

Melbury College

Policy for supporting pupils at school with medical conditions

School Context

The staff at Melbury College are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN enjoy equitable access to education.

Principles

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires; and that
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

Policy statement

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

The governing body will ensure that all pupils with medical conditions in our school are supported to enable them to have full access to all aspects of the education provided and the same opportunities as other pupils, including access to school trips and physical education.

All pupils with medical conditions, in terms of either physical or mental health, will be properly supported so that they can play a full and active role at school, remain healthy and achieve their academic potential.

The school will consult and work in partnership with health and social care professionals, pupils and parents to ensure the needs of pupils with medical conditions are effectively met.

The school will ensure that there is a focus on the needs of each individual pupil and how their medical condition impacts on their school life.

The school will ensure staff are provided with appropriate training to provide whatever support pupils require, including training in what to do in an emergency.

All staff have a clear understanding that medical conditions should not be a barrier to learning and that they have a duty of care to pupils.

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with chronic or short term health conditions or a disability involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- sick children, including those who are physically ill or injured or are recovering from medical interventions, or
- children with mental or emotional health problems.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies must 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.

Designated school medical needs officer

The member of staff responsible for ensuring that pupils with health needs have proper access to education is Vicky Ferguson. She will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

Other responsibilities added here eg – named person with responsibility for monitoring medication etc (note: this will normally be a member of school staff. For special schools with high numbers of children with complex medical needs there can be discussion with school nurse and agreement re who will undertake this role)

Introduction

Parents* of children with medical conditions are often concerned that their child's health will deteriorate or not be effectively managed when they attend school. This is because 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. 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 the school will provide effective support for their child's medical condition and that the children feel safe.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition.

Long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the governing body must comply with their duties under that Act.

Some children may have special educational needs (SEN) and a statement or Education, Health and Care (EHC) plan which brings together health and social care needs as well as their special education provision.

* The term 'parent' implies any person or body with parental responsibility such as foster parent, carer, guardian or local authority.

Consultation and Communication

This policy has been developed in consultation with key stakeholders within the school and within local health and social care agencies, as well as pupils and parents.

(NB key stakeholders could include those listed here – each school can amend as necessary – list could be included here or as an appendix)

- pupils with medical conditions
- parents
- school nurse
- head teacher
- teachers
- special educational needs coordinator
- pastoral care/welfare officer
- members of staff trained in first aid
- all other school staff
- local emergency healthcare staff (such as accident & emergency staff and paramedics)
- local healthcare professionals
- the school employer
- school governors.

The school recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input from others and taking account of suggestions or advice received.

In order to ensure full implementation of this policy, pupils, parents, staff and relevant health and

social care partners will be informed about it, copies will be provided as appropriate, access to the policy signposted and regular reminders will be put in place.

In addition a staff training programme will be provided, which will take account of the need for specialist training (when required) for some key members of the staff team, as well as generic training for all staff. All new staff, including supply and temporary staff, will be informed of the policy and their responsibilities. (NB some suggestions for a communication plan are attached as App A)

Staff Awareness, Training and Support

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

This information is regularly updated.

All staff understand their duty of care to pupils at all times and in the event of an emergency.

Action required in an emergency for the common serious conditions is displayed in prominent locations for staff

(NB schools may wish to adapt this to indicate exactly where info is displayed. Emergency procedure posters can be downloaded from www.medicalconditionsatschool.org.uk.)

All staff supporting pupils with medical needs will receive relevant training. Training provided will be planned in conjunction with the school lead and relevant external medical professionals. Training for staff will be at a level which ensures staff members are competent and have confidence in their ability to support pupils effectively and to fulfill the requirements set out in their individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Training will be refreshed on an annual basis or as required. Staff will receive a certificate detailing the training they have received and a record is kept by the school detailing training provided and who attended. The record is reviewed annually to ensure staff are suitably trained. As a minimum staff should have received training in the following:

- Epipen / severe allergic reaction
- Headlice
- Epilepsy
- Diabetic coma
- Asthma management

This training can be offered by the school nursing service

If there is a need for a child to be taken to hospital the parent will be informed, a member of staff (wherever possible someone familiar to the child) will always accompany the child and stay with them until a parent or responsible family member arrives. The school will ensure a copy of the child's healthcare plan is taken to the hospital with the child wherever possible.

