



## STAMFORD ST GILBERT'S CHURCH OF ENGLAND PRIMARY SCHOOL

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### MEDICAL CONDITIONS POLICY

**2020/21**

| Document Control         |                         |
|--------------------------|-------------------------|
| Committee:               | Full Board of Governors |
| Approved By Trustees On: | September 2020          |
| Review Cycle:            | Annual                  |
| Date of Next Review:     | September 2021          |

## Introduction

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short term. Other children have long term medical conditions that, if not properly managed, could limit their access to education. **Such children are regarded as having medical needs.**

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils with medical conditions at St Gilbert's Church of England Primary School.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. However, the prime responsibility for a child's health lies with the parent who is responsible for the child's medication, which they should supply to the school along with information on administration. They will have a key involvement in the development and review of any healthcare plans for their children, as well as a duty to complete actions they are responsible for.

This policy will be reviewed regularly and will be readily accessible to parents/carers and staff through our school website.

## Policy Implementation

### The Governing Body

The Governing Body has a duty to ensure that their insurance arrangements provide cover for staff to act within the school of their employment; that procedures and expectations within this policy are followed and that any necessary training is made available to staff.

### Headteacher

The overall responsibility for the successful administering and implementation of this policy is given to the **Headteacher Miss F Dicker**. She is responsible for implementing the governors' policy in practice and for developing detailed practices. Day to day decisions will be the decision of the Headteacher and she will be responsible for ensuring all staff are aware of their duties and are suitably trained. She will also be responsible for cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

### School staff

**Mrs K Standen** has the delegated responsibility to oversee the day to day management and medical conditions paperwork.

**Mr P Allan**, is responsible for briefing supply teachers. **All class teachers** are responsible for the monitoring of individual health care plans. They should have a good understanding of the nature of the condition and when and where the pupil may need extra attention. They should be aware of the likelihood of an emergency arising and what action to take if one occurs (Annex F). Any staff member administering medication should only do so if they have been appropriately trained.

**All staff** are expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this policy. All staff are aware that children with medical conditions or differences/perceived differences are more susceptible to being victims of child abuse. Any concerns raised may lead to consideration of the concern under safeguarding or child protection procedures.

### Other health professionals

The school receive support and advice as necessary from the following in conjunction with meeting the needs of pupils with medical needs

- The Local Health Authority
- The school health service
- The school nurse
- The general practitioner
- The community paediatrician

## **The role and responsibilities of staff at St Gilbert's C of E Primary School**

Some children with medical conditions may be disabled. Where this is the case, Governing Bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational needs provision.

For children with SEND, this guidance should be read in conjunction with the SEN Code of Practice and our Special Education Needs and/or Disabilities policy and Local Offer which can be found on our school website.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. 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 and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

In the case of long term medical conditions, staff will not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At St Gilbert's, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication. The school will keep a record of such training and ensure it is reviewed regularly.

### **Procedures to be followed when notification is received that a pupil has a medical condition**

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a long term medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements made for any staff training or support.

For children starting at St Gilbert's, arrangements will 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 St Gilbert's mid-term, we will make every effort to ensure that arrangements are put in place within two weeks of their arrival but urge parents to liaise with the school ahead of any move so we can work together to ensure the best possible outcomes.

In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening.

We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school will ensure that arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.

The school will ensure that arrangements are clear and unambiguous 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 make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician, such as a GP, states that this is not possible.

The school will make sure that no child with a medical condition is denied admission or prevented from attending the 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 will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The schools does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers and health professionals, as this is not a decision that the school can make on its own. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support is put in place. This will usually be led by the Headteacher.

Following the discussions an Individual Health Care Plan will be put in place. Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

### **Individual Health Care Plans**

Individual Health Care Plans are generally written by health professionals but it will be the responsibility of all members of staff supporting the individual children to ensure that the IHC Plan is followed. The school may also formulate an IHCP with parents supported by written medical information and the attendance of a Health Care Professional if required. The class teacher will be responsible for the child's development and for ensuring that they and their medical conditions are supported at school.

Individual Health Care Plans will help to ensure that the school effectively supports pupils with medical conditions. They 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, health care professional and parents/carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view. A flow chart for the process of identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in **Annex A**.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their Individual Health Care Plan.

Health Care Plans, (and their review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional (usually the SENCO) with support from parents/carers, and, if required, a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school.

The school and healthcare professionals will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed 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 wellbeing and minimises disruption. Where the child has a SEND identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

**Annex B** provides a template for the Individual Health Care Plan but it is a necessity that each one includes

- 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/noisy conditions, 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 tests, use of rest periods or additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), 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 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/carers 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 parents/carers or 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 (**Annex F**). Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the school's responsibility to write or review but rather the healthcare professionals will take responsibility in this.

