



SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY



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Supporting Pupils with Medical Conditions Policy Statement

This policy is written in line with the requirements of:-

- 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 (updated Dec 2015)
- 0-25 SEND Code of Practice DfE 2014 (updated April 2020)
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014 (Updated April 2020)
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010 (Updated April 2020)
- Relevant guidance issued by the DfE during periods of National Crises and School Closure as published on the Government website (www.gov.uk).

This policy should be read in conjunction with the following school policies:
SEN, Safeguarding and Complaints.

Definitions of medical Conditions

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 or have a short-term injury.

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 important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case, school must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN policy and Information Report and the individual healthcare plan will become part of the EHCP.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. In making the arrangements, the school will consider that many of the medical conditions that require support at school will affect quality of life and may be life-threatening and that some may be more obvious than others and will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. There will be appropriate training for all staff to support pupils' medical conditions and will actively support pupils with medical conditions to participate in school trips and visits. The school will plan for the inclusion of pupils any activities using reasonable adjustments as required unless evidence from a professional states that this is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with the school's safeguarding duties, they will ensure that all pupils' health is not put at unnecessary risk from, for example an infectious disease.

Individual healthcare plans

Individual healthcare plans will help to ensure that MEPA Academy effectively supports pupils with medical conditions. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful, in the majority of other cases too, especially where medical conditions are long-



term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan 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 an EHCP plan, their special educational needs should be mentioned in their individual healthcare plan. Individual healthcare plans (and their review) should be drawn up in partnership between the school, pupil, parents/carers 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. The aim should be to capture the steps which MEPA Academy should take to help manage their condition and overcome any potential barriers to getting the most from their education. Health 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. MEPA Academy will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that MEPA Academy assesses and manages 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, the 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.

Template A is the template for the individual healthcare plan.

Roles and responsibilities

MEPA Academy can refer to the Community Nursing Team for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions. Other healthcare professionals, including GPs and paediatricians should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (eg asthma, diabetes, epilepsy). 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. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions. Parents/carers must provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. 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 should 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. **Clinical commissioning groups (CCGs)** commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004.

Staff training and support

The following staff have received general training

School first aiders (full certificate) are:

Mandy Ellen

Emma Finch

Melanie Jeff

Claire Ross

Paediatric First Aiders:

Claire Ross



Named people for administering medicines:

Emma Finch

Claire Ross

First Aiders depending on child's needs and age group.

The following staff have received Specific/specialist training:

Diabetes training;

Mrs Ross

Template B is the form for Parental agreement to administer medication and record of any medicine administered. In addition to template B, template C is the form to record any medication administered when children are off site, including residential. Template D is the form to be used to record staff training for administration of medicines and /or medical procedures. Template E is the template for emergency cards, used for children with an IHCP that indicates a higher likelihood of requiring an emergency call i.e. Diabetes, Severe Allergic Reactions.

Training should 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 set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Staff must not give prescription medicines or undertake healthcare 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. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see template). The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/carers will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

At MEPA Academy the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent (see template B).
- For short term conditions, i.e. antibiotic, the school will not administer medicines but will allow parents/carers to come into school to administer at an agreed time. For offsite education, the school will supervise children administering non-prescription and prescription medication provided that the parents/carers provide the medication in dosage amounts and complete the relevant forms. Any medication would be given to the supervising adult with responsibility for First Aid for the visit and appropriate records completed and Parents/Carers informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- The school will only accept prescribed medicines, with written permission from parent/carer 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 be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

- Non-emergency medicines will be kept in the locked cupboard in the medical room.
- During school trips a first aid trained member of staff will oversee the administration of any medical devices and medicines required.
- All controlled drugs that have been prescribed for a pupil will be securely stored in a secure container and only named staff will 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 the school.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record (see template B and C) 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. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes, where home provides one, should always be used for the disposal of needles and other sharps.

Emergency procedures

The Head Teacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The school needs to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits, and sporting activities

The school will actively support pupils with a medical condition to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician that this is not possible.

The school will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

All records of medication that have been administered are kept and stored by the FLO once the child has returned from the trip / visit.

