



SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS

POLICY

Reviewed: May 2015

Updated: July 2021

RATIONALE AND CONTEXT

NWLJDS is an inclusive community that welcomes and supports pupils with medical conditions. The school aims to provide all pupils with any medical condition the same opportunities as their peers.

The 2014 statutory guidance states that:

- ❖ Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- ❖ Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- ❖ Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- ❖ The aim is to ensure that all children with medical conditions, in terms of both 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.

Definitions of Medical Conditions:

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in activities because they are on a course of medication.
- Long-term potentially limiting their access to education.

PROCEDURES TO BE FOLLOWED WHEN THE SCHOOL IS NOTIFIED THAT A PUPIL HAS A MEDICAL CONDITION

- A meeting is held between the parents and relevant staff (staff members may include welfare assistant(s), class teacher, teaching assistant(s), ECMO, senior staff member(s), kitchen manager).
- Where a healthcare plan is required the welfare officer will contact the school nurse to arrange a meeting with the parent for this purpose.
- Information is to be recorded in the child's personal file and shared with relevant staff.
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- In the case of **life-threatening** conditions, details will be made available to all staff (displayed in staffroom, classroom, lunch hall if necessary).

- The ECMco will oversee points of transition within the school so that information is transferred to the relevant people when a child with medical needs moves school, or if the child's medical needs change.
- In cases such as **new diagnosis** or **children moving** to a new school mid-term, every effort will be made to ensure that arrangements are put in place within **two weeks**.
- Risk assessments for school visits, holidays and other school activities outside the normal timetable.
- The statutory guidance states that schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference in opinion, judgements will be made about what support to provide based on the available evidence. This will normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, every effort will be made by the school to ensure that the right support can be put in place.
- Monitoring of Individual Healthcare Plans

INDIVIDUAL HEALTH CARE PLANS

THE ROLE OF INDIVIDUAL HEALTH CARE PLANS, AND WHO IS RESPONSIBLE FOR THEIR DEVELOPMENT, IN SUPPORTING PUPILS WITH MEDICAL CONDITIONS.

Individual Health Care Plans can help to ensure effective support of pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a health care plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual health care plan is provided in Appendix A.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within 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.

The Health Care Plan will be drawn up by the parents, ECMO, school nurses and welfare officer, and are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best

interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a SEN identified in a statement, the individual health care plan should be linked to or become part of that statement.

Appendix B provides a template for the Individual Health Care Plan but it is a necessity that each one includes:

- 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 the condition, dietary requirements and environmental issues e.g. crowded/noisy conditions, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs - for example, how absences might be managed, requirements for extra time to complete tests, 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, and 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 school needs to be aware of the child's condition and the support required;
- arrangements for written permission from Parents/Carers 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 trips 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 Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the school's responsibility to write or review.

THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily: these will be stored in the cupboard in the Medical Room to ensure that safeguarding of other children is not compromised. The school also recognises that children who take their own medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them. If a child refuses medicine, then the parents/carers will be informed.

HOW STAFF WILL BE SUPPORTED IN CARRYING OUT THEIR ROLE TO SUPPORT PUPILS WITH MEDICAL CONDITIONS AND HOW THIS WILL BE REVIEWED.

- On the basis of identified needs, in-school training will be provided both at whole school level and for relevant members of staff in respect of medical conditions. For example, all staff will receive Epipen training, while relevant staff receives training to support a pupil with diabetes, asthma or epilepsy.
- Contact will be maintained with health professionals and parents to answer any questions or concerns that staff may have. Any member of school staff providing support to a pupil with medical needs will receive suitable training. The welfare officer or other relevant healthcare professional will advise on the type and level of training and how this can be accessed.
- Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

HOW STAFF TRAINING NEEDS WILL BE ASSESSED, ARRANGEMENTS FOR WHOLE-SCHOOL AWARENESS AND INDUCTION ARRANGEMENTS FOR NEW STAFF

- Records of staff training will be kept on the Single Central Record. These records will be reviewed regularly and top up training will be provided as required for staff that join the school or may have missed relevant training.
- When medical conditions new to the school are identified, the welfare officer, in consultation with healthcare professionals, will source training for the whole staff or relevant staff as appropriate.

PROCEDURES FOR MANAGING MEDICINES

Procedures for managing medicines follow the guidance set out in [Managing medicines in schools and early years settings](#) Ref: DFES-1448-2005

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent or carer's written consent.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should 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 schools inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely in the Medical Room. 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, which will be in the medical room. 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: these will be stored either in the medical room or in the clearly labelled classroom cupboards where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an in-date inhaler in school at all times.
- During school trips, the first aid trained member of staff or member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will 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. Records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal or returned to a pharmacy for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

WHAT SHOULD HAPPEN IN AN EMERGENCY SITUATION

In case of an emergency, staff members should follow the procedures detailed in the Health Care Plan, if one is in place.

