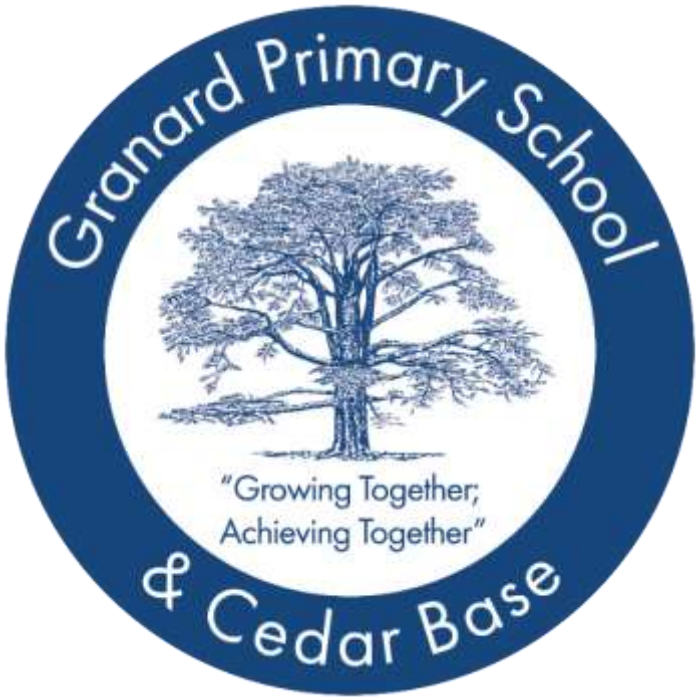
Granard Primary School



Supporting Children with Medical Conditions Policy

May 2024

Review Due: May 2027

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Introduction

Granard Primary School wishes 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. This policy has been developed in line with the Department for Education's statutory guidance "Supporting pupils at school with medical conditions" https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3 – under a statutory duty from Section 100 of the Children and Families Act 2014. The school will have regard to the statutory guidance issued. We take account of it, carefully consider it and we make all efforts to comply.

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

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 (IHP) 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 15 days or more due to a health need and who otherwise would not receive a suitable education.

b) The Governing Board of Granard Primary School is responsible for:
- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the Policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that this Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/origin, religion or belief, sex, gender reassignment, disability or sexual orientation, pregnancy and maternity.
- 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/trips/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 competent to do so. Staff to 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 the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the School's Complaints Policy.

c) The Headteacher is responsible for:
- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Granard Primary School.
- 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 (IHPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the commitments made in 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.
- 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.
- Considering the purchase of a defibrillator.
- Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

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. A First Aid Certificate is not sufficient.
- Knowing where controlled drugs are stored and how to access them.
- Taking account of the needs of pupils with medical conditions in lessons.
- 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 accessible locations, following DfE guidance.

e) School nurses are responsible for:
- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- 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 IHP and then participate in regular reviews of the IHP. Giving advice and liaising on training needs.
- Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

f) Parents/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 IHP.
- 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 IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

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

2. Training of Staff

a) Newly appointed teachers, long term supply or agency staff and support staff will receive training on this policy as part of their induction.
b) The clinical lead for each training area/session will be named on each IHP.
c) No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent.
d) School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

3. Medical Conditions Register/List

a) Schools Admissions Form should request information on pre-existing medical conditions. Parents must have easy pathway to inform school at any point in the school year if a condition develops or is diagnosed. Consideration could be given to seeking consent from GPs to have input into the IHP and also to share information for recording attendance.
b) A medical conditions list or register should be kept, up-dated and reviewed regularly by the nominated member of staff. Each class teacher should have an overview of the list for the pupils in their care, within easy access.
c) Supply staff and support staff should similarly have access on a need to know basis. Parents should be assured data sharing principles are adhered to.
d) For pupils on the medical conditions list, key stage transition points meetings should take place in advance of transferring, to enable parents, school and health professionals to prepare IHP and train staff is appropriate.

4. Individual Healthcare Plans (IHPs)

a) Where necessary (Headteachers will make the final decision) an Individual Healthcare Plan (IHP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Co-ordinator (SENCO) and medical professionals.
b) IHPs will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality. Staffrooms are inappropriate locations for displaying IHP as visitors/parent helpers etc., may enter. If consent is sought from parents a photo and instructions may be displayed. More discreet location for storage such an Intranet or locked file is more appropriate. ***However, in the case of conditions with potential life threatening implications the information should be available clearly and accessible to everyone.***
c) IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
d) Where a pupil has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.

e) Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA/AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.

