LANGTOFT PRIMARY SCHOOL

Langtoft Primary School

Policy for Supporting Pupils at School With Medical Conditions

Article 24 **(Health and health services) You have the right to the best healthcare possible…**

1. Introduction

1.1 Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

1.2 The following policy decisions have been taken with regard to the statutory guidance: *Supporting pupils at school with medical conditions,* updated August 2017.

2. Key points

2.1 Pupils at school with medical conditions should be properly supported so that they have full access to education including school trips and physical education.

2.2 Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.

2.3 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 properly understood and effectively supported.

3. Understanding issues concerning medical conditions

3.1 Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because 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 parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

3.2 In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders. Long-term absences due to health problems affect children's attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly 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 also need to be effectively managed and appropriate support put in place to limit the impact on the child's attainment and emotional and general wellbeing.

3.3 Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

4. Responsibility for Implementation

4.1 The governing body has delegated to the headteacher:

- responsibility for ensuring that sufficient staff are suitably trained;
- the commitment that all relevant staff will be made aware of the child's condition;
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- briefing supply teachers;
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
- monitoring of individual healthcare plans.

4.2 This policy will be given to all new employees as part of their induction training. It will be referred to during the annual safeguarding refresher training.

5. Procedure for pupils joining the school

5.1 For children joining Langtoft Primary School in the Early Years Foundation Stage, arrangements should be in place in time for the start of the school year.

5.2 In other cases, such as a new diagnosis or a child moving to Langtoft Primary School mid-year, every effort should be made to ensure that arrangements are put in place within two weeks.

5.3 Langtoft Primary School does not have to wait for a formal diagnosis before providing support to a pupil. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

6. Individual healthcare plans

6.1 An individual healthcare plan can help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential where there is a high risk that emergency intervention will be needed. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix A.

6.2 An individual healthcare plan should be easily accessible to all who need to refer to it, while preserving confidentiality. A plan should 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: different children with the same health condition may require very different support.

Where a child has SEND but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

6.3 Plans should be drawn up in partnership between the school, parents and a relevant healthcare professional. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which the school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

6.4 When deciding what information should be recorded on individual healthcare plans, consideration is given to:

- 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;
- 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.

7. Roles and responsibilities

7.1 Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support depends to an appreciable extent on working co-operatively with other agencies and parents.

7.2 **The governing body** makes arrangements to support pupils with medical conditions, including making sure that the policy for supporting pupils with medical conditions is developed and implemented. They ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The governing body ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They 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.

7.3 **The headteacher** ensures that the school's policy is developed and effectively implemented. This includes ensuring that all staff are aware of the policy and understand their role in its implementation. The headteacher ensures 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. The headteacher has 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.

7.4 **School staff** may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. 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.

7.5 **School nurses** 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 the school is 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 liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams are also a valuable potential resource when the school seeks advice and support in relation to children with a medical condition.

7.6 **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 healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions.

7.7 **Pupils** with medical conditions are often best placed to provide information about how their condition affects them. They should be involved as appropriate 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.

7.8 **Parents** provide the school with sufficient and up-to-date information about their child's medical needs. Parents are involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They carry out any action they have agreed to as part of its implementation, for example, provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

8. Staff training and support

8.1 Any member of school staff providing support to a pupil with medical needs should have received suitable training. This will have been identified during the development or review of individual healthcare plans. Some staff already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions are included in meetings where this is discussed.

8.2 The relevant healthcare professional will lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. The school may choose to arrange training itself and will ensure it remains up-to-date.

8.3 Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

8.4 **Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.** In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist will be considered sufficient;

however, the school may use its discretion having taken into consideration the training requirements as specified in pupils' individual health care plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

8.5 Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

8.6 The family of a child will be invited to provide relevant information to school staff about how their child's needs can be met. They may provide specific advice but will not be the sole trainer.

9. The child's role in managing their own medical needs

9.1 After discussion with parents, children who are competent are encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

9.2 Wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily. 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 will help to administer medicines and manage procedures for them.