In classes where children have medical needs, pupils should be made aware of basic procedures to alert a member of staff in case of an emergency.

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.

ARRANGEMENTS FOR SCHOOL TRIPS AND SPORTS ACTIVITES

Children with medical needs are identified on risk assessments for educational visits and sports activities, as is their supervision by a named accompanying member of staff. For residential trips a meeting may be held with parents to support appropriate provision on the trip. With advice from parents and/or health professionals, special provision may be made for accommodation or meals to support the child's medical needs. Adjustments may be made to the programme to make it accessible for individual needs.

UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care 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/carers; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or

- 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.

INSURANCE ARRANGEMENTS

COVERING STAFF WHO PROVIDE SUPPORT TO PUPILS WITH MEDICAL CONDITIONS

Liability cover is provided automatically for members of staff administering medication to pupils.

The School has procedures in place that ensure the necessary staff are fully trained to carry out the administering and written records are kept of all medication that is kept on site and administered to pupils.

COMPLAINTS

Should parents/carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

ROLES AND RESPONSIBILITIES

While individual roles and responsibilities are defined, the school will aim to work in collaboration with others to fulfil the aims of this policy.

The Governing Body: Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher: Headteachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support

pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff: Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses: Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See section below about training for school staff.

Other healthcare professionals, including GPs and paediatricians: Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Pupils: Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents: Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as

part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

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 - such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England - 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).

Providers of health services: Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs): Clinical commissioning groups commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings. Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing.

CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

Ofsted: Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.

Other relevant items

Defibrillators - sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. NWLJDS has a defibrillator and a number of members of staff who are trained to use it.

Asthma inhalers - once regulations are changed, schools will be able to hold asthma inhalers for emergency use. This is entirely voluntary. A decision will be made by the school in the light of anticipated protocol from the Department of Health.

Auto-Injectors - From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay

POLICY IMPLEMENTATION

- All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.
- The overall responsibility for the successful administering and implementation of this policy is given to the Headteacher. The Headteacher will also be

responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site. In the event of such provision not being possible the child's parent/carer will be advised.

- The Deputy Headteacher will be responsible for briefing supply teachers.
- The school will ensure that risk assessments for school visits, holidays, and other school activities outside of the normal timetable identify provision for children with medical needs.
- The ECMco will oversee the monitoring of individual health care plans.
- All staff will be expected to show a commitment and awareness of children's medical conditions. All health care plans are to be cellotaped to the teacher's table and clearly visible to any visitor. All medicines kept in the classroom are to be clearly labelled and easily located. All new members of staff will be inducted into the arrangements and guidelines set out in this policy.

APPENDIX A

MODEL PROCESS FOR DEVELOPING INDIVIDUAL HEALTH CARE 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 members 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: HEALTH CARE PLAN



PHOTOGRAPH OF
CHILD

HEALTH CARE PLAN

NAME: _____

DATE OF BIRTH: _____ AGE: _____

CONDITION: _____

SIGNS TO LOOK OUT FOR:

- Allergic Reaction:
- Anaphylaxis:

IF CHILD BECOME UNWELL OR SHOWS SYMPTOMS OF:

- Allergic Reaction:
- Anaphylaxis:

CARRY OUT THE FOLLOWING WHEN SYMPTOMS ARE SEEN:

-
-

INCASE OF EMERGENCY, CONTACT:

1. _____
2. _____
3. _____

Child will be monitored, reassured and kept comfortable until Parents/Emergency services arrive.

THE FOLLOWING MEDICATION HAS BEEN PRESCRIBED TO THIS CHILD:

(CLEARLY STATE WHICH MEDICATION WILL ONLY NEED TO BE ADMINISTERED AT HOME)

TTHIS CHILD WEARS / DOES NOT WEAR A MEDIC ALERT OR THE LIKE



Routine measures put in place

-
-
-
-

This document has been checked and approved by the following people:

(Parents) _____ Date _____

(Teacher) _____ Date _____

(Welfare) _____ Date _____

This document will be reviewed annually but will be adapted before then should the need arise.

APPENDIX C: RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Parents: For Health & Safety reasons, parents wishing for their child to be given medicine at School should complete the form below.

Unless this form is completed, medicine cannot be administered.

Name of School	North West London Jewish Day School		
Name of child			
Class			
Date medicine given to school			
Name & strength of medicine			
Expiry date			
Quantity given to School			
Dose and frequency/times of medicine			
Any further comments or information			
Last date to administer medicine			
Parent signature			
Signature of Staff accepting medicine			
Time for medicine to be administered	Morning	Lunch Time	Afternoon
Date			
Received by			