

# Huntington Community Primary School



Learn to Live  
Live to Learn

## Supporting Pupils with Medical Conditions Policy

2019

Signed by:

Headteacher

Date: 26.06.19

Chair of  
Governors

Date: 26.06.19

Next review Summer 2022

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## Section 1

### Introduction

An increasing number of children and young people with health needs, including long-term conditions and highly complex needs, are attending mainstream school. Some of these pupils have short-term needs for support, such as being helped to take prescription medicines. However, many require continuous and ongoing care and intervention while at school.

The Children and Families Act 2014 brought with it a change in the law meaning that from September 2014, schools have to make arrangements to support pupils with medical conditions. The Department for Education (England) published new statutory guidance to accompany this change, called "Supporting pupils at school with medical conditions", and schools must have regard to this. UNISON and The Health Conditions in Schools Alliance played a key role in producing the guidance. The guidance can be found online at:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

The statutory guidance contains a lot of detailed information about what a school policy for supporting pupils with medical conditions should contain, and the roles and responsibilities of governors, staff, health professionals and parents. This policy has been written to comply with the statutory guidance but also includes most of the non-statutory guidance contained in the document to help assist and guide the school, parents and pupils. It is important to refer to the guidance in full when dealing with issues in this area.

**It should be noted that it remains the case that support staff cannot be required to support children with medical conditions unless it is part of their contract.**

Other relevant legislation is detailed in the 'Further Sources of Information' section of the above guidance.

## Section 2

### Associated resources

#### Department for Education

Supporting pupils with medication conditions: links to other useful resources

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

Supporting pupils with medication conditions: Templates

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/349437/Supporting\\_pupils\\_with\\_medical\\_conditions\\_-\\_templates.docx](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349437/Supporting_pupils_with_medical_conditions_-_templates.docx)

Promoting children and young people's emotional health and wellbeing: a whole school approach

<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

Automated external defibrillators (AEDs) in schools

<https://www.gov.uk/government/publications/automated-external-defibrillators-aeds-in-schools>

First aid in schools

<https://www.gov.uk/government/publications/first-aid-in-schools>

Health and safety: advice for schools

<https://www.gov.uk/government/publications/health-and-safety-advice-for-schools>

Supporting children and young people who are bullied: advice for schools

<https://www.gov.uk/government/publications/preventing-and-tackling-bullying>

#### Department of Health

Emergency asthma inhalers for use in school

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

#### Public Health England

Promoting children and young people's emotional health and wellbeing

<https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

#### UNISON/Royal College of Nursing

Managing medicines - Joint union statement RCN/UNISON  
(available to download from the page linked below)

<http://80.177.137.169/fmi/iwp/cgi?-db=Online%20Catalogue&-loadframes>

Dealing with health needs in schools

<http://www.westcheshireunison.org.uk/files/539-1.pdf>

UNISON branch advice on new statutory guidance

<http://www.westcheshireunison.org.uk/files/539-2.pdf>

RCN toolkit for school nurses (contains lots of links to good sources of information)

[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0012/201630/003223.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0012/201630/003223.pdf)

## Section 3

### Aims

The aims of this policy are:

- to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported at Huntington School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- to ensure parents feel confident that Huntington School will provide effective support for their child's medical condition and that pupils feel safe.
- to recognise that medical conditions may impact on social and emotional development as well as having educational implications.
- to ensure staff are properly trained to provide the support that children need.
- to comply with the statutory guidance "Supporting Pupils at School with Medical Conditions" Dec 2015

## Section 4

### Definitions of medical conditions

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

- Short-term, affecting their participation at school because they are on a course of medication
- Long-term, potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered 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 a Statement, or Education, Health and Care Plan (EHC) plan, which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory guidance in this policy.

## Section 5

### The statutory duties of the governing body

The governing body is legally responsible under Section 100 of the Children and Families Act 2014 to make arrangements to support pupils with medical conditions and must have regard to the new guidance. The statutory guidance is as follows:

#### The role of the governing body

1. The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
2. In making their arrangements, the governing body must take into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
3. The governing body should ensure that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.
4. The governing body must ensure that arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

#### Developing the school's policy

5. The governing body should ensure that their school develops a policy for supporting pupils with medical conditions (SPMC policy) that is reviewed regularly and is readily accessible to parents and school staff.