Where escorts for home to school transport are employed by the school they will be given the same training as school staff, know what to do in a medical emergency and be made aware of any pupils in their care who have specific needs.

All staff accompanying children on off-site visits will be made aware of pupils with medical

conditions involved in the trip and any relevant information necessary.

Notification that a pupil has a medical condition, process for ensuring support is put in place and individual healthcare plans

Notification may come through a statement of SEN, an Education, Health and Care (EHC) plan, from a medical practitioner or from the parent of the child.

Information about medical needs or SEN is requested on admission to the school. Parents are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents and other professionals are held before the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents are offered the opportunity of attending a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.

When a pupil is starting at our school at the usual transition points, and has an identified medical condition, we will ensure that arrangements are in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving mid-term, we would expect to have arrangements in place within two weeks of notification or admission.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class. A summary of the class Medical Needs Register is kept inside the class attendance register so that it can be referred to easily. Support staff have summarised copies of the Medical Needs Register as they may be working with children from several different classes. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff. The School Nurse may have a termly meeting with the SENCo/Inclusion Manager at which the Medical Needs Register is reviewed and health matters discussed.

Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents will wish to deal with medical matters themselves through their GP.

Individual Healthcare Plans

The usual process for supporting a pupil with medical needs will be by establishing an Individual Healthcare plan. Individual Healthcare plans help to ensure that pupils with medical needs are effectively supported. The plan provides clarity about what needs to be done, when and by whom. The plan is helpful in the majority of cases and especially for long-term and complex medical conditions, although not all children will require one. The level of detail within the Individual Healthcare plan will depend on the complexity of the child's condition and the degree of support needed. The school recognizes that different children with the same health condition may require very different support.

Not all children with medical needs will require an individual healthcare plan. 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 headteacher will take a final view.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. A flow chart setting out the process for identifying and agreeing the support a child needs is at Appendix B .

Individual healthcare plans should 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. A template for individual healthcare plans is provided at Appendix C.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and 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 will also be involved whenever appropriate.

Individual Healthcare Plans will include the following information:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues eg crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs, including how absences will be managed, support to catch up with work missed, additional time for exams, counselling etc
- Who will provide this support, their training needs and cover arrangements in their absence
- Who in the school needs to be aware of the child's condition and the support required
- Written permission for medication to be administered by a member of staff, or self-administered by individual pupils 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 eg 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 who to contact, and contingency arrangements

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are 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 minimises disruption.

Responsibility for the wellbeing of the pupil will not be left to one person; a team of people will be identified to ensure that the pupil's health, safety and emotional well being are supported. Close liaison between the school and the relevant healthcare providers will be developed to ensure that the needs of the pupil are fully catered for and reasonable adjustments made to ensure inclusion.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the Wandsworth Hospital and Home Tuition Service or appropriate hospital school or the to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Individual healthcare plans are used by the school to ensure that pupils with medical conditions are effectively supported to access the curriculum and wider school life. They are developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise time out of school / learning.

Home tuition

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). Where a child is absent from school for over 15 days in an academic year due to illness, the school will review the plan, taking into account information received from health practitioners involved in their care, and a referral made (if appropriate) to the LA medical provision. For Wandsworth resident children, this is the Home and Hospital Tuition Service; children resident in other boroughs will be referred to the equivalent service in their LA.

Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Home Tuition Service and the relevant medical professionals. A flowchart of support offered for pupils with health needs is provided at Appendix D.

Pregnancy

Young women of compulsory school age who are pregnant are entitled to remain at school whenever and for as long as possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the young woman's or the unborn child's wellbeing, the school will make a referral for provision of home tuition. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

Record keeping, Healthcare Plan register and reviews

The governors will ensure that robust records are kept relating to pupils with medical conditions including:

- their Individual Healthcare Plans, key staff involved and the review processes administration of medication
- Training
- emergency procedures
- parental permission forms

Parents are asked if their child has any health conditions or health issues and if so these should be recorded appropriately when the child is admitted to the school. Parents are expected to update the school if their child's medical needs change.

