

# *LANGDON*

## *PRIMARY SCHOOL*

### **Supporting Pupils with Medical Conditions Policy**

Section 100 of the Children's and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

This policy has been written in line with the requirements of the following guidance:

Children and Families Act 2014 - section 100

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014  
0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

### **Aim:**

To ensure that all children with medical conditions, in terms of physical and/or mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure that all children with medical conditions access and enjoy the same opportunities at school as any other child, including opportunities for out of school hours learning and activities.

### **Introduction:**

Pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

Pupils' medical needs may be broadly summarised as being of two types:-

**Short-term** affecting their participation at school because they are on a course of medication. These needs will be managed in line with the school's First Aid Policy.

**Long-term** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances.

It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. It is crucial that schools receive and consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts the school will consider the social and emotional implications associated with medical conditions. For all pupils with medical conditions, particularly where there are periods of absence, appropriate support will be put in place to limit the impact on the child's educational attainment and emotional and general well being.

Some children with medical conditions may be disabled. Where this is the case the governing bodies will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

## **Roles and Responsibilities:**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Our school staff will work in partnership with each other and with healthcare professionals and parents in order to effectively manage the child's medical condition and needs.

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body will ensure that the arrangements for supporting pupils with medical conditions give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should 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. The governing body will ensure that no child with a medical condition is denied admission to the school and that once admitted, they will access and enjoy the same opportunities at school as any other pupil. However, in line with their safeguarding duties, our governing body will try to ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The governing body confer the responsibility for making arrangements to support children with medical conditions to the Head Teacher. The Head Teacher will work together with the local authority, health professionals and other support services to ensure that children receive a full education whilst maintaining a focus on the needs of each individual and how their medical condition impacts on school life. The Head Teacher will ensure that healthcare plans are in place for children with medical conditions and that these are reviewed and updated accordingly, taking into account any parental advice or professional advice from outside school.

The Head Teacher will ensure that staff are fully aware of the child's condition and that they are properly trained to provide the support that pupils need. The Head Teacher will ensure that supply teachers or cover staff are also briefed about the needs of individuals as part of their induction process into the school, in order to ensure that someone with an appropriate level of training is always available and on-site.

The Head Teacher will ensure that risk assessments for school visits and other school activities outside of the normal timetable are completed for children with medical conditions.

Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. As far as possible, staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions or as soon as possible thereafter. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The following staff have received general training to support pupils with medical needs:

School first aiders (full certificate) and those able to administer medications are:

Lynn Paylor Sutton, Delphine Howson, Emma Keem, Sara Seccatore, Jessie Langley, Ryan Jones, Emily Harris, Andrea Trenchard, Tracey Dodd, Mandy Deegan.

Paediatric First Aider:  
Karen Capell.

Parents are key partners and will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents should be asked for their views about their child's care and support but will not be considered as the sole trainer in managing their child's condition.

Pupils will be involved in discussions about their medical needs and contribute as much as possible to the development, and comply with, their individual healthcare plan. If, after discussion with the parent or carer, it is agreed that the child is competent to do so, they will be encouraged to take responsibility for managing their health needs and their own medicines and procedures. Wherever possible, pupils who need medicine quickly will be able to access their medicine or devices easily. Staff will supervise any self medication where possible and record the child's self medication appropriately. If a child refuses to take medicine or carry out a necessary procedure staff will not force them to do so, but will follow procedures agreed in the individual healthcare plan and inform parents so that alternative options can be considered.

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

Schools do not have to wait for a formal diagnosis before providing support to pupils. Judgements will be made about what support is needed based on the available evidence and taking into account the fact that many of the medical conditions that require support at school will affect quality of life and may be life threatening. We also acknowledge that some will be more obvious than others. This initial process of determining support required would normally involve some form of medical evidence and consultation with parents. 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 available evidence. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

A healthcare plan will be prepared detailing the support for the pupil as soon as possible after the medical condition is known. For children entering Langdon every attempt will be made prior to entry to the school to obtain an existing plan or prepare a new healthcare plan. For children transferring to other schools from Langdon the healthcare plan will be forwarded with other school records but school staff will telephone the relevant contact at the receiving school to discuss the child's condition and needs prior to transfer.

Children with medical conditions may need to be taken to hospital. Should this be the case then parents will be called to take the child. Should parents not be contactable, or if the situation requires an immediate response, a member of staff (holding full business class insurance to cover their own vehicle or using the school minibus) will take the child to hospital or an emergency ambulance will be called. Staff will stay with the child until the parent arrives or accompany the child to hospital by ambulance if required.

### **Individual Healthcare Plans:**

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They 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 need one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher will take a final view.

The healthcare plan will be accessible to all who need to refer to them, while preserving confidentiality. The plan will capture key information and actions that are required to support the child effectively. The level of detail within the plan will depend upon the complexity of the child's condition and the degree of support needed. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Plans will be drawn up in partnership between the school, healthcare professionals and the parents. Pupils should also be involved whenever appropriate. They will aim to capture the steps which the school will take to help the child manage their condition and overcome any potential barriers to get the most from their education.

Plans will be reviewed 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 we assess and manage risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The healthcare plan will include the following information:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's resulting needs, including treatment or medication, support, equipment, access to food and/or drink where this is used to manage the child's condition, dietary requirements and environmental issues;
- Specific support for the child's educational, social or emotional needs eg. use of rest breaks, extra time to complete examinations or additional learning support;
- Level of support required including in emergencies;
- Personnel who will support the child and their condition, their training needs and cover arrangements when usual personnel are absent;
- Arrangements for administration of medicines;
- Any special arrangements for school trips eg. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition;
- What to do in an emergency, including whom to contact, and contingency arrangements;
- Details of who can be contacted for further details of the child's condition and needs.

### **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. Prescription medicines will only be given upon receipt of written consent from parents and only when medicines are received in in-date condition, in original packaging, clearly marked with the child's name and date of birth. The dispensing pharmacist's details of dosage and storage should be clearly marked on the label. The exception to this is insulin which must be in-date (unless specific guidance to the contrary has been received from Public Health England), but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

All medicines will be stored safely. Children who need access to medicines or devices quickly will know where these are at all times and be able to access them easily (this will usually mean within the classroom eg. asthma inhalers). Staff will take medicines and devices on out of school trips where appropriate.

Details of any medicines administered, by staff or pupils who are self medicating, will be recorded including details of what and when given, the dosage and who administered the medicine. Any side effects of the medication administered at school will also be noted.

When no longer required, medicines will be returned to the parent or carer to arrange safe disposal.

Although Langdon Primary School does not have a defibrillator on site, one is available at Martin Mill Camp Site for emergency use if needed.

### **Emergency procedures**

As part of our risk management process, we will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including on school trips.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

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

Children with medical conditions will not be prevented from participating in school trips, visits or sporting activities. Teachers will show flexibility in their arrangements in order to allow the child to participate according to their own abilities and with any reasonable adjustments. The only exception to this will be where the medical professionals working with the child provide evidence that states that this is not possible.

The school may carry out a full risk assessment prior to trips, visits or sporting events in order to plan actions needed to ensure that pupils with medical conditions are included. Risk assessments will take into account advice from the pupil, parents, healthcare professionals and school staff to ensure that the pupil can participate safely.

### **Unacceptable practice:**

School staff will use their discretion and judge each case on its merits with reference to the child's healthcare plan but we generally acknowledge that it is not acceptable practice to:

- Prevent children from easily accessing their medication and administering their medication when and where necessary
- Treat all children with the same condition in the same manner
- Ignore the advice or views of the parents and medical professionals
- Send children with medical conditions home frequently or prevent them participating in normal school activities, unless this is specified in their healthcare plan
- Penalise children for their attendance record if their absences are related to their medical condition
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Expect parents to attend or feel obliged to attend, school to administer medication or provide medical support to their child, including for toileting issues
- Prevent children from participating in any aspect of school life, including school trips

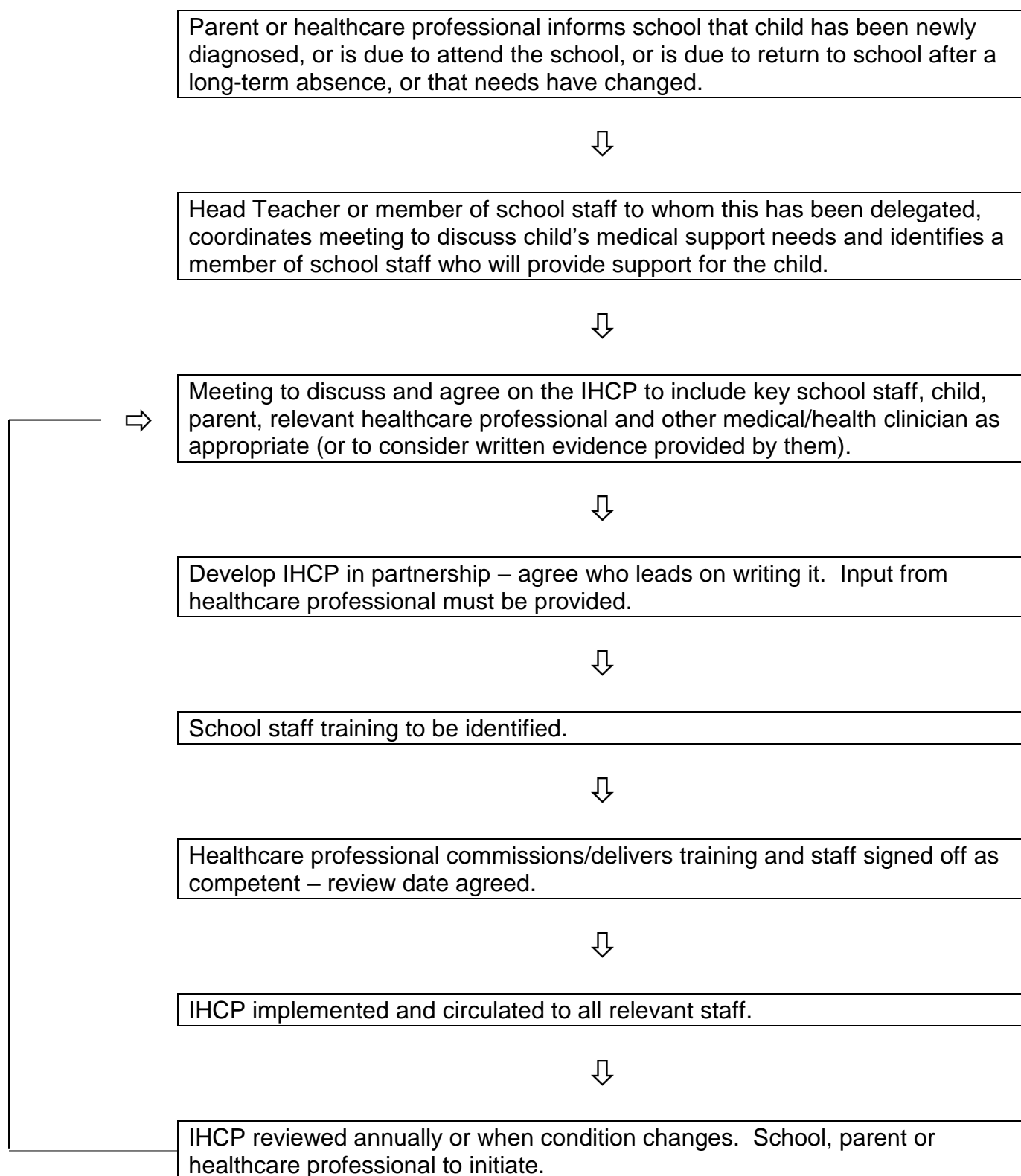
**Liability and indemnity:**

The school will ensure that suitable public liability and personal indemnity insurance is taken out in order to cover any issues arising from the care of children with medical conditions. Any requirement of the insurance, such as the need for staff to be trained, will be made clear and complied with. In the event of any claim, the school will seek and accept support from the Local Authority in order to manage it effectively.

**Complaints:**

Should the parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for any reason this does not resolve the issue then they may make a formal complaint following the school's complaint policy and procedure.

## Appendix A: Model process for developing individual healthcare plans at Langdon School





## Appendix A – Health Care Plan Template



### Langdon Primary School

Personal Care/Health Care Plan (developed from DfE Statutory Guidance - Supporting Pupils at School with Medical Conditions - September 2014)

**Name:**

**Date of Birth:**

**Class:**

**NCY:**

**Description of medical need, diagnosis or condition:**

**Description of medical needs and details of child's symptoms when assistance is required:**

**Daily Care Requirements:**

**Facilities and Equipment:** (Clarify responsibility for provision of supplies eg. parent/school/other)

**Curriculum Specific Needs:**

**Pupil Well-Being Specific Needs:**

**Transport and visits arrangements:**

**Details of staff training needs:**

**Emergency procedures:**

**In the event of raised concerns or complaints:**

In the first instance speak to the child's class teacher.

If the concern cannot be resolved then speak to the Head Teacher, or if the concern is about the Head Teacher, the Chair of the Governing Body.

For more details of how to complain, refer to the school's Complaints Policy which can be accessed via the school office or web-site

([www.langdon.kent.sch.uk](http://www.langdon.kent.sch.uk)).

**Persons responsible for day to day operation of this Health Care Plan:**

received):

Plan read on (please sign and date when HCP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Person responsible for providing support in school and/or in an emergency:**

Plan Coordinated by: \_\_\_\_\_

Date Agreed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date for Review: \_\_\_\_\_



## **Appendix B – Parental agreement for administration of medicine for a child with a Health Care Plan**

The staff at Langdon Primary School will administer medicine to the child named upon completion of the form below:

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Year Group: \_\_\_\_\_

Medical Condition or illness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Medicine**

**Medicines must be in the original container as dispensed by the pharmacy, with the child's name and full instructions attached.**

Name of Medicine: \_\_\_\_\_

(Ensure that the name of the medicine is exactly as described on the original container.)

Expiry Date: \_\_\_\_\_

Dosage and Method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special precautions/other instructions: \_\_\_\_\_

\_\_\_\_\_

Any possible side effects: \_\_\_\_\_

\_\_\_\_\_

### **Contact Details**

Name of parent/carer: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_