#### Policy Implementation

6. The governing body must ensure that the arrangements they set up include details on how the school's SPMC policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

#### Procedure to be followed when notification is received that a pupil has a medical condition

7. The governing body must ensure that the school's SPMC policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition. **(see Section 7 below)**.

#### Individual healthcare plans

8. The governing body should ensure that the school's SPMC policy covers the role of individual healthcare plans (IHPs), and who is responsible for their development, in supporting pupils at school with medical conditions **(see Section 8 below)**.
9. The governing body should ensure that IHPs are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans should be developed 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 wellbeing, and minimises disruption.
10. When deciding what information should be recorded on IHPs, the governing body should consider the following:
  - the medical condition, its triggers, signs, symptoms and treatments

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

### **Roles and responsibilities**

11. The governing body should ensure that the SPMC policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions.
12. The governing body must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. The governing body should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

### **Staff Training & Support**

13. The governing body should ensure that the SPMC policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.
14. The SPMC policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.
15. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any IHPs).

### **The child's role in managing their own medical needs**

16. The governing body must ensure that the SPMC policy covers arrangements for children who are competent to manage their own health needs and medicines (**see Section 11 below**).

## **Managing medicines on school premises**

17. The governing body should ensure that the SPMC policy is clear about the procedures to be followed for managing medicines including the completion of written records **(see Section 12 below)**.

## **Record keeping**

18. The governing body should ensure that written records are kept of all medicines administered to children.

## **Emergency procedures**

19. The governing body should ensure that the policy sets out what should happen in an emergency situation **(see Section 13 below)**.

## **Day trips, residential visits and sporting activities**

20. The governing body should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so **(see Section 14 below)**.

## **Unacceptable practice**

21. The governing body should ensure that the policy is explicit about what practice is not acceptable **(see Section 18 below)**.

## **Liability and indemnity**

22. The governing body should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk **(see Section 19 below)**.

## **Complaints**

23. The governing body should ensure that the SPMC policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions **(see Section 20 below)**.

## Section 6

### Policy implementation & communication

#### Implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below; however, the governing body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to Mr Duncan Rose, the Headteacher.

The Headteacher is also responsible for:

- ensuring that sufficient staff are suitably trained
- ensuring that all relevant staff are aware of a child's medical condition
- cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

The pupil's class teacher will be responsible for briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans (the SENCo takes responsibility for these in the class teacher's absence).

The SENCo, Mrs Natalie Kirkness, will be responsible, in conjunction with parents, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

**All members of staff** are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post. Huntington School recognises that support staff cannot be required to support children with medical conditions unless it is part of their contract.

#### Communication

**School staff** are informed and regularly reminded about the medical conditions policy:

- through copies handed out at the first staff meeting of the school year and before Individual Healthcare Plans are distributed to parents
- at scheduled medical conditions training
- through the key principles of the policy being displayed in several prominent staff areas at this school
- through informing all supply and temporary staff of the policy and their responsibilities.

**Parents** are informed and regularly reminded about the medical conditions policy:

- by including the policy statement in the school's prospectus and signposting access to the policy
- via the school's website
- via the school newsletter at the start of each school year
- when their child is enrolled as a new pupil

**Pupils** are informed and regularly reminded about the medical conditions policy:

- through the School Council
- via class discussion sessions and PSHE

## Section 7

### Procedure to be followed when notification is received that a pupil has a medical condition

When notification of a child with a medical condition is received the school will:

- liaise with relevant individuals including, as appropriate, parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child. The school does not need to wait for a formal diagnosis before providing support.
- where required, make appropriate arrangements for staff to administer medication (**see Section 12, Managing Medicines**).
- where appropriate, an Individual Healthcare Plan will be drawn up (**see Section 8, IHPs**)
- make every effort to ensure that arrangements are in place (including sufficient staff who are properly trained to support the medical condition) by;
  - a) the start of term for children being admitted to Huntington School for the first time (where good notification is given prior to admission) or
  - b) within two weeks in cases such as a new/changed diagnosis, a return to school after a period of absence, or a child moving schools mid-term.

