

Christ Church CofE (VA) Primary School and Nursery

Supporting Children with Medical Conditions Policy 2024



1 Children and Families Act 2014

1 The Children and Families Act 2014 includes a duty on schools to support children with medical conditions. This is inclusive of children with diabetes. Schools must make arrangements for supporting pupils at schools with medical conditions and in meeting that duty they must have regard to the statutory guidance issued by the Secretary of State

2 Overview

2 Christ Church School will ensure that children with medical conditions are well supported. We have experience of dealing with children who require this support including diabetic pupils.

2.1 The Head Teacher is the named person with responsibility for supporting these children and for ensuring that sufficient staff are suitably trained,

2.2 We have a commitment that all relevant staff will be made aware of the child's condition,

2.3 We provide cover arrangements in case of staff absence or staff turnover to ensure someone is always available,

2.4 We brief supply teachers,

2.5 We undertake risk assessments for school visits, holidays, and other school activities outside of the normal timetable.

2.6 We monitor individual healthcare plans in liaison with the health practitioners and parents.

3 Procedures

When we are notified that a pupil has a medical condition the following procedures are put in place:

3.1 We will liaise with a new school when we know of a child coming to or going from Christ Church School and ensure arrangements are in place for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, we will make every effort to ensure that arrangements are made as expediently as possible, anticipated within 2 weeks.

3.2 We expect a formal diagnosis to be given to Christ Church School by the child's medical professional. However, we will not wait 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. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

4 Individual healthcare plans Template A

4.1 Some children need IHPs (Individual healthcare plans) which can help to ensure that we effectively support 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on written evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view. The format of individual healthcare plans Template A may vary for the specific needs of each pupil. They will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but 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. 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. The Head Teacher and the SENCo are the people responsible for these plans.

4.2 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 should 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 should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

4.3 Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

4.4 Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), Christ Church School 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.

4.5 When deciding what information should be recorded on individual healthcare plans, the school will consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (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 and the Head Teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician.

5 Roles and responsibilities

5.1 Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Christ Church School will work cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical to ensure that the needs of pupils with medical conditions are met effectively.

5.2 Governing body will ensure

- the implementation of policy to support pupils with medical conditions in school,
- that sufficient staff have received suitable training and are competent
- 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.

5.3 Headteacher will ensure

- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- that all staff who need to know are aware of the child's condition.
- that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- the development of individual healthcare plans.
- that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- contact is made with the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

5.4 School staff - any staff member of Christ Church School may be asked to provide support to pupils with medical conditions, including the administering of medicines, although we recognize they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they will take into account the needs of pupils with medical conditions that they teach. School 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. Any member of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

5.5 School nurses – Christ Church School has access to the limited school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

5.6 Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

5.7 Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

5.8 Parents must ensure

- They provide the school with sufficient and up-to-date information about their child's medical needs.
- They, in some cases, be the first to notify the school that their child has a medical condition. At Christ Church School, 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.
- They carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

5.9 Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

5.10 Providers of health services - should co-operate with Christ Church School to ensure they are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training.

5.11 Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with Christ Church School to support children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

6 Staff training and support

6.1 Any member of school staff providing support to a pupil with medical needs should have received suitable training. This will be identified during the development or review of individual healthcare plans. Where staff already have some knowledge of the specific support needed by a child with a medical condition training may not be required. Staff who provided support to pupils with medical conditions will be included in meetings where this is discussed.

6.2 The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.

6.3 Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Staff will be given an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

6.4 Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

6.5 Healthcare professionals, including the school nurse, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

6.6 Arrangements for whole school awareness training of the school's policy for supporting pupils with medical conditions and their role in implementing that policy will include

- Inclusion in the staff handbook including, reference to this policy.
- Awareness training as part of the induction process
- Annual training on the use of Auto Injectors, e.g. Epipens.& Insulin Injector

6.7 Where appropriate parents will be asked to support the training of staff members

7 The child's role in managing their own medical needs

7.1 Through discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

7.2 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. 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 relevant staff will, through arrangement and with training, help to administer medicines and manage procedures for them.

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

8 Managing medicines on school premises

8.1 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so

8.2 No child will be given prescription or non-prescription medicines without their parent's written consent.

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

8.4 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

8.5 Christ Church 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

8.6 All medicines will be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma

inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away.

8.7 On school trips, a log will be kept of children requiring medication, Children should know where their medicines are at all times and be able to access them immediately.

8.8 Christ Church School will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school

8.9 At Christ Church, staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. We will keep 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

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

9 Record keeping

9.1 Written records will be kept of all medicines administered to children. See Templates

10 Emergency procedures

10.1 A child's individual healthcare plan 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. 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.

10.2 In each classroom there will be an 'emergency card' which will be taken to a first aider should an emergency occur.

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

11 Day trips, residential visits and sporting activities

11.1 Christ Church School will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers will be aware of how a child's medical condition will impact on their participation. All children will be encouraged to participate according to their own abilities and with any reasonable adjustments. Christ Church 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.

11.2 Christ Church School will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. Christ Church School will, in consultation with parents and pupils and gain advice from the relevant healthcare professional to ensure that pupils can participate safely.

12 Unacceptable practice

12.1. Although Christ Church School staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare 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; 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 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, 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; or
- 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.

13 Liability and indemnity

13.1 Christ Church School has appropriate level of insurance in place which appropriately reflects the level of risk. Insurance policies are accessible to all staff providing such support.

14 Complaints

14.1 Should parents or pupils be dissatisfied with the support provided by Christ Church School they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement⁹, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

This policy will be reviewed annually starting in the Spring Term 2020.

Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

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

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	

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	

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 _____

Template C: 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			

C: 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

Template D: record of medicine administered to all children

Name of school/setting

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[illegible]

Template E: staff 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 _____

Template F: 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