5. Transport Arrangements

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

6. Education Health Needs (EHN) Referrals

a) 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 LA's duty to arrange educational provision for such pupils.
b) In order to provide the most appropriate provision for the condition the EHN team accepts referrals where there is a medical diagnosis from a medical consultant.

7. Medicines

a) Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
b) If this is not possible, prior to staff members administering any medication, the parent/carers of the child must complete and sign a parental consent to administration of medicine form.
c) No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
d) Where a pupil is prescribed medication by a healthcare professional without their parents/carers knowledge, every effect will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
e) No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
f) 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.
g) A maximum of four weeks supply of the medication may be provided to the school at one time.

h) A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency.
i) Medications will be stored in a locked cupboard or specific fridge at the front office.
j) Any medication left over at the end of the course will be returned to the child's parents.
k) Written records will be kept of any medication administered to children.
l) Pupils will never be prevented from accessing their medication.
m) Emergency salbutamol inhaler kits may be kept voluntarily by school.
n) General posters about medical conditions (diabetes, asthma, epilepsy etc.) are recommended to be visible in the staff room.
o) Granard cannot be held responsible for side effects that occur when medication is taken correctly.
p) Staff will not force a pupil, if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

8. Emergencies

a) Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
b) Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
c) If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

9. Day Trips, Residential Visits and Sporting Activities

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

10. Avoiding Unacceptable Practice

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

The following behaviour is unacceptable:
a) Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary.
b) Assuming that pupils with the same condition require the same treatment.
c) Ignoring the views of the pupil and/or their parents or ignoring medical evidence or opinion.
d) Sending pupils home frequently or preventing them from taking part in activities at school.
e) Sending the pupil to the school office alone or with an unsuitable escort if they become ill.
f) Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.

g) Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
h) Creating barriers to children participating in school life, including school trips.
i) Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

11. Insurance

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

12. Complaints

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

13. Definitions

a) '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.
b) '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 conditions, 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.
c) 'Medication' is defined as any prescribed or over the counter treatment.
d) '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.
e) A 'staff member' is defined as any member of staff employed at Granard Primary School.