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 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. These discussions will be led by the Headteacher, and following these discussions an individual healthcare plan will be written in conjunction with the parents by the SENCo and put in place.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make 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. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

## Section 8

### Individual healthcare plans

#### Drawing up individual healthcare plans

Generally, an IHP will be written for each child who:

- has long-term medical needs (excluding asthma in routine/non-acute cases)
- has a medical condition that requires support to access the same opportunities as any other child in school

***A flow chart for identifying and agreeing the support a child needs and developing an Individual Healthcare Plan is provided in Template A (and see also Appendix G, Letter to Parents).***

Individual healthcare plans (IHPs) will help to ensure that Huntington School effectively supports pupils with medical conditions. They will 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parents should agree, based on evidence, when an individual healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher is best placed to take a final view.

Individual healthcare 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 the plan 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. Where a child has SEN but does not have a Statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents and a relevant healthcare professional, who can best advise on the particular needs of the child. Pupils and relevant teachers/staff should also be involved whenever appropriate. The aim should be to capture the steps which Huntington School should take to help manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Huntington School will ensure that individual healthcare plans 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 Huntington School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

**Appendix A** provides a basic appendix for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, all such plans should include the following information:

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

## **Section 9**

### **Roles and responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Huntington School will work in partnership with pupils, parents, school staff, healthcare professionals (and Social Care if appropriate) and the local authority (**see also Section 6, Policy Implementation**, for the functions that have been delegated to different, named members of staff at Huntington School)

**The Governing Body** is responsible for:

- Ensuring that arrangements are in place to support pupils with medical conditions in school, including making sure this policy is developed and implemented.
- Ensuring that pupils at Huntington School with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Ensuring 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** is responsible for:

- Ensuring this 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.
- Ensuring all staff who need to know are aware of the child's condition.
- Ensuring 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.
- The initial discussions about individual healthcare plans.
- Ensuring that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Contacting 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.

**The SENCo** is responsible for:

- In conjunction with parents, drawing up, implementing and keeping under review the individual healthcare plan for each pupil, and making sure relevant staff are aware of these plans.
- In the class teacher's absence, briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

**The pupil's class teacher** is responsible for:

- Briefing supply teachers, preparing risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

## **School Staff**

Any member of 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 a teacher's 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 staff are responsible for:

- Being aware of and following the procedures outlined in this policy, and using the appropriate forms
- Retaining confidentiality within policy guidelines
- Contacting parents and/or emergency services when necessary and without delay
- Storing medicines and first aid equipment within policy guidelines
- If they have a child with a medical condition in their class or group, understanding the nature of the child's needs in order to adequately support them. This information will be provided to them.

## **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 at school. Wherever possible, they should do this before the child starts at the school.
- Supporting staff on implementing a child's individual healthcare plan and providing advice and liaison (e.g. on training).

**Other healthcare professionals, including GPs and paediatricians**, should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy).

**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, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

**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** 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 well-being of children with regard to their physical and mental health, and their education, training and recreation. 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 year).

**Providers of health services** should co-operate with schools that are supporting children with medical conditions. They 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)** commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

## Section 10

### Staff training and support

*Appendix E will be used to record staff training for administration of medicines and /or medical procedures.*

All staff who are required to provide support to pupils for medical conditions will be trained by a healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training ourselves and will ensure that it remains up-to-date.

Training should 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 set out in the 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.

Staff must not give prescription medicines or undertake healthcare 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.**

Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication (see **Appendix E**).

Staff who provide support to pupils with medical conditions will be included in relevant meetings.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. If required, the Headteacher will seek advice from relevant healthcare professions about training needs to ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The following numbers of staff at Huntington School have received general training:

**School first aiders (full certificate): 3 (plus PE tutor)**

**Paediatric First Aiders: 9**

**Named people for administering medicines: 4**

**Specific/specialist training: 2**

## **Section 11**

### **The child's role in managing their own medical needs**

If, after discussion with the parents, it is agreed that the child is competent to manage their own medication and procedures, the child will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily. These will be stored in the MI Room so that the safeguarding of other children is not compromised (other than asthma and anaphylaxis devices, which will stay with the pupil).

