

# **Lincoln Bishop King CE Primary School**

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# Supporting Pupils with Medical Conditions Policy

Date Approved: 13th July 2023

Next Review (1 year): July 2024

#### **Preamble**

Bishop King Primary School strives to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. No child will be denied admission, or prevented from taking up a place in school because of arrangements for their medical conditions. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 "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

Pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that we provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support we provide, we will establish relationships with relevant local health services to help them. We fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

We recognise that, in addition to the educational impact, there are social and emotional implications. Children may be self-conscious about their condition and some may develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems may affect children's educational attainment, impact on their ability to integrate with their peers, and affect their general wellbeing and emotional health. Reintegration back into school will be supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), need to be effectively managed with appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

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# 1. Key roles and responsibilities

#### a) The Local Authority (LA) is responsible for:

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions. Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHCP) are effectively delivered.
- Working with schools to ensure 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.

## b) The Governing Body of Bishop King Primary School is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions and the focus is on the needs of each individual child and how their medical condition impacts on their school life.
   They ensure that arrangements show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote their self-care.
- Ensuring the policy clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- 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 / visits/ sporting activities, remain healthy and achieve their academic potential.
- 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 and that staff have access to information, resources and materials.
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They may therefore not accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- Ensuring that the arrangements in place are sufficient to meet the statutory responsibilities of the Governing Body and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.
- Ensuring that the policy is reviewed regularly and is readily accessible to parents and school staff.

#### c) The Headteacher, with the support of the SENDCO, is responsible for:

- Ensuring staff are aware of this policy.
- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- 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 staff for the purpose of delivering this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this
  policy.

- Continuous two way liaison with school nurses and school in the case of Any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/ care

#### d) Staff members are responsible for:

- 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.
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of pupils with medical conditions in their class.
- 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.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

#### e) The School Nursing Team are responsible for:

- Collaborating on developing an IHCP in anticipation of a child with a medical condition starting school where appropriate.
- 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.
- Supporting staff to implement an IHCP and then participate in regular reviews of the IHCP. Giving advice and liaison on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the SENDCO in identifying training needs and providers of training.

#### f) Parents and carers are responsible for:

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

#### g) Pupils are responsible for:

- Providing information on how their medical condition affects them where appropriate.
- Contributing to their IHCP where appropriate
- Complying with the IHCP 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.

#### 2. Training of staff

- Newly appointed teachers, supply or agency staff and support staff will receive guidance on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction.
- The clinical lead for each training area/session where appropriate, will be named on each IHCP.

• No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and being signed off as competent.

#### 3. Medical conditions register /list

- Schools admissions forms request information on pre-existing medical conditions. Parents must inform school at any point in the school year if a condition develops or is diagnosed, via Class Teacher, SENDCO or headteacher.
- A medical conditions list or register is kept. This is part of the whole school Register of SEND and Medical Needs. This is updated and reviewed regularly by the SENDCO. The SENDCO, the School Business Manager (First Aider) and the Midday Supervisor keep a copy of the full list.
- Class teachers have access to the whole list on the shared drive and are updated on any changes by the SENDCo when necessary.
- It is the responsibility of the class teacher to ensure that any staff or additional adults working with their class are aware of any additional medical needs.
- Midday Supervisors working in school have access to the information on the medical conditions list on a need to know basis. Where appropriate they are involved in training for specific needs. Their Line Manager updates them on any relevant changes.
- Parents are assured that data sharing principles are adhered to. Any concerns a parent may
  have about the way information is shared within school can be discussed privately with SENDCO
  or headteacher.
- Key transition meetings will take place for any children on the Medical Needs Register in advance to enable school and health professionals to prepare or adapt IHCPs and train staff if appropriate.

#### 4. Fractures

- All pupils with confirmed fractures that are not supported by a full cast are at risk of further injury
  by being in school. These pupils are advised not to attend school until they have had a follow up
  appointment and a full cast applied. Risk assessment checklist (Appendix D) should be
  completed on return to school.
- Exceptions to this are upper arm/shoulder fractures which do not require immobilizing in a cast, fingers, toes and small bone fractures of the hand or foot, whereby a medical certificate is required for the pupil to attend school stating that they are fit to attend school with no risk of further damage.
- Use of crutches or walking boots
- Pupils attending school requiring crutches or walking boots to aid mobility must be risk assessed.
- Risk assessment checklist (appendix D) must be completed.