Reviewed: May 2024

Review Due: May 2027

Approved by: Deputy Headteacher (SENCo): ……

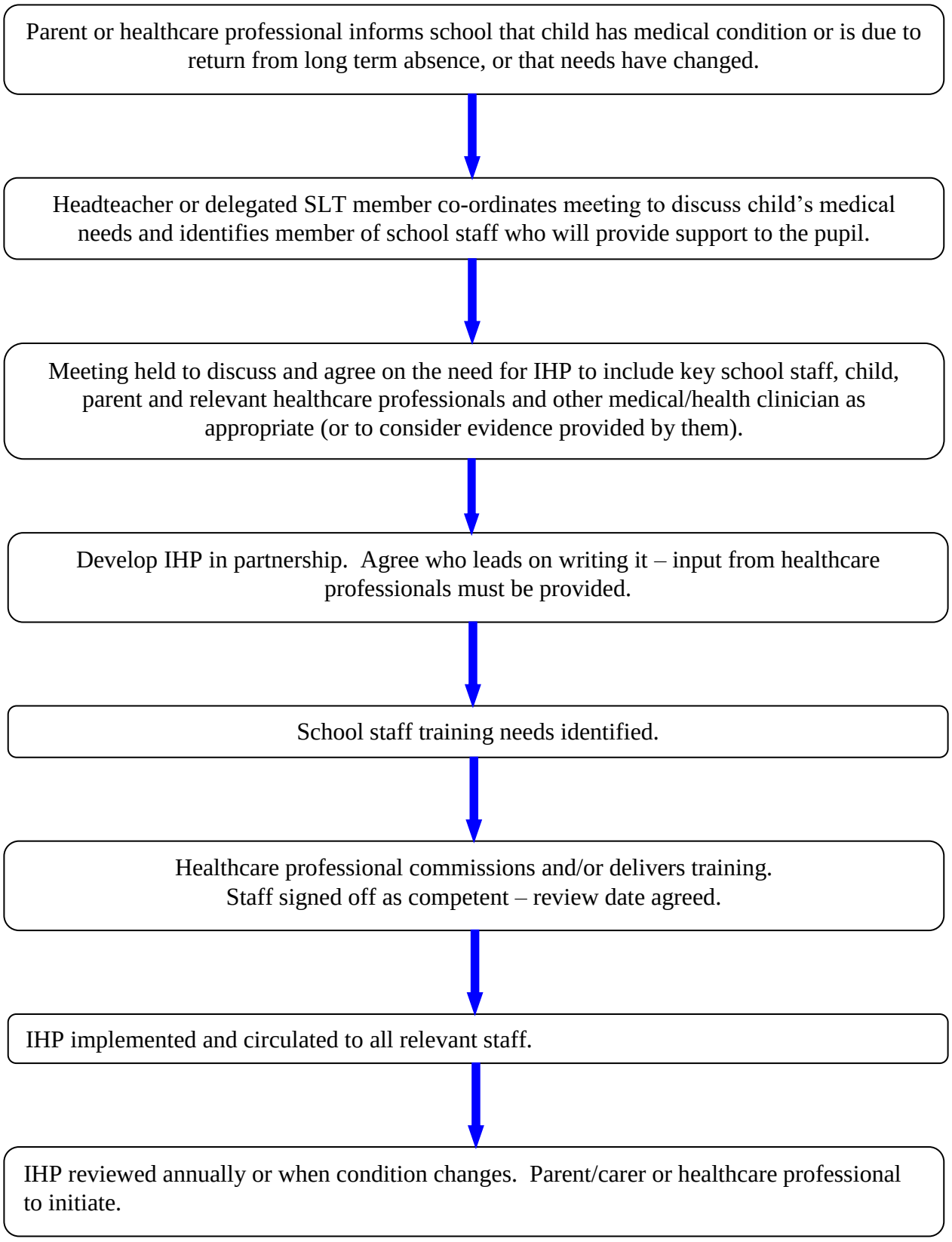
Name: ……..…….. Date: ……

Headteacher: ……

Name: …….. Date: ……

Appendix 1

Support Pupils with Medical Conditions



Appendix 2

Links to Useful Resources

1. Departmental Guidance and Advice

- Special Educational Needs and Disability Code of Practice: 0 to 25
- Early Years Foundation Stage statutory framework (EYFS) - sets out specific requirements on early years settings in managing medicines for children under 5 years of age
- Working together to safeguard children - statutory guidance on inter-agency working
- Keeping children safe in education - statutory guidance for schools and colleges
- Education for children with health needs who cannot attend school - statutory guidance for local authorities
- Drug: advice for schools - published by DfE/Association of Chief Police Officers, this document provides advice on controlled drugs
- Home-to-school travel and transport - statutory guidance for local authorities
- Equality Act 2010: advice for schools - to help schools understand how the Act affects them
- School Admissions Code - statutory guidance that schools must follow when carrying out duties relating to school admissions
- Health and safety – advice for school - covering activities that take place on or off school premises, including school trips
- Alternative provision - statutory guidance for local authorities and headteachers and governing bodies of all educational settings providing alternative provision
- First aid in schools - departmental advice on first aid provision in schools
- Automated external defibrillators (AEDs) in schools - how schools can buy, install and maintain an automated external defibrillator
- School exclusion - statutory guidance for maintained schools, academies and pupil referral units (PRUs)
- Standards for school premises - departmental advice to help schools and local authorities understand their obligations in relation to the School Premises Regulations 2012
- Mental health and behaviour in schools - departmental advice to help schools identify and support those pupils whose behaviour suggests they may have unmet mental health needs
- Department for Education - contact details

2. Associated Resources and Organisations - Wider Government

- NHS Choices - provides an A to Z of health conditions and medicines
- Getting it right for children, young people and families - provides information on the Department of Health vision for the role of the school nurse
- Health and Safety Executive - this website covers schools (state-funded and independent), further education establishments and higher education institutions.
- School trips and outdoor learning activities: tackling the health and safety myths - provides information for managers and staff in local authorities and schools
- Standards for medicines management - produced by the Nursing and Midwifery Council this document sets standards for nurses, including over delegation of the administration of medicinal products
- Healthy Child Programme: Pregnancy and the First 5 years of life - this good practice guidance sets out the recommended framework of universal and progressive services for children and young people to promote health and wellbeing
- Directors of children's services: roles and responsibilities - statutory guidance for local authorities with responsibility for education and children's social services functions

