

William Hildyard Church of England Primary and Nursery School

Policy for supporting pupils at school with medical conditions

The following policy decisions have been taken with regard to the statutory guidance for governing bodies 'Supporting pupils at school with medical conditions' April 2014.

The Headteacher, on behalf of the Governing Body is responsible for:

- ensuring that sufficient staff are suitably trained to deal with pupils in school who have medical conditions;
- all relevant staff will be made aware of the condition of any child they will be teaching / caring for;
- in all instances, cover arrangements will be made in case of staff absence or staff turnover to ensure someone is always available;
- risk assessments for school visits and other activities outside of the normal timetable will be made;
- monitoring of individual healthcare plans will take place.

The school will ensure that any transfer of medical records take place between schools, both as the child enrolls in the school and consequently transfers to their next school. Arrangements will be in place in time for the start of the relevant school term. If there is a new diagnosis or a child moves to our school mid-term, then every effort will be made to ensure that arrangements are in place within two weeks of the child starting school.

Individual healthcare plans will be put in place in order to support pupils with medical conditions. These will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, alongside healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. Any healthcare plans will be easily accessible to all who needs to refer to them, whilst preserving confidentiality. Plans should not be a burden to the school, but capture the key information and actions that are required.

Plans will be reviewed annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimize disruption.

The following information should be considered when deciding what details should be recorded: (when not having been written by a healthcare professional)

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication 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;
- Specific support for the pupil's educational, social and emotional needs;
- The level of support needed. If a child is self-medicating 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 to provide support for the child'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 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;
- 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, 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
- What to do in an emergency, including whom to contact and contingency arrangements.

Roles and Responsibilities

Governors

- ensure that the policy is implemented and reviewed at least annually;
- ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Headteacher

- Ensure that the school's policy is developed and effectively implemented with partners;
- All staff who need to know are aware of the child's condition;
- That there are sufficient trained staff;
- To have the overall responsibility for the development of healthcare plans.

School staff

- Any member of staff may be asked to provide support for pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Any member of staff should know what to do and respond accordingly when they become aware that a pupils with a medical condition needs help.

Healthcare Professionals

- Should notify the school if a child has a medical condition;
- To liaise with lead clinicians locally on appropriate support the child and associated staff training needs;
- To provide advice on healthcare plans.

Parents

- Should provide the school with sufficient and up to date information about their child's medical needs;
- Should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and nurse they or another nominated adult are contactable at all times.

Local Authorities

- Have a duty to promote cooperation between relevant partners;
- Should provide support, advice and guidance, including suitable training for staff;
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

Staff training and support

The school will ensure that:

- Any training needs are met;
- That staff are competent to carry out support for medical conditions;

- Staff must not give prescription medicines or undertake health care procedures without appropriate training.

Managing medicines on school premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- Parent's written consent must be given;
- A child under the age of 16 should never be given medicine containing aspirin unless prescribed by a doctor;
- School should only accept prescribed medicines that are in date, labeled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;
- All medicines should be stored safely. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away;
- School should keep any controlled drug securely stored in a non-portable container and only named staff should have access. A record should be kept of any doses used and the amount of the controlled drug held in school;
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Record keeping

Records should be kept of all medicines administered to children.

Emergency Procedures

- To be placed on a child's healthcare plan;
- If a child requires to be taken to the hospital a member of staff will stay with the child until the parent arrives.