### **The child's role in managing their own medical needs**

If it is deemed, after discussion with the parents/carers, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans and parents will also have signed **Annex C**.

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; these will be stored in a cupboard in the classroom to ensure that the safeguarding of other children is not compromised. The school does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them following training.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/carers should be informed, outside of the review, so that alternative options can be considered.

### **Managing medicines on the school site**

The following are the procedures to be followed for managing medicines

- Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parents'/carers' written consent.
- We will not administer non-prescription medicines to a child or medicine which is not for a long term medical condition. If a parent/carer wishes a child to have the non-prescription medicine administered during the school day, they will need to come to the school to administer it to their child.
- The school will only accept prescribed medicines that are in-date, labelled, 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 inside an insulin pen or a pump, rather than in its original container. Different medicines should be stored in separate containers.
- All medicines will be stored safely in the PPA Room or in the classroom. Children should know where their medicines are at all times and be able to access them immediately with adult supervision. No child should access their medicines without an adult present.
- Where relevant, they should know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always readily available to children and not locked away; these will be stored in the classroom cupboards where both class teacher and child know how to access them. If a child requires an asthma inhaler, it is crucial that there is an inhaler in the school at all times. It is the responsibility of the parent/carer to provide an in-date inhaler to school.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required, completing Annex E as necessary. However, children with inhalers should carry these themselves and have access to them at all times.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children (**Annex D**), stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- All staff should follow basic hygiene procedures, wear disposable gloves and take care if dealing with blood, other body fluids and disposing of dressing equipment

- When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to

- prevent children from easily accessing their inhalers and medication and 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/carers; 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 individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are 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
- require parents/carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring Parents/carers to accompany the child.

### **Complaints**

If you or your child are worried about the support provided please discuss concerns directly with the school in the first instance so we can work closely with you to manage any worries raised. If for whatever reason this does not resolve the issue, parents may make a formal complaint via the complaints procedure outlined in the Schools Complaints Policy.

### **Children with health needs who cannot attend school**

St Gilbert's C of E Primary School aims to provide suitable education for pupils on roll who cannot attend school due to health needs and for pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority.

This policy reflects the requirements of the [Education Act 1996](#). It also based on guidance provided by our local authority.

Check your local authority's guidance on providing education to children with additional health needs, to see what responsibilities it places on you in this circumstance.

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school, for example, through the provision of online home learning. Work will be set online by the class teacher which reflects teaching and learning in school. The online learning platform will provide a means of communication between the pupil and the class teacher, and the parent where appropriate. The class teacher will be responsible for contacting the parent(s) to discuss this provision.

The headteacher/deputy headteacher will liaise with the parent(s), class teacher and any relevant healthcare professionals to monitor the health condition of the pupil. When it is considered appropriate for the pupil to return to school, a reintegration plan will be agreed with the parent(s). This could include flexible timetabling and visits in to school prior to starting back.

If the school can't make suitable arrangements, Lincolnshire Local Authority will become responsible for arranging suitable education for these children.

- How it would be decided if arrangements are 'suitable'
- How many days a child would need to be absent from school
- The process for referring a child to the local authority

In cases where the local authority makes arrangements, the school will:

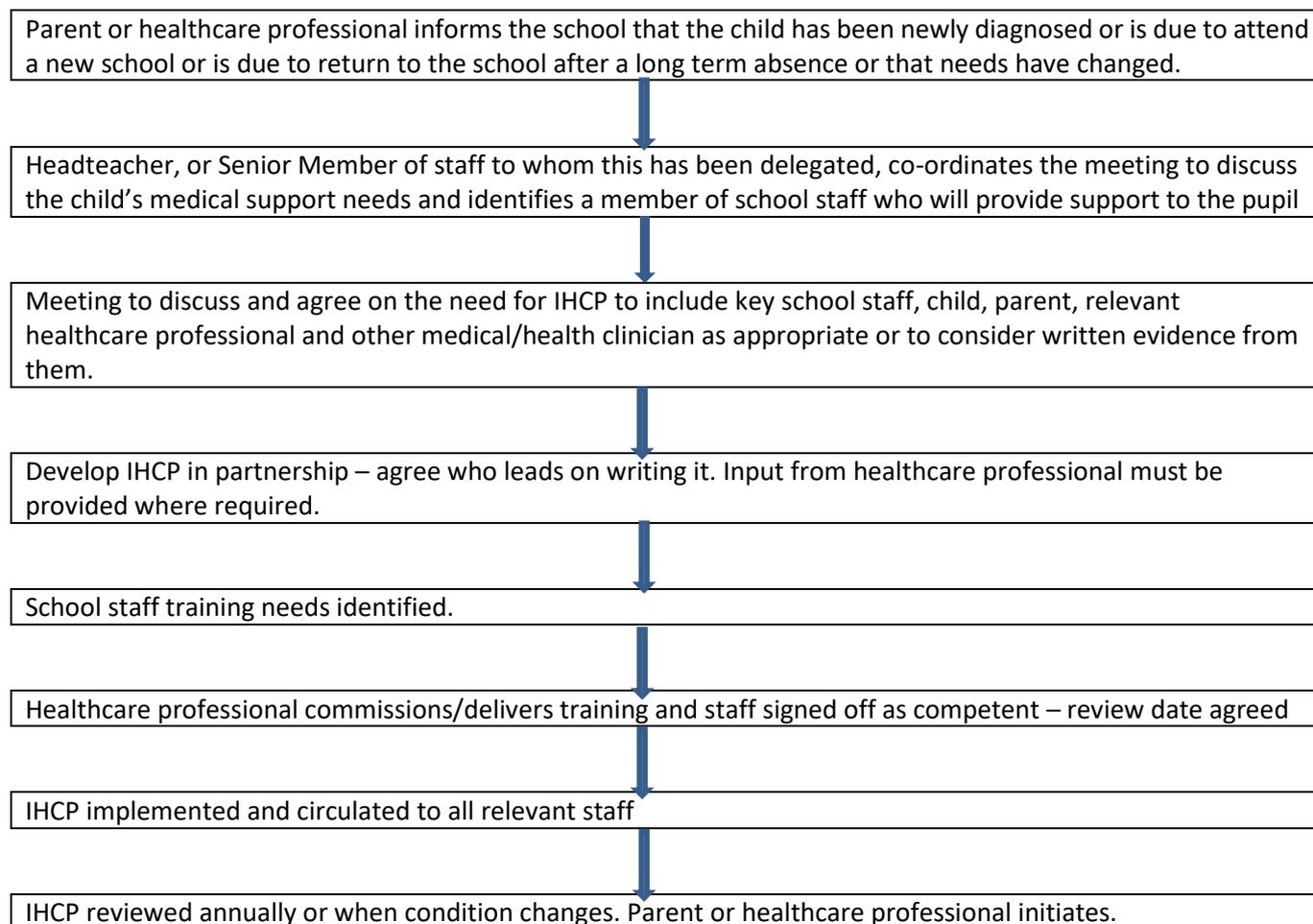
- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully

When reintegration is anticipated, work with the local authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

This policy links to the school's accessibility plan.

### Model Process for developing an Individual Healthcare Plan



**Annex B:**

**INDIVIDUAL HEALTHCARE PLAN**

|                                |   |
|--------------------------------|---|
| Name of school/setting         | St Gilbert's Church of England Primary School |
| 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      |  |
| 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.

|  |
|--|
|  |
|--|

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

**Annex C**

**Parental agreement for setting to administer medicine**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

|  |
|--|
|  |
|  |
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|  |
|  |
|  |

**Medicine**

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

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|  |

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

|                          |
|--------------------------|
|                          |
|                          |
|                          |
|                          |
| [agreed member of staff] |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

**Annex D**

**Record of medicine administered to an individual child**

|                                  |  |
|----------------------------------|--|
| Name of school/setting           |  |
| Name of child                    |  |
| Date medicine provided by parent |  |
| Group/class/form                 |  |
| Quantity received                |  |
| Name and strength of medicine    |  |
| Expiry date                      |  |
| Quantity returned                |  |
| Dose and frequency of medicine   |  |

Staff signature

Signature of parent

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Side effects            |  |  |  |
| Name of member of staff |  |  |  |
| Name of member of staff |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Side effects            |  |  |  |
| Name of member of staff |  |  |  |
| Name of member of staff |  |  |  |

**Record of medicine administered to an individual child (Continued)**

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Side effects            |  |  |  |
| Name of member of staff |  |  |  |
| Name of member of staff |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Side effects            |  |  |  |
| Name of member of staff |  |  |  |
| Name of member of staff |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Side effects            |  |  |  |
| Name of member of staff |  |  |  |
| Name of member of staff |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Side effects            |  |  |  |
| Name of member of staff |  |  |  |
| Name of member of staff |  |  |  |

|                         |  |  |  |
|-------------------------|--|--|--|
| Date                    |  |  |  |
| Time given              |  |  |  |
| Dose given              |  |  |  |
| Side effects            |  |  |  |
| Name of member of staff |  |  |  |
| Name of member of staff |  |  |  |



### Contacting Emergency Services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.**

- your telephone number
  - **01780 762400**
- your name
- your location as follows
  - ***St Gilbert's Church of England Primary School on Foundry Road***
- state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
  - ***PE9 2PP***
- provide the exact location of the patient within the school setting
- provide the name of the child and a brief description of their symptom
- inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- Inform parents

**Put a completed copy of this form by the phone**

## **Model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent

### **DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's (input child's name) medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child (input child's name) effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting.

Please don't hesitate to contact myself or another member of staff involved if you would like to discuss this further

Yours sincerely