Huntington School recognises that children who take their medicines themselves and/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

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

## **Section 12**

### **Managing medicines on school premises and record keeping**

At Huntington School the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Parents will always be informed if their child has been unwell at school. No child under 16 should be given prescription or non-prescription medicines without their parents' written consent except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- With parental written consent we will administer prescription and non-prescription medicines (excepting aspirin or medicines containing aspirin – these can only be administered if prescribed by a doctor). Medication for pain relief should never be administered without first checking maximum dosage and when the previous dose was taken. Parents should always be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Huntington School will only accept prescribed or non-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 its original container
- All medicines will be stored safely in the MI Room (other than asthma and anaphylaxis devices, which will stay with the pupil). Children should know where their medicines are at all times and be able to access them immediately. 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. This is particularly important to consider when outside of school premises e.g. on school trips. Asthma inhalers should be marked with the child's name.

- During day trips, a first aid trained member of staff will carry all medical devices and medicines required (in the case of a trip involving a child with an individual health plan, this will be the staff member trained to support the child).
- 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. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school.
- School staff may administer a controlled drug to the child for whom it has been prescribed.
- Staff administering prescribed medicines should always do so in accordance with the prescriber's instructions.
- Huntington School will keep a record (*see Appendices C and D*) of all medicines administered to individual children, stating what and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. 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 to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

## Section 13

### Emergency procedures

The Headteacher will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

All staff know what action to take in the event of a medical emergency (*see Appendix F*). This includes:

- how to contact emergency services and what information to give
- who to contact within the school.

Training is refreshed for all staff at least once a year.

Action to take in a general medical emergency (*see Appendix F*) is displayed in prominent locations for staff, including classrooms and the Staff Room.

If a child needs to be taken to hospital, staff should stay with the child until the parents arrive, or accompany a child taken to hospital by ambulance. **Staff should not take pupils to hospital in their own cars.**

Where a child has an individual healthcare plan, this should 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.

## **Section 14**

### **Day trips, residential visits, and sporting activities**

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

## **Section 15**

### **Defibrillators**

The school has an automated external defibrillator (AED). This is stored in the MI Room on the ground floor.

All staff members are aware of the AED's location and what to do in an emergency.

Training in the use of the AED is given within the regular Emergency First Aid Training provided for all staff every three years; however, the AED uses voice prompts to guide the rescuer through the entire process from when the device is first opened. Staff members are also trained in cardiopulmonary resuscitation (CPR), as this is an essential part of First Aid and AED use.

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

Basic checks will be undertaken on the AED on a monthly basis by the First Aid co-ordinator, with a record of all checks and maintenance work being kept up-to-date.

## **Section 16**

### **Adrenaline auto-injectors (AAls)**

The administration of AAls and the treatment of anaphylaxis will be carried out in accordance with the school's *Allergen and Anaphylaxis Policy*.

A register of AAls will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Where a pupil has been prescribed an AAI, this will be written into their IHP.

## **Section 17**

### **Other issues for consideration**

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

In accordance with UK legislation implemented on 1 October 2014, the school has purchased three salbutamol inhalers without a prescription, for use in emergencies when a child with asthma cannot access their own inhaler. These are stored safely in the MI Room.

## **Section 18**

### **Unacceptable practice**

Although staff at Huntington School should use their discretion and judge each case on its merit 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 or medical room unaccompanied or with someone suitable
- 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 breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips (e.g. by requiring parents to accompany the child).

## **Section 19**

### **Liability and indemnity**

The school has Employer's Liability Insurance through CWAC, provided by QBE Insurance.