Unacceptable practice

Although staff at the school should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not acceptable practice to:

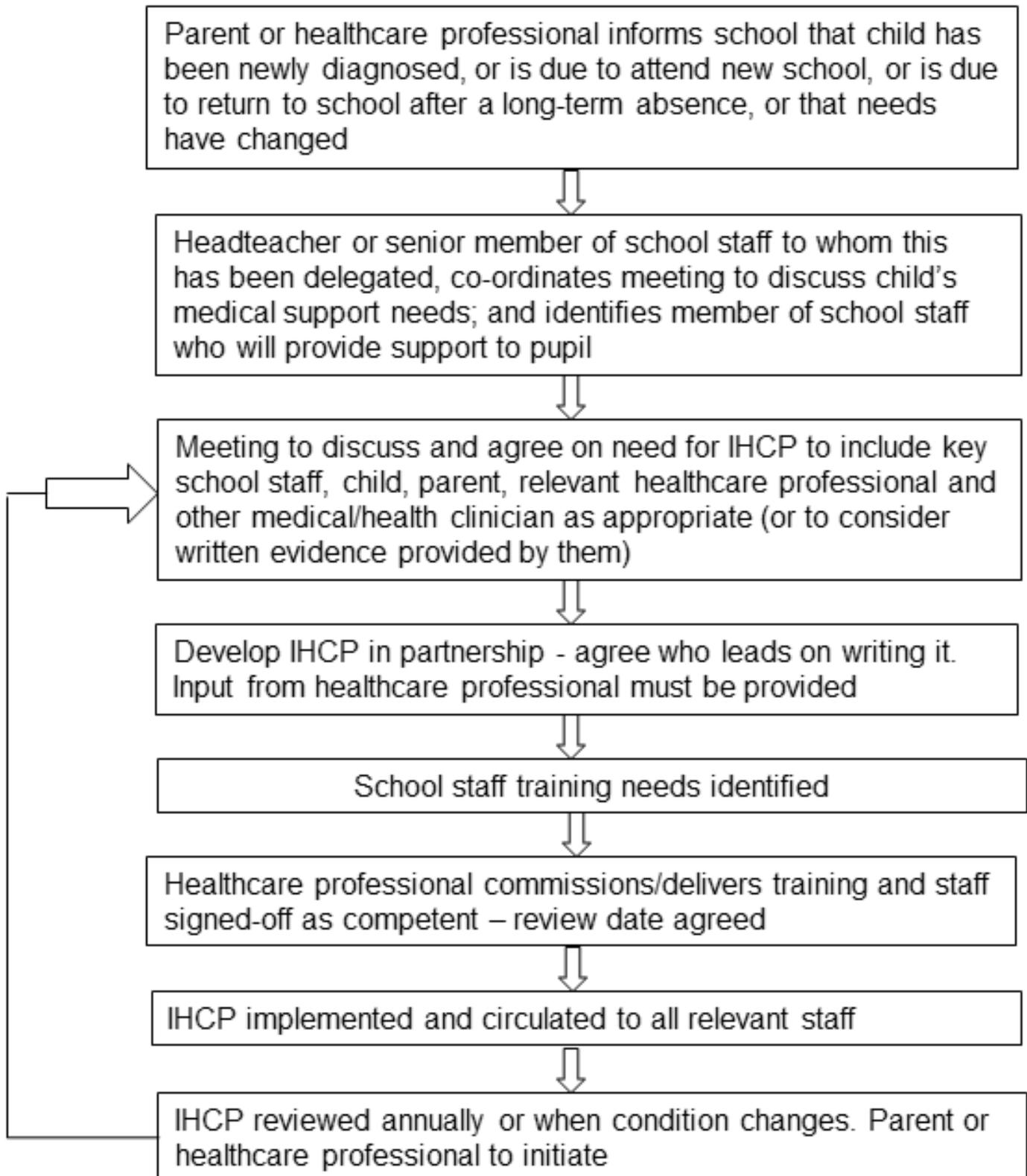
- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- Send an unwell child to the school office or medical room unaccompanied.
- 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 breaks whenever they need to in order to manage their medical condition effectively.
- Require parents\carers, 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. The school will ask parents to nominate a responsible adult in their place for short term medication.
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints

Should parents\carers be unhappy with any aspect of their child's care at MEPA Academy, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the SENco, who will, where necessary, bring concerns to the attention of the Head Teacher. In the unlikely event of this not resolving the issue, the parent\carer must be informed of the correct Complaints procedure, with the school policy,



Annex A: Model process for developing individual healthcare plans



EMERGENCY CARE PLAN FOR

Name:

Class:

Date of Birth:



List of medications kept in school:

Kept in medical room (locked cupboard key kept above cupboard):

INDIVIDUAL HEALTHCARE PLAN

Name of school/setting	MEPA ACADEMY
Child's name	
Class	
Date of birth	
Child's address	
Child's SEN Status	No SEN [] SEN [] EHCP []
Medical diagnosis or condition	.
Date	
Review date	
Family Contact Information	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no.	
Other Contact	
Home and Mobile numbers	
Clinic/Hospital Contact	
Name	
hone no.	
G.P.	
Name	
Phone no.	
Who is responsible for providing support in school	Class Staff and FLO as advised by Parents.



Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Condition:

Symptoms:

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

Include in here if child needs rest breaks/ extra support for exams etc.

Dietary Care:

Environmental Issues i.e. crowded corridors.

Other:

Specific support for the pupil's educational, school attendance, social and emotional needs.

i.e. 1:1 Support

Arrangements for school visits/trips/after school clubs

Staff in charge to ensure that all medication is available throughout the activity and to ensure the adult responsible for the child is aware of the condition and is able to administer emergency medication.



Other information

Parental Consent for school to contact Health Professionals for advise on care of

(Child's name):..... Signature:..... Date:

Describe what constitutes an emergency, and the action to take if this occurs

Emergency Procedure

Emergency Examples may include

- Red blotchy rash around neck or / and mouth recognisable visible signs of swollen tongue, wheezing difficulty breathing slight voice change (panicky anxious)
- Is light headed or feeling dizzy.
- Abdominal pains or stomach cramps.
- Difficulty breathing, complains of throat closing up, shortness of breath Change in behaviour, aggressive, confused,

Action Examples may include

- Administer 5ml of Ceritizine hydrochloride.
- Monitor if no change
- Immediately Administer Epipen (1 x Epipen kept in green first aid bag in classroom a second Epipen is kept in the medical room.) Child must not be left alone child's condition must be monitored and the following steps followed.

Further Actions to be Taken Examples may include

- The office request an ambulance 999 stating full name, age, condition and action taken.
- Office inform senior member of staff / **FLO / Lunchtime Medical Supervisor** who immediately attends.
- Office then contact parents. (If unavailable use emergency contact details.)
- A member of office staff should stand at the gate to direct the emergency crew.

Who is responsible in an emergency (state if different for off-site activities?)

Class Staff / First Aiders and Senior Management.

Plan developed with

Name and Title:

Signature:

Date:

Parent's / Carer's:

Medical Professional:

Staff Member:

Is the child aware of this IHCP and where their medication is kept?

Yes [] No [] If not state reason why



Staff training needed/undertaken – who, what, when

Staff to be informed of condition /allergy.

Head Teacher

Key Stage Leader

Class Teacher

Teaching Assistant / s

Lead MDMS

School Office

FLO

Other (state who)

Staff Training completed By.

Name of Staff Date:.....

Delivered by Name: Title

Digital Records:

Medical condition recorded on school database (SIMS): Date.....

Digital Copy of Individual Health Care Plan stored on database (SIMS) file for child. Date.....



Template B: Parental Agreement for Setting to Administer Medicine and Record of Medicine Administered to an Individual Child.

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	<i>(Term 1 of following academic year or sooner if required by medical professional.)</i>
Name of school/setting	MEPA ACADEMY
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	<i>(If self-administering the child must always be supervised and recorded by staff member)</i>
Procedures to take in an emergency	<i>(i.e. Individual health Care Plan)</i>

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 _____



RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

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: Staff Training Record – Administration of Medicines and/or Medical Procedures

Name of school/setting	MEPA Academy
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that the above has received the training detailed and is competent to carry out any necessary treatment. I recommend that the training is updated.

Trainer's signature _____ Date _____

I confirm that I have received the training detailed above.

Staff signature _____ Date _____

Suggested review date:



Template E: Emergency Card (to be used for children with an IHCP) Indicating a Higher Probability of Needing an Emergency Call such as: Diabetes / Severe Allergic Reaction.

(Print these two pages as two pages on one. To make a back to back card.)