Individual healthcare plans are used to create a centralised register of pupils with medical needs. An identified member of staff has responsibility for maintaining and updating the register, and will contact parents if any further information or clarification is required.

The healthcare register will be securely kept, all staff will respect pupil confidentiality and permission will be sought from parents and pupils before any medical information is shared with any other party. The school seeks permission from parents to allow the healthcare plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included in the healthcare plan.

Apart from the central copy, specified members of staff (agreed by the pupil and parents) securely hold copies of pupils' Healthcare Plans. These copies are updated at the same time as the central copy.

All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in

their care.

When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.

All individual healthcare plans will be reviewed annually as a minimum.

Staff at the school will also use opportunities such as teacher-parent consultations and home school diaries to ensure information held is accurate and updated where needed.

Parents and pupils will always be provided with a copy of the pupil's current plan.

An anonymised overview report on the support for pupils with medical conditions will be presented to governors annually. The report will be prepared by the named person and will summarise key issues emerging from the plans and processes in place including issues re access to the curriculum.

Medicines in school

Self-management by pupils

Wherever possible, children are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then notified staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will then be informed so that alternative options can be considered.

Consent to administer medicines, storage and administration of medication at school

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

If a pupil requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis, if required. A separate form is used with parents for pupils taking short courses of medication.

The school understands the importance of medication being taken as prescribed. No child under 16 will be given prescription or non-prescription medicines without their parent's written consent except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. A template for obtaining parental agreement for the school to administer medicine is provided at appendix E. The school only accepts 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.

All medicines are stored safely. Children are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage

facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

Schools and nurseries can only administer prescription medicines to a child when they have been prescribed by a doctor, dentist, nurse or pharmacist.

Non-prescription medicines (over the counter medicines) do not require any written consent from a GP or other healthcare professional to allow school and nursery staff to administer them.

All medication must only be administered to a child under the age of 16 where written permission for that particular medicine has been obtained from the child's parent or carer.

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Otherwise, the school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. A template for recording medicine administered to an individual child is provided at appendix F. A template for recording medicine administered to all children is provided at appendix G.

School staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction. This requires bespoke management for each individual case due to strict rules which apply to the use of controlled drugs.

Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Parents will be informed when a child has been unwell and /or medication has been required / administered.

A template for recording staff training on the administration of medicines is provided at appendix H. When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Specific arrangements will be put in place for school trips where a child requires medication.

The school will ensure an adequate number of staff members have received training in administering medication to meet the needs of pupils.

If a trained member of staff, who is usually responsible for administering medication, is not available this school makes alternative arrangements to provide the service. This is always addressed in the risk assessment for off-site activities.

Parents of children at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should **notify the school immediately**

If a pupil refuses their medication, this will be recorded and the parent notified. If necessary advice will be sought from the relevant health professional

If a pupil misuses medication, either their own or another pupil's, their parents are informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures

There is an identified member of staff who ensures the correct storage of medication at school. The identified member of staff will check for expiry dates three times a year. Medication will not be stored at school over the summer holiday period.

It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year, and whenever required.

All school staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. 'Emergency' is defined as a potentially life-threatening situation. This may include taking action such as administering medication. It is crucial that accurate information about any action taken is passed to acute / ambulance services on arrival.

Residential visits, School Trips and Sporting Activities

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

Parents are sent a residential visit / school trips form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

If the form includes current issues of medication - a discussion is held with the parent about how the medical condition will be managed whilst on the trip.

An inclusive school environment which is favourable to pupils with medical conditions, including the physical environment, as well as social, sporting and educational activities

The school is committed to providing a physical environment that is accessible to pupils with medical conditions and this includes school trips and journeys.

The school ensures the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.

The school ensures the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as school discos, breakfast club, school productions, after school clubs and residential visits.

All staff at this school are aware of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti-bullying and behaviour policies.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

The school understands the importance of all pupils taking part in sports, games and activities.

The school ensures all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils. However we also ensure all classroom teachers, PE teachers and sports coaches understand that pupils should not be forced to take part in an activity if they feel unwell.

Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities, and all PE teachers, classroom teachers and school sports coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimize these triggers.

The school ensures all pupils have the appropriate medication or food with them during physical activity and that pupils take them when needed.

The school ensures all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

If a pupil is missing a lot of time at school, they have limited concentration or they are frequently tired, all teachers at this school understand that this may be due to their medical condition.

Teachers at this school are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator. The school's SEN coordinator consults the pupil, parents and the pupil's healthcare professional to ensure the effect of the pupil's condition on their schoolwork is properly considered.

Risk assessments are carried out prior to any out-of-school visit and medical conditions are considered during this process. Factors we consider include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

The school understands that there may be additional medication, equipment or other factors to consider when planning residential visits.

Risk assessments are carried out before pupils start any work experience or off-site educational placement. The school accepts the responsibility for ensuring that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.

Health and safety, including common triggers that can make medical conditions worse or can bring on an emergency

The school has a list of common triggers for the common medical conditions at this school. The school has written a trigger reduction schedule and is actively working towards reducing or eliminating these health and safety risks. The school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

School staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

Healthcare Plans are used to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure these individual pupils remain safe during all lessons and activities throughout the school day.

Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of pupils with medical conditions

All medical emergencies and significant incidents are reviewed to ascertain whether and / or how they could have been avoided. Appropriate changes to policy and procedures are implemented after each review.

Roles and responsibilities

This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.

The Governing body

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Governors will receive annual updates as to the effective working of the policy, will review this carefully and ensure implementation of any changes or recommendations arising from the review.

The **Headteacher and the Lead for children with medical conditions** have lead responsibility for the implementation and review of the policy and will ensure that

- the school is inclusive and welcoming
- the policy is in line with national guidance and expectations, is put into action and maintained
- liaise with other interested and relevant parties (including parents and pupils, school health, community and acute health services, the local authority services etc)
- ensure information help by the school is accurate and up to date and good communication and information sharing systems are in place
- ensure pupil confidentiality is respected
- assess the training and development needs of staff and arrange for them to be met
- ensure all staff are aware of the policy, including supply teachers and new staff
- delegate tasks appropriately to named members of staff
- monitor and review the policy at least once a year, with input from pupils, parents, staff and external stakeholders and update it as and when necessary
- report back to governors and to all key stakeholders about the implementation of the medical conditions policy.

All staff at the school have a responsibility to

- be aware of and understand the school's medical conditions policy

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan
- allow all pupils to have immediate access to their emergency medication when necessary
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom
- be aware of pupils with medical conditions who may be experiencing bullying or need extra social support
- ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in, and understand the impact a medical condition may have on a pupil and make any reasonable adjustments to accommodate this (eg that pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed, and are not forced to take part in an activity if they are unwell)
- be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, including help to catch up with work when the pupil has been unwell
- use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions

Specific responsibilities of key staff

- the **special educational needs co-ordinator** for the school will keep an overview of any pupils whose medical needs impact on their learning, will advise staff working directly with them and ensure appropriate strategies are put in place to support them
- **staff with first aid training** will give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school and when necessary ensure that an ambulance or other professional medical help is called.
- **designated lead for medication** will ensure all medication is correctly stored and labelled, regularly reviewed, in date and that parents provide new medication as needed.

School nurse / school health team will be involved in the healthcare planning for pupils with medical needs as appropriate. This may include

- informing the school of pupils in need of a health care plan
- initiating healthcare plans when relevant
- contributing to healthcare plans and their review
- ensuring parental consent is obtained and recorded
- help in providing regular training for school staff in managing the most common medical conditions at school
- advising on training on less common conditions, including providing information about where the school can access other specialist training
- collating relevant health information to support pupil, family and school to inform the healthcare plan
- supporting pupils and parents as appropriate

Individual doctors and specialist healthcare professionals caring for pupils who attend this school have a responsibility to:

- complete the pupil's Healthcare Plans provided by parents
- where possible, and without compromising the best interests of the child, try to prescribe medication that can be taken outside of school hours
- offer every child or young person (and their parents) a written care/self-management plan to ensure children and young people know how to self manage their condition