#### 5. <u>Individual Healthcare Plans (IHCPs)</u>

- Where necessary (Headteacher will make the final decision) an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Special Educational Needs Coordinator (SENDCO) and medical professionals where appropriate. (Refer to Appendix A & B)
- IHCPs will be easily accessible to all relevant staff whilst preserving confidentiality within each class. Consent is sought from parents and a photo and instructions may be displayed if appropriate.
- IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care Plan, the IHCP will be linked to it or become part of it.

• Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the Local Authority /Additional Provision provider and school is needed to ensure that an IHCP identifies the support the child needs to reintegrate.

#### 6. Education Health Needs (EHN) referrals

- All pupils of compulsory school age who because of illness, lasting 15 days or more, would not
  otherwise receive a suitable full-time education are provided for under the local authority's duty to
  arrange educational provision for such pupils.
- Where absence is based around emotionally based school refusal the Local Authority EBSA pathway will be used.

## 7. Medicines

- No child will be given any prescription or non-prescription medicines without written consent from an adult who has parental rights except in exceptional circumstances.
- No child should 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.
- Medication from other countries must not be accepted from a parent/ carer.
- Medications not needed to be accessible to the child will be stored in the School Office. Inhalers and Epi pens will be kept within the child's classroom.
- A school spare inhaler will be kept in the main office for emergency use by a child who has an
  inhaler prescribed by their GP, but either is broken, empty or not in school that day. The spare
  inhaler is not to be used by any other child except under medical guidance.
- Any medications left over at the end of the course will be returned to the child's parent
- Written records will be kept of any medication administered to children this includes inhalers (Appendix C)
- All needles used to administer insulin will be disposed of in a sharps box (provided by parents) and returned to parents when full.
- Bishop King Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Medical emergencies will be dealt with under each pupil's emergency procedures (see individual care plans) which are communicated to relevant staff so they are aware of signs and symptoms.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive, or accompany them in the ambulance whichever is sooner.

#### 8. <u>Emergency Salbutamol Inhaler in school</u>

• The school holds an emergency Salbutamol inhaler in line with the guidance from the department of health which states:

'From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.'

The protocol for holding this inhaler is as follows:

- The SENDCo is responsible for ensuring that the inhaler is in date and changed frequently.
- The inhaler will be kept in the medical cupboard in the main reception and all staff will be made aware of its whereabouts and usage.
- The inhaler must only be used for pupils who have written permission, those with a prescribed inhaler.
- The register of pupils with Asthma is circulated to all staff and kept up dated by the SENDCo. A copy of this is placed with the emergency inhaler.
- A record is kept of any pupil that uses the inhaler and parents are informed.

#### 9. Day visits, residential visits and sporting activities

- Arrangements should be made and be flexible enough to ensure pupils with medical conditions
  can participate in school visits, residential stays, sports activities and not be prevented from doing
  so unless a clinician states it is not possible.
- Risk assessments should be undertaken, in line with H&S executive guidance on school visits, in
  order to plan for pupils with medical conditions. Consultation with parents, healthcare
  professionals etc. on visits will be separate to the normal day to day IHCP requirements for the
  school day.
- Risk assessments for children with medical conditions will be undertaken where appropriate for sporting activities, for example, swimming.

#### 10. Avoiding unacceptable practice

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

The following behaviour is unacceptable in Bishop King Primary School:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parent/ carer (with parental rights) or ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toileting issues (medical related only)
- Creating barriers to children participating in school life, including school visits
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

#### 11. Insurance

- Teachers who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the LA/school's insurance.
- 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 Headteacher.

#### 13. Definitions

- '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.
- '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.
- 'Medication' is defined as any prescribed or over the counter treatment.
- '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.
- A 'staff member' is defined as any member of staff employed at Bishop King Primary School

•	policies: Intimate Care Health and Safety First Aid SEND and Child Protection Equality Information and Objectives Equality Act 2010

## Appendix A

#### **Process for Developing Individual Healthcare Plans**

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed

Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)

Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided

School staff training needs identified

Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed

IHCP implemented and circulated to all relevant staff

IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

# Appendix B Information to be considered when drawing up an IHCP

(p10-11 Supporting children at School with Medical Conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England September 2014)

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs for example, how
  absences will be managed, requirements for extra time to complete exams, use of rest periods or
  additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school visits or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

# Appendix C Parental Agreement for School to Administer Medicine

10 (0)

Kingsway
Lincoln
LN5 8EU
01522 880094
enquiries@bishopking.lincs.sch.uk
www.bishopking.org.uk

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## Parental agreement for school to administer medicine

sign this form.				
Name of Child: D.O.B: Class:				
Medical condition / illness:				
Medicine Name /Type of Medicine (as described on the container)				
Date dispensed: Expiry date:				
Dosage and method:				
Times:				
Special Precautions:				
Are there any side effects that the school needs to know about?				
Self-Administration Yes / No (delete as appropriate)				
Procedures to take in an Emergency:				
Parent Contact Details:				
Name: Daytime Telephone No:				
Mobile Number:				
I understand that I must deliver the medicine in person to the school office and accept that this is a service that the school is not obliged to undertake.				
I understand that I must notify the school of any changes in writing.				
Signature: Date:				

#### **Appendix D:**

# RISK ASSESSMENT CHECKLIST FOR PUPILS WITH FULL OR PARTIAL CASTS/SPLINTS; FOR CONFIRMED, POSSIBLE AND UNSUPPORTED FRACTURES & WALKING BOOTS and/or CRUTCHES

This form is to be completed by School Personnel or First Aiders with information from parents and hospital staff or medical letters if possible. The completed form and any hospital documentation should be kept in the first aid folder.

All pupils with confirmed fracture and a partial cast or no cast / support are at High Risk of further injury by being in school.

Medical advice is that these pupils should be advised they are not to attend school until after the first fracture clinic or check-up.

Exceptions to this are upper arm fractures in a sling, collar bone injuries, simple hand and finger fractures and some simple foot fractures.

and some simple foot fractures.						
Pupil name:	_ Class:	Date:				
Please complete all relevant sections:						
1) Details of injury, date of injury, stability of fracture, hospital seen at, x-rays taken etc.						
2) Type of cast applied: circle appropriate one: Full Cast / Back Slab / Foot-Boot / Sling / Splint						
Other (give details);						
3) a) Has the hospital issued crutches? YES / NO						
b) What are weight bearing instructions? Has p	oupil used crutches be	efore?				
4) Has School Personnel or First Aider met with parent/carer of the pupil to explain the risk of the pupil attending school with an unsupported fracture and / or on crutches?  YES / NO These risks include:						

	a) The fracture slipping – a greater risk in the early stages of healing YES / NO			
	b) Knocking the fracture YES / NO			
5) Tick limb:	k measures that pupil and school will implement to reduce risks of being in school with a	n injured		
Α	Leave lessons 5 minutes early to avoid crowds / rush			
В	Know that break and lunch should be spent in a calm supervised area e.g In the library with a friend.			
С	Know that they should not go onto the playground or field at any time			
D	Understand they know the importance of elevating the limb and regular pain relief			
E	Not bring pain relief into school, but attend the school office at break or lunchtime to receive pain relief			
F	Ask for help with bags or books			
G	No PE or activities where falls, bumps, trips may occur			
Н	Be dropped off at, or collected from school slightly earlier			
I	Be aware of increased risks associated with wet floors and paved areas			
home	e situation.			
7) Sch	nool Personnel to agreed with pupil if Low, Medium or High risk by attending school with t	his injury		
they a	ol Personnel or First Aider to confirm that risks have been explained to the parent/carer, are happy for the pupil to be in school with an unsupported fracture.			
Schoo	ol Personnel or First Aider:			
	parent/carer is unable to come into school, record the date and time of the phone call t sk assessment: Date: Time:	-		
Having discussed with School Personnel, I understand the risk to the fracture by my child being in school. I understand that my child needs to follow all the guidelines given to them to ensure that there is no further damage to the fracture. If he/she does not, I understand that the school will risk assess further whether he/she should be in school prior to the full cast being fitted.				
Paren	nt/Carer of Pupil:Date:			