



**Respect**

**Creation**

**Fellowship**

**Wisdom**

**Hope**

# ARCHBISHOP BENSON C of E SCHOOL

## Supporting Pupils with Medical Conditions Policy

**Chair of Governors**

**Mandy Hoare**



## 1.0 Introduction

At Archbishop Benson School, we are proud to be a Church of England school rooted in our local community. In keeping with our inclusive vision and values, we are committed to being the school of first choice for all local families providing an excellent education for all our pupils.

Our policies and procedures are focused on ensuring that we all enjoy and achieve within a nurturing and enriching school community.

### Vision:

With **fun and learning**, **hand in hand**, **all things are possible**.

"**I can** do **all things** through **Him** who strengthens me. (Philippians 4:13)

### Values:

**RESPECT**

**CREATION**

**FELLOWSHIP**

**WISDOM**

**HOPE**

### Aims:

To help fulfil this vision the school has the following aims:

- To enable each child to achieve his or her full potential in levels of academic maturity, creativity, spirituality, physical development and independence
- To educate pupils in the principles of the Christian faith, promoting respect for moral values, differing races, religions and ways of life
- To awaken and develop every child's sense of self worth
- To develop respect, commitment and responsibility for others, to equip children to be able to make a positive contribution to the community in which they live
- To provide a wide variety of activities, visits and special events which enrich children's learning

## Supporting Pupils with Medical Conditions Policy

### 1.0 Introduction

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same processes of admission as other children and cannot be refused admission on medical grounds alone. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. Archbishop Benson Primary School wishes to ensure that pupils with medical conditions receive appropriate care and support at school and that staff can act with confidence in loco parentis.

This policy has been developed in line with the Department for Education's statutory guidance released in April 2014, updated 11th December 2015, – "**Supporting pupils at school with medical conditions**" under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014 <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice (part 3 of the Children and Families Act 2014) will ensure compliance with this guidance with respect to those children.

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and disabilities, also including pupils with medical conditions. Disabilities, also including those pupils with medical conditions.

## **2.0 Key Principles:**

1. *Children with medical conditions should be properly supported so that they have full access to education, including school trips and physical education*
2. *Arrangements must be in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development,*
3. *Implementation and review of healthcare plans with the support of the school nursing service*
4. *School, parents, the child and healthcare professionals will work closely together to ensure that the needs of students with medical conditions are met*
5. *Our focus is on the child as an individual and how their medical needs are met to ensure full inclusion, access and enjoyment of school life.*

## **3.0 Key roles and responsibilities**

### **3.1. The Governing Body of Archbishop Benson CE Primary School is responsible for:**

1. Ensuring arrangements are in place to support pupils with medical conditions.
2. Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
3. Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
4. Handling complaints regarding this policy as outlined in the school's Complaints Policy.

### **3.2 The Headteacher, with support of the Inclusion Leader/SENCO, is responsible for:**

1. Ensuring implementation of the policy
2. Delegating roles & responsibilities efficiently to ensure the effective day-to-day implementation and management of the policy within Archbishop Benson CE Primary School.
3. Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
4. Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so.
5. Promoting co-operation between relevant partners regarding supporting pupils with medical conditions
6. Overall responsibility for developing Individual Healthcare plan (IHP)
7. Ensuring the policy sets out procedures in place for emergency situations.
8. Ensuring appropriate levels of insurance.
9. Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
10. Ensuring pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education
11. Working with school staff to ensure confidentiality and data protection

### **3.3 Inclusion Leader/SENCO with support of Health & Safety manager**

1. Ensuring all relevant staff are aware of a child's medical needs
2. Ensuring care plans are available to teachers and classroom staff
3. Working with school staff to identify staff who need to be aware of a child's medical condition.
4. Working with school staff to develop Individual Healthcare Plans (IHPs).
5. Working with school staff to ensure a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
6. If necessary, facilitating the recruitment & development of staff for the purpose of delivering the promises made in this policy.
7. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies
8. Liaising with staff as necessary on medical support
9. Ensuring training takes place as necessary
10. Ensuring staff have access to information, resources and materials.
11. Ensuring curriculum and classroom adaptation are in place as necessary to support medical needs



12. Working with school staff to assign appropriate accommodation for medical treatment/ care
13. Ensuring written records are kept of, any and all, medicines administered to pupil
14. Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

### **3.4 Staff members are responsible for:**

1. Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. *A first-aid certificate is not sufficient.*
2. Knowing where controlled drugs are stored and where the key is held.
3. Taking account of the needs of pupils with medical conditions in lessons.
4. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
5. Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

### **3.5 School nurses are responsible for:**

1. Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
2. Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
3. Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
4. Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

### **3.6 Parents and carers are responsible for:**

1. Keeping the school informed about any new medical condition or changes to their child/children's health.
2. Participating in the development and regular reviews of their child's IHP.
3. Completing a parental consent form to administer medicine or treatment before bringing medication into school.
4. Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
5. Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

### **3.6 Pupils are responsible for:**

1. Providing information on how their medical condition affects them.
2. Contributing to their IHP
3. Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

## **4.0 Training and Staff Awareness**

1. The vast majority of staff in school are trained first aiders and undertake training every three years.
2. Relevant staff will be made aware of each child's medical condition and needs
3. Key staff will be regularly trained in supporting individual pupils with specific medical conditions such as diabetes, epilepsy and severe allergies
4. We will ensure that cover arrangements are made in the case of staff absence or turnover to ensure needs are met
5. We will undertake risk assessments for activities off site taking into account individual needs.
6. Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
7. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.

8. School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

## 5.0 Medical conditions register /list

1. Schools admissions forms should request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
2. A medical conditions list is kept on Ed:gen and updated/reviewed by the front office staff as they are informed by class teachers/parents. The SENDCo and office staff also maintain lists for asthma and epilepsy which are kept on Ed:gen and also held manually.
3. Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
4. For pupils on the medical conditions list key stage transition points meetings should take place in advance of transferring to enable parents, school and health professionals to prepare IHP and train staff if appropriate.

## 6.0 Individual Healthcare Plans (IHPs)

1. Where the child has a long term and complex medical condition(s), they should have an individual healthcare plan (IHP) providing clear guidance on what needs to be done, when and by whom. Not all pupils with medical conditions need an IHP.
2. Where a pupil has an Education, Health and Care, the IHP will be linked to it or become part of it.
3. Where necessary (Headteachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals.
4. IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations under Information Commissioner's Office (ICO) advice for displaying IHP as visitors /parent helpers etc. may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such as internet (electronic copy) or the locked first aid stations, front office file and kitchen office are more appropriate. **However, in the case of conditions with potential life-threatening implications the information will be shared by email with everyone**
5. It is vital that the IHP reflects up to date medical knowledge about the child (input from healthcare professionals) and agreement should be reached as to who is responsible for leading on writing it
6. IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
7. Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

## 7.0 Transport arrangements

1. Where a pupil with an IHP is allocated school transport the school should invite a member of CC Transport team who will arrange for the driver or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the pupil record. The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.
2. For some medical conditions the driver/ escort will require adequate training. For pupils who receive specialised support in school with their medical condition this must equally be planned for in travel arrangements to school and included in the specification to tender for that pupil's transport.
3. When prescribed controlled drugs need to be sent in to school, parents will be responsible for handing them over to the adult in the car in a suitable bag or container. They must be clearly labelled with name and dose etc.

4. Controlled drugs will be kept under the supervision of the adult in the car throughout the journey and handed to a school staff member on arrival. Any change in this arrangement will be reported to the Transport team for approval or appropriate action.

## 8.0 CHES referrals

The school liaises with the Community and Hospital Education Service (CHES), an AP Academy, to provide education for pupils unable to attend school due to medical reasons. Its main principle is: *'Cornwall believes that children and young people with health needs that impede their attendance at school should have access to high quality educational opportunities, with the expectation that they will be returning to school as soon as possible'*.

All pupils using CHES are dual registered with their mainstream school and with CHES AP Academy. They are offered a blended approach that can include individual teaching, live online learning, teaching assistant support for the core subjects as well as a variety of additional subjects. Progress is monitored carefully. Pupils can access a personalised package of up to 25 hours per week, dependent on their health. The school works closely with the pupils, their families, CHES and other agencies to ensure smooth and effective transition back into mainstream education as health improves.

## 9.0 Medicines :

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
2. Where possible, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours, this includes those prescribed three times a day – before school, after school and bedtime.
3. If this is not possible, i.e. medicine prescribed four times a day, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.
4. No child will be given any prescription medicines without written parental consent
5. Medicines MUST be prescribed, 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.
6. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
7. All controlled medication is stored in Key Stage areas in locked cabinets. Those medicines which require refrigeration will be stored in the staff room fridge.
8. The school has five emergency salbutamol inhalers which are kept in the First Aid stations: in Reception, Y2,3,4 corridor, Y5/6 hub area and the School Office in trip bag and asthma file.
9. School 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.
10. Schools should 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.
11. 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
12. Governing bodies should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.
13. Pupils will never be prevented from accessing their medication.
14. Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.



15. Archbishop Benson CE Primary School cannot be held responsible for side effects that occur when medication is taken correctly.

## **10.0 Children who manage their own medical needs**

1. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.
2. Some children can be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily (an example would be those in Key Stage 2 with type one diabetes). 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 should help to administer medicines and manage procedures for them.
3. 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 should be informed so that alternative options can be considered.

## **11.0 Emergencies**

1. As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. These should be reflected in school visit plan forms.
2. Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms
3. 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.
4. Other pupils in the class and/or school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
5. 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. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.
6. For children with severe medical needs, where the Medical Care Plan states emergency procedures, up to date information must be kept readily available for emergency services.

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

1. Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
2. To comply with best practice risk assessments should be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

## **13.0 Avoiding unacceptable practice**

*Each case will be judged individually but in general the following is not considered acceptable.*

The following behaviour is unacceptable in Archbishop Benson CE Primary School:

1. Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
2. Assuming that pupils with the same condition require the same treatment.
3. Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
4. Sending pupils home frequently or preventing them from taking part in activities at school
5. Sending the pupil to the school office alone or with an unsuitable escort if they become ill.

6. Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
7. Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
8. Creating barriers to children participating in school life, including school trips.
9. Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## 14.0 Insurance

1. Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the school's insurance.
2. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head.

## 15.0 Complaints

1. All complaints should be raised with the school in the first instance.
2. The details of how to make a formal complaint can be found in the School Complaints Policy.

## 16.0 Definitions

1. 'Parent(s)' is a wide reference not only to a pupil's birth parents but to adoptive, step and foster parents, or other persons who have parental responsibility for, or who have care of, a pupil.
2. 'Medical condition' for these purposes is either a physical or mental health medical condition as diagnosed by a healthcare professional which results in the child or young person requiring special adjustments for the school day, either ongoing or intermittently. This includes; a chronic or short-term condition, a long-term health need or disability, an illness, injury or recovery from treatment or surgery. *Being 'unwell' and common childhood diseases are not covered.*
3. 'Medication' is defined as any prescribed treatment.
4. 'Controlled Medication' is defined as any prescribed treatment which must be administered and recorded by an adult.
5. 'Prescription medication' is defined as any drug or device prescribed by a doctor, prescribing nurse or dentist and dispensed by a pharmacist with instructions for administration, dose and storage.
6. A 'staff member' is defined as any member of staff employed at Archbishop Benson CE Primary School.

This policy will be reviewed in three years unless there are changes to legislation, or pupils' needs within the school.

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