- ensure the child or young person knows how to take their medication effectively
- ensure children and young people have regular reviews of their condition and their medication
- provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents)
- understand and provide input in to the school's medical conditions policy

Acute health care service personnel have a responsibility to:

- have an agreed system for receiving information held by the school about children and young people's medical conditions, to ensure best possible care
- understand and provide input in to the school's medical conditions policy

The pupils at this school have a responsibility to:

- treat other pupils with and without a medical condition equally
- tell their parents, teacher or nearest staff member when they are not feeling well
- let a member of staff know if another pupil is feeling unwell
- let any pupil take their medication when they need it, and ensure a member of staff is called
- treat all medication with respect
- know how to gain access to their medication in an emergency
- if mature and old enough, know how to take their own medication and to take it when they need it
- ensure a member of staff is called in an emergency situation.

The parents* of a child at this school have a responsibility to:

- tell the school if their child has a medical condition
- ensure the school has a complete and up-to-date Healthcare Plan for their child
- inform the school about the medication their child requires during school hours
- inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities
- tell the school about any changes to their child's medication, what they take, when, and how much
- inform the school of any changes to their child's condition
- ensure their child's medication and medical devices are labelled with their child's full name
- provide the school with appropriate spare medication labelled with their child's name
- ensure that their child's medication is within expiry dates
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

Unacceptable practices

The DfE guidance 2014 lists the following unacceptable practices. This policy is designed to ensure that these issues are avoided and that there is an ongoing dialogue between school, pupils and parents so that all pupils and parents feel confident in the processes in place in the school.

"Unacceptable practice":

- to prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- to assume that every child with the same condition requires the same treatment;
- to ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- to 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, to send them to the school office or medical room unaccompanied or with someone unsuitable;
- to penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- to prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- to require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- to prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child. “

Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

Complaints

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Policy review

This policy is regularly reviewed and updated, taking account of guidance issued by the government. The school will seek feedback from all stakeholders both within the school and other partners. The views of pupils with medical conditions and their parents will be actively sought and are central to the evaluation and review process.

Policy updated January 2019

Appendix A

Communication plan to ensure full implementation of this policy

a. Pupils are informed and regularly reminded about the medical conditions policy:

- through the school's pupil representative body
- in the school newsletter at several intervals in the school year
- in personal, social and health education (PSHE) classes
- through school-wide communication about results of the monitoring and evaluation of the policy.

b. Parents are informed and regularly reminded about the medical conditions policy:

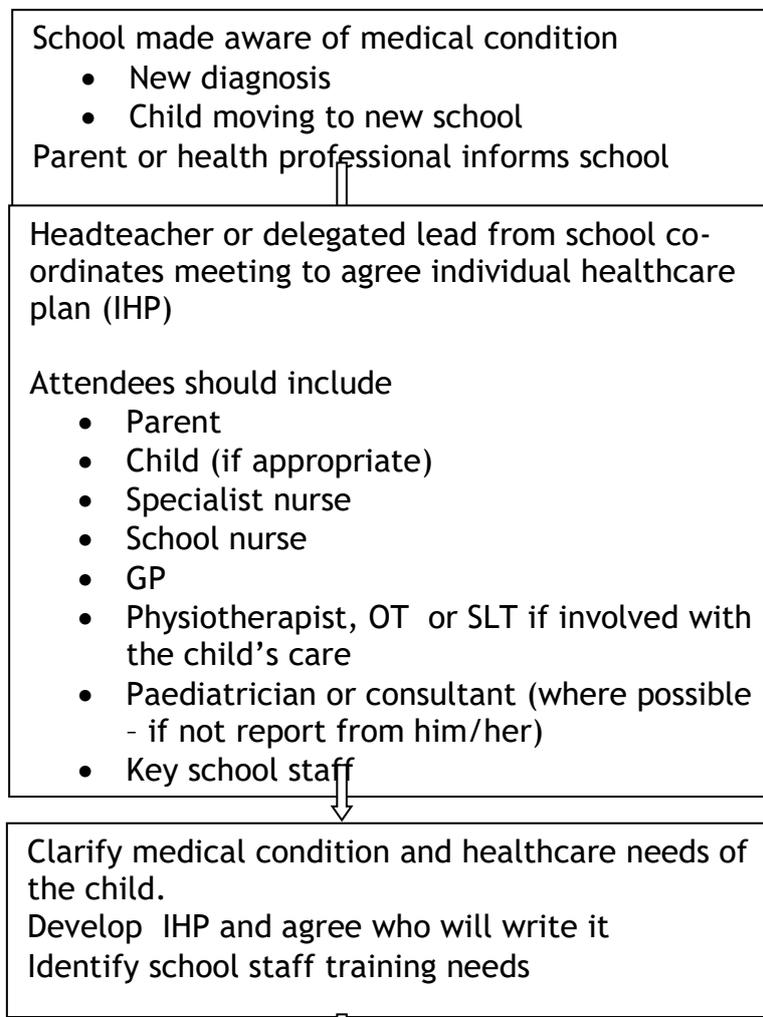
- by including the policy statement in the school's prospectus and signposting access to the policy at the start of the school year when communication is sent out about Healthcare Plans
- in the school newsletter at several intervals in the school year
- when their child is enrolled as a new pupil via the school's website, where it is available all year round
- through school-wide communication about results of the monitoring and evaluation of the policy.