FOR EMERGENCY CALL 999



Class:

Suffers from:

List of medications kept in school:

Plus Kept in medical room (locked cupboard key kept above cupboard)

Emergency Procedure

- In the event that (child's name) displays the following symptoms:
- The office request an ambulance 999 stating full name, age, condition and action taken.
- Office inform senior member of staff / FLO / Lunchtime Medical Supervisor who immediately attends.
- Office then contact parents. (If unavailable use emergency contact details.)
- A member of office staff should stand at the gate to direct the emergency crew.



RISK ASSESSMENT AND CONTROL MEASURES

Name:		Class:
Nature of the Vulnerability:		
Identified Hazards: Carpet Toilets Steps Evacuation Lunch Hall Movement around school Assembly Coming in and leaving school Writing PE Playtime		
Control Measures – Restrictions - Special Instructions: Carpet Toilets Steps Evacuation Lunch Hall Movement around school Assembly Coming in and leaving school Writing PE Playtime		
Further Actions: Pain relief Due to be reviewed by medical professional on:		
Other staff who need to be informed: Class Teacher Teaching Assistant Lead MDMS School Office Lunchtime Medical Supervisor SLT FLO		
Risk Assessment by: <i>Print and Sign</i>		Date of Assessment:
Signature of Parent Carer:		Date for Re-assessment (following medical appointment):

(This Risk Assessment must remain in place until the child's parent / carer or medical professional has written to say it is no-longer necessary.)



Guidance Questions to:

Template F: Risk Assessment and Control Measures for Plaster and Crutches

Carpet: is the child able to get up and down from the carpet / floor without risk of causing harm to themselves or others, i.e. trip risk/ risk of being stood on?

If not then a chair should be provided for all carpet and floor activities including assembly.

Toilet: is the child able to attend to their toileting needs unaided?

If yes but needs help with doors a buddy should accompany them.

If no discuss with parent the appropriateness of the child's presence in school until they are able to attend to these themselves. Age appropriateness needs to be considered.

Steps: is the child able to move up and down stairs unaided?

If yes: no further measures needs.

If no: then explore the need for a buddy to assist by holding a crutch and the child using the hand rail.

If unable to manage step without assistance from Buddy this child is not safe to stay in school and SLT and FLO will need to be informed. (Home schooling may need to be accessed if long term recovery is required).

Lunch Hall: Is the child able to collect / manage their lunch unaided?

(all injured children should sit on the end of the bench with their injury to the aisle. This reduces the risk of the injury being knocked and causing further complications).

If Yes: see above.

If No: a suitable buddy will be needed to collect their lunch / open difficult packaging.

Movement around school: is the child able to move around the school as normal with out risk of causing further injury?

If yes: No further action needed.

If no: the child will need to move around school at quieter time such as a few minutes ahead of peers or a little later, always accompanied by a buddy.

Assembly: Is the child able access the hall and sit on the floor for assembly unaided?

If yes: no further action is required.

If no: Then follow appropriate measure for moving around school, steps and carpet (a chair is to be provided for the hall)

It is not appropriate for a child to miss assembly due to a medium / long term injury.

Arriving and leaving school site: is the child able to access their classroom safely on arrival at school or to leave school along with peers without risk of causing further injury? (Consider the movement of whole school at these times).

If yes: no further action is required.

If no: then the child may enter and leave school via the main school office. On arrival they will need to wait on the blue chair for a buddy to collect once the rest of the school have arrived and it is now safe for the child to move around the site. On leaving school they will be accompanied by a buddy to the school office where they will wait until their appropriate adult collects them for leaving the site.

Writing: Is the child able to write using their preferred hand?

If yes: No further action.

If no: then consider providing a laptop for written tasks.



Evacuation: Is the child able to leave the building unaided in an emergency situation?

If yes: No further action.

If no: The child will need to leave with their peers accompanied by an adult (if available) and make way to the gazebo. Teachers will account for them before handing the register over.

PE: Is the child able to take part in normal PE activities without risk of further injury?

If yes: No Further Action

If no: Then the teacher will provide a suitable PE based activity for the session. i.e. role of supervisor or advisor, score keeper.

Playtime: Is the child able to take part in Playtime activities without risk of further injury?

If yes: No Further Action.

If no: Then the child will be provided with some appropriate indoor activities (reading, board games) and choose a buddy to sit outside the medical room for the duration of playtime. (if the area has become crowded due to the number of children missing playtime as a result of injury / illness then the child will not need a buddy.) In fine weather the child may join other children on the field but must choose an activity that does not risk further injury i.e. sit on benches / gazebo to talk, play games, read or draw.