- Commissioning regional and local HIV sexual and reproductive health services - guidance for commissioners of HIV, sexual and reproductive health services: includes prevention, treatment, information, advice and support
- Emergency asthma inhalers for use in schools
- Department of Health - contact details

3. Associated Resources and Organisations - External

- The School and Public Health Nurses Association (SAPHNA) is dedicated to the health of children and young people in their communities
- HeadMeds - provides information about mental health medication for young people and to answer the difficult questions that young people may have about their medication but may not feel comfortable asking an adult or professional about
- Medical conditions at school partnership - includes an example school policy, a form for a healthcare plan, other forms for record keeping, and information on specific health conditions
- The Council for Disabled Children has published 2 practical handbooks to help local authorities, schools, early years settings and health providers develop policies and procedures to ensure that children with complex health and behavioural needs can access education, healthcare and childcare:
    - Dignity and Inclusion: making it work for children with complex health care needs
    - Dignity and Inclusion: making it work for children with behaviour that challenges
- Mencap provides support to people with learning disabilities, their families and carers
- Contact for families with disabled children provides support to the families of disabled children whatever their condition or disability
- UNISON - offers advice, support and help for school support staff at work, as well as providing training opportunities and welfare services
- Medicines for Children provides information about a wide range of medicines prescribed to children. It is run by the Royal College of Paediatrics and Child Health (RCPCH), the Neonatal and Paediatric Pharmacists Group (NPPG) and WellChild

4. Associated resources and organisations - medical conditions

- Diabetes UK – Diabetes in schools – supports and campaigns for those affected by or at risk of diabetes
- Children's Heart Federation - a children's heart charity dedicated to helping children with congenital or acquired heart disease and their families in Great Britain and Northern Ireland
- Education and Resources for Improving Childhood Continence (ERIC), the Children's Bowel and Bladder Charity - supports children with bladder and bowel problems and campaigns for better childhood continence care
- Anaphylaxis Campaign - supports people at risk from severe allergic reactions (anaphylaxis)
- British Heart Foundation - supporting those suffering from heart conditions
- Little Hearts Matter - offers support and information to children, and their families, with complex, non-correctable congenital heart conditions
- CLIC Sargent - a cancer charity for children and young people, and their families, which provides clinical, practical and emotional support to help them cope with cancer
- Sickle cell and Young Stroke Survivors - supports children and young people who have suffered a stroke or at risk of stroke as a result of sickle cell anaemia
- Coeliac UK - supports those with coeliac disease for which the only treatment is a gluten-free diet for life. The Coeliac UK website offers guidance and advice to everyone involved with supporting a child with coeliac disease in school, including training and tips for caterers as well as parents

- ME Association - supports and informs children and young people with ME (myalgic encephalomyelitis)/CFS (chronic fatigue syndrome), as well as their families, and professionals in health, education and social care
- Action for ME - supports young people with ME (myalgic encephalomyelitis**)**
- The Migraine Trust - a health and medical research charity which supports people living with migraine
- Migraine Action - an advisory and support charity for children and young people with migraine and their families
- Stroke Association - supports families and young people affected by stroke in childhood
- Young Epilepsy - supports young people with epilepsy and associated conditions
- Epilepsy Action - seeks to improve the lives of everyone affected by epilepsy
- Asthma UK - supports the health and wellbeing of those affected by asthma
- East of England Children and Young People Diabetes Network - provide diabetes guidelines for schools, colleges and early years settings

Appendix 3

Individual Healthcare Plan (IHP)

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review Date	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(Home)	
(Mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 4

Parental Agreement for Setting to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy **Contact Details**	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The information overleaf is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____ Date _____

Appendix 5

Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			
Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 6

Record of Medicine Administered to all Children

Name of school/setting	

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Appendix 7

Staff Training Record – Administration of Medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 8

Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number
2. Your name
3. Your location as follows Granard Primary School, Cortis Road, Putney, London SW15 6XA
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone

Appendix 9

Template Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent/Carer

Developing an Individual Healthcare Plan for your Child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours faithfully