c. School staff are informed and regularly reminded about the medical conditions policy:

- through copies handed out at the first staff meeting of the school year and before Healthcare Plans are distributed to parents

- at scheduled medical conditions training
 - through the key principles of the policy being displayed in several prominent staff areas at this school
 - through school-wide communication about results of the monitoring and evaluation of the policy
 - all supply and temporary staff are informed of the policy and their responsibilities.
- d. Relevant local health staff are informed and regularly reminded about the school's medical conditions policy:
- by letter accompanied with a printed copy of the policy at the start of the school year
 - CCG and school / community nurse.
 - through communication about results of the monitoring and evaluation of the policy.
- e. Governors agree the policy and regularly review it (at least every 2 years)
- f. All other external stakeholders are informed and reminded about the school's medical conditions policy:
- by letter accompanied with a printed copy of the policy summary at the start of the school year and through communication about results of the monitoring and evaluation of the policy.

Appendix B



Appendix C Individual Healthcare Plan Template

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	
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

Appendix D Pathways of Support for Pupils with Health Needs

Wandsworth follows the pathways indicated below in order to ensure clarity and fairness of procedures. Within these pathways, all children and young people with health needs will receive consideration and appropriate support based on their individual requirements.

The criteria for home tuition support are:

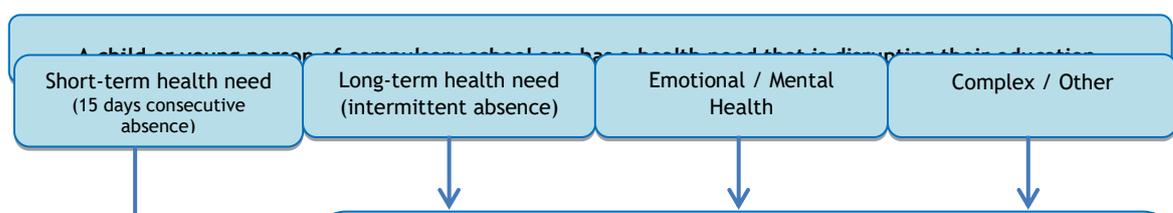
- The pupil is referred to the appropriate LA service within the borough **in which they reside**. A resident of the London borough of Wandsworth will be referred to the Wandsworth Hospital and Home Tuition Service;
- The pupil is of compulsory school age; and
- The pupil is (due to be) temporarily absent for at least 15 consecutive school days because of medical reasons, including mental ill-health and/or pregnancy

or

- The pupil's long-term medical condition causes them to be absent for at least 15 days over the course of the current academic year.

and

- The referral is supported by medical evidence from a specialist medical consultant of the need for home tuition (evidence from a GP is not appropriate).



Appendix E Parental Agreement for School 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	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
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	

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

Appendix F 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			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix H Training Record – Administration of Medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix I 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.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone