



## Supporting Children with Medical Needs

September 2024

This policy is in line with our equal opportunities statement and aims to support inclusion for all of our pupils. The policy covers all statutory elements and focuses on maintaining the highest expectations for all pupils and bringing out the ‘best from everyone’.

### Rationale

The number of pupils attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly and with appropriate support from family and school, can take part in the normal school activities. However some children with long term, complex or individualised medical needs will need to have them carefully planned and monitored by school, parents/carers, medical and other professionals and where appropriate for the child, to maximise curriculum access, their inclusion and to safeguard the child’s health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

### Introduction

Hill View School is committed to ensuring that the necessary provision is made for every pupil within our community. The school celebrates our inclusive nature and strives to meet the needs of all pupils including those with medical needs and conditions. Section 100 of The Children and Families Act 2014 places a duty on the governing body of each school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance ‘Supporting Pupils with Medical Conditions’ and we will have regard to this guidance when meeting this requirement. We endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

All medical information will be treated confidentially by the Headteacher and staff. The administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy. Where children have a disability, the requirement of the Equality Act 2010 will apply. Where children have an identified special need, the SEND Code of Practice will also apply. We recognise that medical conditions may impact social and emotional development as well as having educational implications.

## Key Contextual Information

<b>Headteacher:</b> Rebecca Rorich
The named member of school staff responsible for this medical condition policy and its implementation is:  <b>Name:</b> Hannah Wakefield  <b>Role:</b> Business Support Administrator
<b>Governor with responsibility for Medical Needs:</b> Alex Pearson

### This policy is to be read in conjunction with our:

- Inclusion and SEND Policy
- Safeguarding policy
- Equality Policy
- Behaviour and Anti Bullying policies
- Curriculum and Teaching and Learning policies
- Food Tasting Policy
- Health and Safety Policy
- School Visits Policy
- Complaints Policy

## Aims and Objectives

### Aim

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

### Objectives

- To establish a positive relationship with parents and carers, so that the needs of the child can be fully met
- To work in close partnership with health care professionals, staff, parents and pupils to meet the needs of each child
- To ensure any social and emotional needs are met for children with medical conditions
- To minimise the impact of any medical condition on a child's educational achievement
- To ensure that a Health Care Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively
- To ensure as little disruption to our pupils' education as possible
- To develop staff knowledge and training in all areas necessary for our pupils
- To ensure safe storage and administration of agreed medication
- To provide a fully inclusive school.



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## Roles and Responsibilities

### The Governing Body

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Hill View School.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by specialists is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Monitoring written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

### The Headteacher

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Hill View School.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Ensure that all supply staff are aware of the policy and are briefed on individual pupil needs where appropriate
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

### Staff Members

- Taking appropriate steps to support children with medical conditions.



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- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Fully aware of who is a named staff member responsible for administering injections.

**There is no legal duty which requires staff members to administer medication; this is a voluntary role.**

### **School Nurses**

- Notify the school when a child has been identified as requiring support in school due to a medical condition.
- Support the development of an IHCP when specialist support is required by the school.
- Liaising locally with lead clinicians on appropriate support.

### **Parents/Carers/Guardians**

- Parents have prime responsibility for their child's health and should provide the school with up-to-date information about their child's medical conditions, treatment and/or any special care needed.
- Completing a parental agreement for school to administer medicine form before bringing medication into school (Appendix 1).
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- It is the parent/carers responsibility to make sure that their child is well enough to attend school.

### **The Pupil**

- Where appropriate, pupils should be fully involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Where appropriate, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Where appropriate, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location. Any



electronic devices that are used to support medical needs must be accompanied with a signed Diabetes Monitoring Mobile Phone Declaration form (appendix 4).

- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate and pre-agreed within the development of the IHCP, pupils will be supported to take their own medication under the supervision of an adult within school.

### **Local Authorities**

- 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 co-operation between relevant partners with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- 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 school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

### **Individual Health Care Plans**

- An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the 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.
- Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents.
- Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.



- Parents will receive a copy of the Health Care Plan with the originals kept by the School.
- Medical notices, including pictures and information on symptoms and treatment are stored within each first aid station in the school and given to the child's class teacher for quick identification, together with details of what to do in an emergency.

## Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- It is the parent's responsibility to ensure that their child's medicine is collected at the end of each day if it is medicine that is required to be taken outside of school hours.
- Aside from the administration of Calpol and our school emergency inhaler, no child will be given any prescription or non-prescription medicines without written parental consent. Calpol will only be administered with verbal permission from a parent, including direction regarding the dosage required.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- Medicines (aside from inhalers and epi-pens) are held in the office in a locked cupboard. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away.
- Any medications left over at the end of the course will be returned to the child's parents.
- Pupils with asthma are encouraged to carry their inhalers with them. The school holds an emergency inhaler which is kept in office kitchen. Children with diabetes have medication kept in their classrooms and designated staff check their levels according to their IHCP. They are able to take high energy snacks when needed and at any point in the day.
- Written records will be kept of any medication administered to children. An example can be found in Appendix 1.
- Pupils will never be prevented from accessing their medication.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- The school has one defibrillator which is wall-mounted in the office kitchen. Key members of staff have been trained to use this device.
- Hill View School cannot be held responsible for side effects that occur when medication is taken correctly.



### Administration of an Epi-pen

- Medication for a serious allergy may be kept in the classroom. An Epi-pen should be provided by the parent and it is the parent's responsibility to replace the Epi-pen on a regular basis and to ensure that it is in date.
- A first aider or an appointed first aider who has been trained in administration of an Epi-pen can administer an Epi-pen to a child.
- Staff will receive Epi-pen training as and when required and notified by the School Health Team. This will only be necessary if we have a child in school that requires an Epi-Pen for a serious allergy.

### Administration of Inhalers

- Medication for asthma may be kept in the classroom. An inhaler should be provided by the parent and it is the parent's responsibility to replace the inhaler on a regular basis and to ensure that it is in date and not empty.
- Inhalers will be kept where the children can have easy access to them.
- Where appropriate, children will administer their own inhaler. Where this is not possible, a member of staff may assist in administering the inhaler
- Parent will be required to complete a "Medicine Consent Form".

### Educational Visits

- We actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.
- A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional that are responsible for ensuring that pupils can participate. A copy of the child's health care plan should be taken with the child on an Educational Visit.
- The class teacher must also ensure that medication such as inhalers and epi-pens are taken on all school trips and given to the responsible adult that works alongside the pupil throughout the day. A First Aid kit must be taken on all school trips. The Trip Leader must ensure that all adults have the telephone number of the school in case of an emergency.
- The school will refer to the OEAP National Guidance documents on First Aid (4.4b) and Medication (4.4d) to ensure suitable provision at the planning stage of every trip.
- The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip.

### Residential School Trips

- One member of staff who is attending the residential trip will take responsibility for medicines whilst the trip takes place.
- For all residential trips the "Residential Medical Form" must be completed for every child by the parent/guardian.



- For those children requiring medication during the trip, parents must complete a “Medicine Consent Form” and provide all medicine, clearly labelled with child’s name and dosage information in a clear, sealable plastic bag.

### **Staff Training**

- The school provides regular whole-school awareness training to ensure that all staff are aware of this policy and their role in implementing the policy. This is also included in induction arrangements for new staff.
- Any member of staff providing support to a pupil with medical needs must have received suitable training. It is the responsibility of the Headteacher to lead on identifying with health specialists the type and level of training required and putting this in place. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.
- Training must 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. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- For administration of medicines where specific training is required (e.g. epi-pen administration) staff must have received specialist training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- It is important that all staff are aware of the school’s policy for supporting pupils with medical conditions and their role in implementing that policy. The school ensures that training on conditions which they know to be common within their school is provided (asthma, epi pen, sickle cell, diabetes for example)
- Parents can be asked for their views and may be able to support school staff by explaining how their child’s needs can be met but they should provide specific advice, nor be the sole trainer.

### **Emergency Procedures**

- Medical emergencies will be dealt with under the school’s emergency procedures
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail
  - What constitutes an emergency
  - What to do in an emergency
  - Ensure all members of staff are aware of emergency symptoms and procedures
  - Other children in school should know to inform a teacher if they think help is needed

If a pupil needs to be taken to hospital, a member of staff will remain with the child until a parent arrives.





## **Unacceptable Practice as outlined in the DfE statutory guidance.**

Although school staff should 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 for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, 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
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **Complaints**

Please refer to the school's complaint's policy.

## **Other Considerations**

### **Defibrillators**

The governing body will ensure the local NHS ambulance service has been notified of its location.

### **Emergency Inhalers**

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies. Staff follow guidance from '*Guidance on the use of emergency salbutamol in schools (DoH, 2015)*' ensure the emergency inhaler is administered appropriately. The emergency salbutamol inhaler is only used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).



