioned in the IHP.

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 body, the Executive Headteacher and the Deputy Head (Inclusion) 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 Executive 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

Prescription medicines, including inhalers, insulin or adrenaline pens (epipens), will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent. **The only and very rare exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

Pupils will **not** be given over the counter medicines, such as aspirin, paracetamol, ibuprofen, Calpol or herbal remedies, unless prescribed by a doctor.

Anyone giving a pupil any prescription 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 (epipens) will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required or are out of date.

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.

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)
- Send 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 directly 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
- 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. Emergency Procedures

Staff will follow the 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 if the parent is not contactable or unable get to school quickly enough.

Each school has a supply of asthma inhalers which can be used in the event of emergencies. These are in date and stored appropriately and readily accessible.

9. 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 before or during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be involved in meetings where this is discussed.

Relevant healthcare professionals or specialist teachers will lead on identifying the type and level of training required and will agree this with the Deputy Head (Inclusion). Training undertaken will be logged and 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 IHPs
- Help staff to have an understanding of 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 made aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record Keeping

The governing body will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school in line with the Sheerness West Federation First Aid Policy.

Hard copies of IHPs are shared with individual classroom staff and kept centrally in secure but accessible places – Rose Street SLT Office and West Minster SLT Office

11. 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.

The details of the Federation's insurance policy are available on request.

12. Complaints

Should parents\carers be unhappy with any aspect of their child's care at Rose Street or West Minster, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem, then it should be brought to the Deputy Head (Inclusion), who will, where necessary, bring concerns to the attention of the Executive Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Sheerness West Federation Complaints Procedure.

13. Monitoring Arrangements

This policy will be reviewed and approved by the governing board every 3 years.

14. Links to Other Policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality
- First Aid
- Health and Safety
- Safeguarding
- Special Educational Needs and Disabilities (SEND) Information Report and Policy
- Children with Health Needs who cannot attend school

Appendix 1: Supporting Children with Medical Conditions in Early Years Settings – FAQ

What statutory guidance do I need to follow?

Advice from the DfE: The Statutory Framework for the Early Years Foundation Stage (EYFS) sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe and the standards set out within this document should be met before other advice is considered on top of it.
<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

Supporting pupils at school with medical conditions (DfE) can be used as an advice document as it provides “best-practice” information and is the most up to date reference point for the issues it covers.
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Settings must also ensure that policies and procedures are in line with, and that they take account of, advice from their Local Safeguarding Children Board.
<http://www.kscb.org.uk/>
<http://www.kelsi.org.uk/support-for-children-and-young-people/child-protection-and-safeguarding>

Will supporting children with medical conditions form part of my inspection?

Meeting the needs of children with medical conditions is included in the definition of safeguarding in Inspecting safeguarding in early years, education and skills settings (Ofsted)
<https://www.gov.uk/government/publications/inspecting-safeguarding-in-early-years-education-and-skills-from-september-2015>

Do I need to produce an individual healthcare plan for children with medical conditions in my setting?

Supporting pupils at school with medical conditions (DfE) provides advice on when to draw up an Individual Healthcare Plan. (This is not the same as an Education, Health and Care Plan EHCP)
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

A suggested format for an Individual Healthcare Plan can be found on kelsi
<http://www.kelsi.org.uk/support-for-children-and-young-people/early-years-and-childcare/equality-and-inclusion/including-all-children>

Where can I find information and advice on a range of medical conditions?

Advice from Kent County Council’s Education Safeguarding Team is that providers should always seek medical confirmation from health professionals where there are health issues identified by parents. To discuss individual cases, please contact you Area Safeguarding Adviser.
<http://www.kelsi.org.uk/support-for-children-and-young-people/child-protection-and-safeguarding>

The Health Conditions in School Alliance is made up of over 30 organisations, including charities, healthcare professionals and trade unions who work collaboratively to make sure children with health conditions get the care they need in school. They provide links to a range of charities and organisations.
<http://medicalconditionsatschool.org.uk/>

You can also look on individual charity and organisation’s websites.

Where can I find guidance on infection control?

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf

Do I need to inform my insurers if I need to administer medication or treatment?

Check your policy documentation and if in any doubt contact your insurers for clarification.

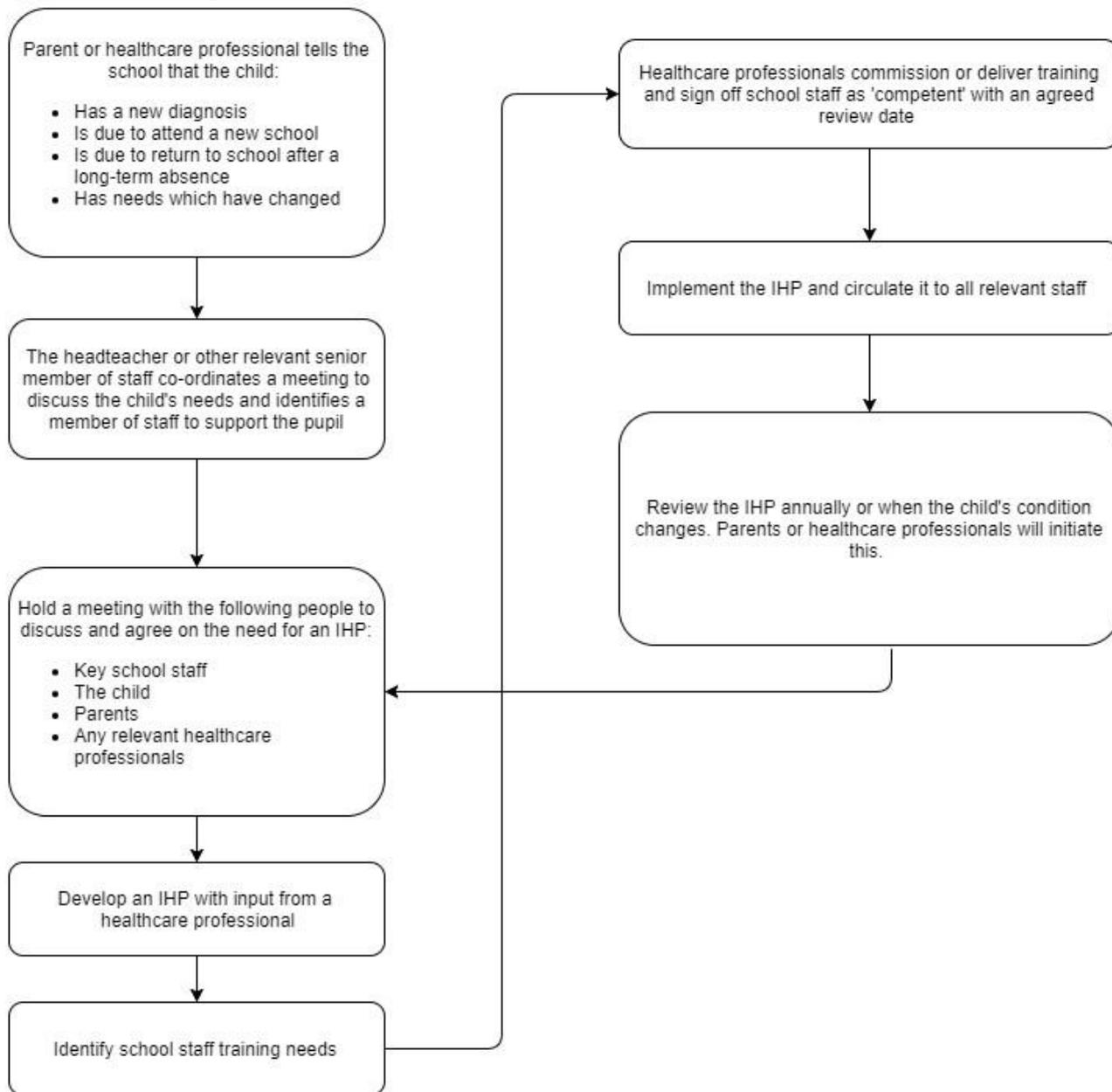
Do I need a written policy on giving medication?

Settings are required to follow the standards set out in the Statutory Framework for the Early Years Foundation Stage (EYFS):
<https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2>

More information can be found in be found in the Ofsted factsheet Giving medication to children in registered childcare:

<http://webarchive.nationalarchives.gov.uk/20141124154759/http://www.ofsted.gov.uk/resources/factsheet-childcare-giving-medication-children-registered-childcare>

Appendix 2: Being notified a child has a medical condition



Appendix 3: Individual Healthcare Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Address

Phone no.

Who is responsible for providing support in school?

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

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

--

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

School agreement:

SIGNED ON BEHALF OF SCHOOL.....

NAME.....

DESIGNATION.....

DATE.....

THE PARENT/CARER AGREES THAT THE MEDICAL INFORMATION CONTAINED IN THIS PLAN MAY BE SHARED WITH INDIVIDUALS INVOLVED WITH THEIR CHILD'S CARE AND EDUCATION (THIS INCLUDES EMERGENCY SERVICES). THE PARENT/CARER IS AWARE THAT THEY MUST NOTIFY THE SCHOOL OF ANY CHANGES IN WRITING.

SIGNED BY PARENT/CARER.....

NAME.....

DATE.....

This Healthcare plan was completed by on with

SIGNED BY GP/MEDICAL PROFESSIONAL.....

DATE.....

