



St Catherine Catholic Primary School and Nursery

Supporting pupils with medical conditions Policy

Date Ratified by Governors: April 2023

Signed:

Name:

Due for Review:



St Catherine Catholic Primary School **Supporting pupils in school with medical conditions policy**

Person responsible: Welfare Officer reporting to Head teacher

Statement of intent

The governing board of St Catherine School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989

- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2019) 'Education inspection framework'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- First aid and Welfare Policy
- Special Educational Needs and Disabilities (SEND) Policy
 - Drug and alcohol policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Equality, equity, diversity and inclusion policy (previously equal opps policy)
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance Policy
 - Attendance policy

Procedure when notified of a pupil's medical condition.

- As soon as a parent (or school nurse) of a new child, or an existing child with a new diagnosis notifies the school of a medical condition, the welfare officer will inform the headteacher and meet with the parents, healthcare professionals and the pupil and if necessary the head teacher. The necessity of an IHP will be discussed (outlined in IHP section of this policy).
- The welfare officer will ensure they gather information regarding:
 - The nature of the medical condition
 - The day to day impact this has on the child
 - Details of any medication or procedures (e.g. blood sugar testing) required
 - How parents would like the condition to be dealt with by the school e.g who should be informed
 - Signs and symptoms we should look for
 - The frequency of medical appointments
 - Up-to-date emergency contact details
- If the child is transferring from another school the welfare officer may contact the other school to ask for records and/or any relevant information.
- Where necessary the school will seek expert advice from the local school nursing team based at Laurel Lodge and put in place training for relevant staff.
- If it is suspected that a child has an infectious disease e.g chicken pox, advice can be sought from Public Health England on www.hpa.org.uk or by calling 0208 327 7181
- If a child has not received a formal medical diagnosis but is undergoing testing, the welfare officer will meet with the parents to determine what if any information the school can provide and how to manage the child in the interim period. The school will not wait for a formal diagnosis before providing support to pupils.
- Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

Roles and responsibilities

The governing board is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.

- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents are responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs and providing relevant medication
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The school nurse is responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Clinical commissioning groups (CCGs) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA is responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions. Key judgments are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural (SMSC) development.

Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (in IHP section of this policy).

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence (including medical evidence and consultation with parents).

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

Individual Healthcare Plans

- We use the model flow chart provided for by the DfE to determine if an Individual Healthcare Plan (IHP) needs to be drawn up.
- Plans are drawn up in consultation between the welfare officer, parents and the relevant healthcare professionals, where relevant.
- The individual healthcare plan will include:
 - A photograph of the child
 - Information on the medical condition, its triggers, signs and symptoms
 - Information about treatment
 - Where the appropriate medicine is kept
 - Names of staff with first aid training
 - The agreed treatment plan – including who administers or monitors giving of medication
 - Emergency procedures and contact details
- Individual healthcare plans are displayed in the welfare room, kitchen and in the staffroom.
- Plans are to be reviewed annually.

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs, provided by healthcare professionals should include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable

- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents and the headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parents or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

The child's role in managing their own condition.

Following discussion with parents, pupils in KS2 who are competent to manage their own health needs and medicines (after discussion with parents) will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken in accordance with our Drug and Alcohol Policy.

Managing medicines on school premises

- In accordance with school's Administering Medicines policy, 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 will be given prescription or non-prescription medicines without their parent's written consent.

- 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 to school inside an insulin pen or a pump, rather than in its original container.
- Parents will be informed any time medication is administered that is not agreed in an IHP.
- All medicine will be stored safely in the welfare room and children will know this is where their medicines are and be able to access them immediately (whether in school or attending a school trip or residential visit) with the assistance of an adult.
- Medicines and devices such as asthma inhalers and adrenaline pens are always readily available to children in a box in the classroom and in the Welfare Room.
- When no longer required, medicines should be returned to the parent to arrange disposal.
- For safe disposal a sharps box in the welfare room is always used for the disposal of needles and other sharps.
- Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when and by whom. A record of side effects presented will also be held.

Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies. All staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each

classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

For pupils who have prescribed AAI devices, two devices will be stored in a suitably safe, but accessible location in a box in the classroom and in the welfare office.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

In the event of anaphylaxis, a designated staff member will be contacted. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAI's, e.g. if the pupil needs restraining.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

Record Keeping

- The Welfare officer keep a written record of any medication administered to a child.
- Where a child uses an asthma inhaler whilst with their class this will be reported to the school welfare officer who will record this and ring parents.

Emergency Procedures

- In the event of a medical emergency in or out of school e.g asthma attack, broken limb. An ambulance will be called and then the parents/carers will be called and asked to come to school. If the parents are unable to make it to school or the outside location or cannot be contacted and the child has to go to hospital, a member of staff will accompany the child and stay with them until a parent/carer arrives at hospital.
- All individual health care plans will outline what constitutes an emergency and what to do in an emergency.
- Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

Day trips, residential visits and sporting activities

- All extra-curricular activities (school trips, sporting activities and residential visits) will be planned with the needs of all pupils in mind, including those with medical conditions.
- A qualified first aider will accompany any off-site activity.
- Risk assessments will take account of children's medical needs, and where necessary, appropriate adjustments and /or staffing will be put in place to accommodate these.
- Where necessary, eg for residential trips, medical arrangements will be discussed with the pupil, parents and relevant medical professionals so reasonable adjustments can be made to enable children with medical conditions to participate except where evidence from a clinician e.g GP indicates that this is not possible.
- Whilst on visits group leaders will be responsible for carrying the medication needed by pupils in their group.

Unacceptable Practice

It is unacceptable 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 or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg 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, eg by requiring parents to accompany the child.

Defibrillators

The school has an automated external defibrillator (AED) stored in the welfare room on the wall.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a weekly basis by the school welfare officer, who will also keep an up-to-date record of all checks and maintenance work.

Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school nurse through the development and review of IHPs, on an annual basis for all school staff, and when a new staff member arrives. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

All staff are to receive annual training on administering Asthma Inhalers and Epi-pens and will be included in the induction of new staff..

Staff who may be required to support pupils with more complex medical conditions e.g Diabetes, should be provided with relevant training from the appropriate medical professional, and attend any meetings regarding supporting this medical need.

Supply teachers will be:

- Provided with access to this policy.

- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

Liability and Indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school insurance policy covers the school under the following provisions, which are to be adhered to as part of regular practice.

- a) Each child who receives a medical procedure or intervention in school has a specific individual care plan signed off by the child's parents, the school head teacher and the child's General Practitioner or supervising consultant.
- b) The care plan must include full details of the emergency procedures in the event of a medical emergency.
- c) The child's parents have provided written consent for a non Medical or Healthcare practitioner to provide the medical procedure or intervention to their child.
- d) The employee who is providing the medical procedure or intervention has received full training from a registered Medical or Healthcare professional, and has been signed off as fully competent in the procedure they are providing.
- e) The employee who is providing the medical procedure or intervention has provided written confirmation that they have read and understood the individual care plan.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

▲ Individual Healthcare Plan Implementation Procedure