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### Policy Review Date

	Date	Name of owner/author
Authorised:	<i>01.09.24</i>	<i>H Wakefield</i>
Policy Reviewed:		
Next Annual Review Date:	<i>01.09.25</i>	<i>H Wakefield</i>



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**Appendix 1: Parental Agreement for setting to administer medicine & Record of Medicine  
Administered to an Individual Child**

<b>HILL VIEW SCHOOL</b> Medicine Consent Form <b>NB: Medicines must be in the original container as dispensed by the pharmacy</b>		
Parents : please note - there is no legal duty on non-medical staff to administer medicines or to supervise a child taking it. <i>This is purely a voluntary role.</i>		
Child's name:		
Date of Birth:	Class:	Year:
<b>Medication Name:</b>  <b>Medication Start Date:</b> <span style="float: right;"><b>Medication End Date:</b></span>  <b>Dosage to administer:</b>  <b>Frequency and TIME to be administered:</b>  <b>Does the medication need to be kept in a fridge?                      Yes / No</b>		
<b>Any special guidance i.e. Are there any side effects that the school/setting needs to know about? If yes what should be the procedure to take in an emergency?</b>          		
<i>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.</i>  <i>This task is being undertaken voluntarily and in a spirit of general care and concern. We will make every effort to administer this medication on time and as required, but the child is responsible for attending the school office at the relevant time. The member of staff administering the medicine make no absolute guarantees and may decline to accept responsibility.</i>		
Parent Name:		
Signed:		Date:



## Appendix 2: Individual Healthcare Plan



### Individual Healthcare Plan

This form is to be completed by school staff in conjunction with the child/young person and/or their parents or carer. Advice from the School Health Nurse can be sought in completion of this form if needed.

#### DETAILS:

<b>Childs Name:</b>	
<b>Date of Birth:</b>	
<b>School Name:</b>	
<b>Year group/ Class:</b>	
<b>Home Address:</b>	
<b>Medical Diagnosis/ Condition:</b>	

#### CONTACT DETAILS:

Name:	
Relationship to child:	
Telephone:	Home: Work: Mobile:

Name:	
Relationship to child:	
Telephone:	Home: Work: Mobile:



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**GP AND CLINIC DETAILS**

GP Name:		
Address:		
Telephone:		
Consultant/Clinic/Hospital Details (if applicable):		
Address:		
Telephone:		

**DESCRIBE MEDICAL NEEDS AND DETAILS OF CHILD'S SYMPTOMS:**

**DAILY CARE REQUIREMENTS (e.g before lunch/after sport etc. State any medication that is required to be taken during the school day and whether this will be stored and administered by the school or the pupil):**

**Describe what constitutes an emergency for the child and any action to be taken:**

**Follow up care:**

**State who is responsible in the case of an emergency (state if different if off school site):**

Form completed by:

Name:	
Signed:	
Date:	

Name:	
Signed:	
Date:	

Name:	
Signed:	
Date:	

**REVIEW DATE:**



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### Appendix 3: 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 (01295 251205) or your mobile number
2. your name
3. your location as follows:

Hill View Primary School, Hill View Crescent, Banbury, OX16 1DN
4. provide the exact location of the patient within the school setting
5. provide the name of the child and a brief description of their symptoms
6. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
7. Put a completed copy of this form by the phone



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**Appendix 4: Diabetes Monitoring Mobile Phone Declaration**

**Child's Name:** \_\_\_\_\_

Hill View School are committed to ensuring our children are safe and have all the relevant equipment necessary to enable their diabetes levels to be monitored. We understand that some pupils are able to have their levels monitored via mobile phone and we accept that the child will need a mobile phone in school. This does carry potential risks, mainly in terms of Safeguarding all our children. Therefore, parents are asked to agree to the declarations below:

I confirm that:

- I am responsible for providing a mobile phone for my child and any associated equipment
- The mobile phone will only be used for the purpose of monitoring their diabetes
- It is my responsibility to ensure that the phone has enough charge to last the day
- If I use the school WiFi, I accept that WiFi signal may be poor in some areas of the school and I will not hold the school responsible if data is not transferred in an acceptable manner/timeframe.
- If I choose not to use the school WiFi, I will provide and pay for any SIM card associated with the phone to transfer data
- I will ensure that the mobile phone is password/PIN protected so that any child cannot access to the mobile phone ie: the internet, games, camera
- I will ensure my child is aware that they **MUST** not access the phone during the school day (ideally your child should not know the password)
- Should my child be required to have the phone on them at all times, I will provide a clear bag/container that can hold the mobile phone
- I will not hold the school responsible for any loss or damage to the phone

I agree to the above conditions to enable my child to have a mobile phone in school.

Signed ..... Date .....

Parent Name .....



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