9.3 If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

10. Managing medicines on school premises

10.1 Medicines prescribed for long term non-transitory conditions will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Medication will never be administered without first checking maximum dosages and when the previous dose was taken.

10.3 The school will only accept non-transitory 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.

10.4 All medicines will be stored safely. This will be in a secure First Aid cabinet, a secure drawer within the office or in the case of an epipen in a suitable case within the classroom of the child. Children will know where their medicines are at all times and be able to access them immediately.

10.5 When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

11. Record keeping

11.1 Records offer protection to staff and children and provide evidence that agreed procedures have been followed. A record book is stored next to the first aid cabinet in the office. Each child with diabetes has a record book of blood tests, stating when the test was completed and by whom, the blood level at the time and the treatment given. Children who are taking a course of medication will have their personalised record book

stored with the medication. It will state the dosage and will record the date and time a dose was given and by whom.

12. Emergency procedures

12.1 Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

12.2 If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The member of staff should take with them the office copy of the child's Individual Heath Care plan and a mobile phone, if they have one.

13. Day visits, residential visits and sporting activities

13.1 Teachers are aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school makes arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

13.2 The school will consider what reasonable adjustments it might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. (See also Health and Safety Executive (HSE) guidance on school trips.)

14. Asthma

14.1 A register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler is kept in the office, in each classroom, staffroom and lunchtime cupboard. Staff are provided with biannual training on supporting pupils with asthma. Guidance on how to recognise an asthma attack and what to do is shared annually with staff (and with new staff on induction). This guidance is also displayed on the Medical Conditions board in the staffroom (Annex B). The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.
http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers

14.2 The school will keep a salbutamol inhaler to use in emergencies. This is outlined in the Department of Health and Social Care's (DHSC's) non-statutory guidance on using emergency salbutamol inhalers in schools. An emergency inhaler can be supplied to a pupil at school who's known to suffer from asthma, where it's needed in an emergency.

The DHSC's guidance (page 14), linked above, recommends that emergency inhalers should only be used by children who have been:

- Diagnosed with asthma and prescribed a reliever inhaler, **or**
- Prescribed a reliever inhaler, with or without a diagnosis of asthma

And who have written parental consent for the use of the emergency inhaler (this will be specified in the child's Individual Health Care Plan).

A record of use of the emergency inhaler will be kept and parents/carers informed that their child has used the emergency inhaler.

14.3 Storage and care of the inhaler:

The emergency inhaler will be kept in the medicine cabinet in the office, along with the log book and the register of children who have been given permission for it to be administered.

The headteacher/office staff will be responsible for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available.
- that replacement inhalers are obtained when expiry dates approach
- replacement spacers are available following use
- the plastics inhaler house (which holds the cannister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

15. Unacceptable practice

15.1 Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently 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 unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, for example, 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;
- or prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, for example by requiring parents to accompany the child.

16. Liability and indemnity

16.1 The school's insurance arrangements provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

16.2 The insurance policy is accessible to staff through the Bursar.

17. Complaints

17.1 Parents dissatisfied with the support provided they should discuss their concerns directly with the school and in line with the school's Complaints Policy.

18. Monitoring and review

18.1 The effectiveness of this policy is monitored and reviewed by the governing body through;

- requiring the Headteacher to report to governors on the effectiveness of the policy at its time of review
- taking into serious consideration any complaints or issues raised regarding from parents/carers, staff or pupils since the last review

18.2 The policy will be reviewed in every year by the *Pupil & Staff Well-Being Committee (PWB)* or earlier, as advised.

Further sources of information

Other safeguarding legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it is responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in, the persons for whom it is responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Other relevant legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended) provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must not** be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The <u>Special Educational Needs and Disability Code of Practice</u> [12]

12 www.gov.uk/government/publications/send-code-of-practice-0-to-25
13 www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children, Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part-time education as is in a child's best interests because of their health needs.

Annex A: Model 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

(loops back to: Meeting to discuss and agree on need for IHCP)

Annex B: Guidance on how to recognise an asthma attack and what to do

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way