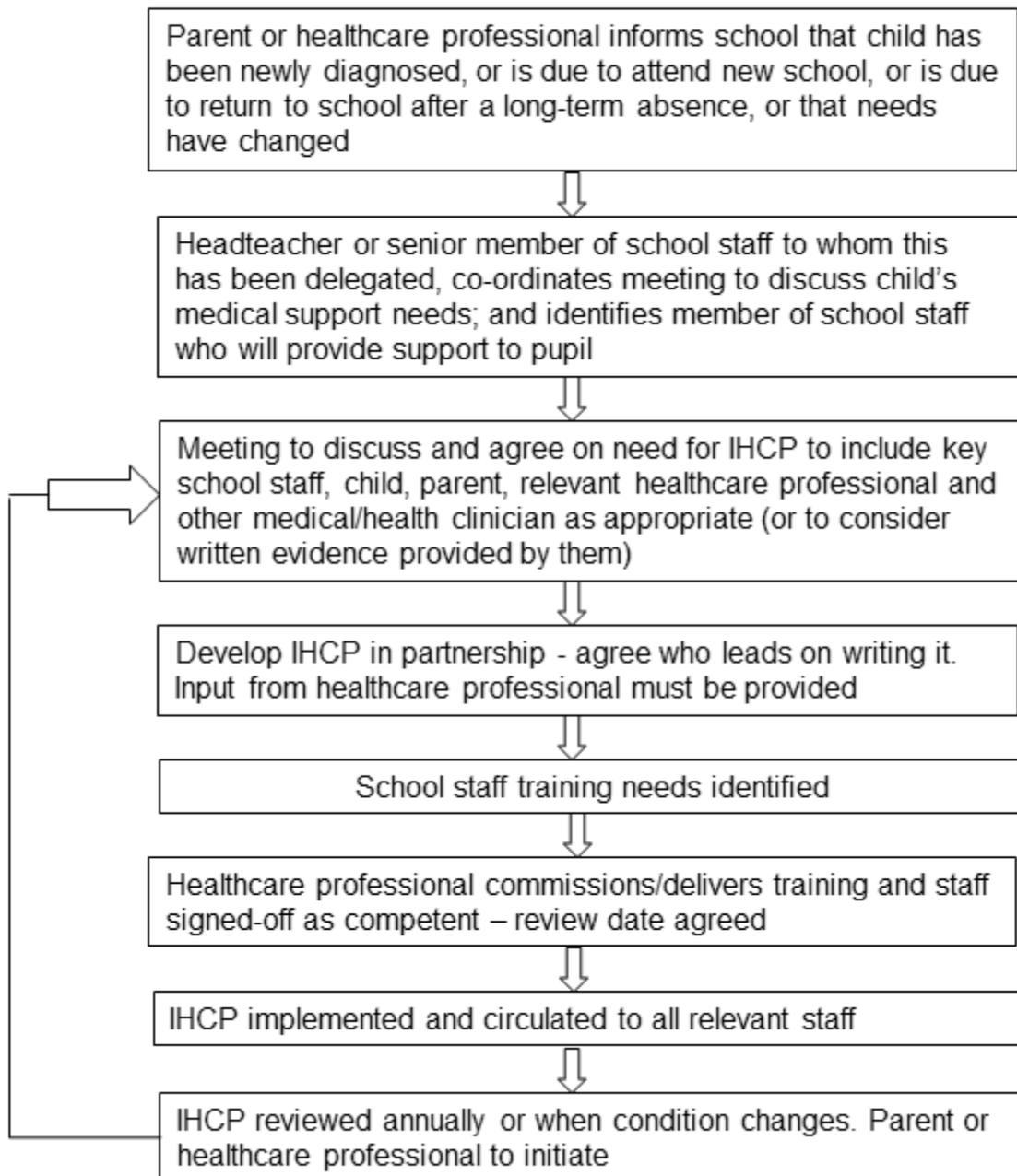
Individual cover may need to be arranged for specific healthcare procedures – advice should be sought from the insurance provider. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

## **Section 20**

### **Complaints**

Should parents/carers be unhappy with any aspect of their child's care at Huntington School, they must discuss their concerns with the school. This should be with the child's class teacher in the first instance. If this does not resolve the problem or allay the concern, the problem should be brought to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Huntington School Complaints Procedure.

**Template A**  
**Model process for developing individual healthcare plans**



## **Appendix A**

### **Individual Healthcare Plan**

Name of school/setting

Child's name

Year Group/class

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.


Person responsible for providing support in school

--

**Health Information**

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

Name 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 B**

**REQUEST FOR HUNTINGTON PRIMARY SCHOOL  
TO GIVE MEDICATION**



Dear Headteacher,

I request that \_\_\_\_\_ (full name of pupil) be given the medicine outlined below while at school.

Date of birth \_\_\_\_\_ Year group/class \_\_\_\_\_

Medical condition or illness \_\_\_\_\_

**MEDICINE**

Name/type of Medicine \_\_\_\_\_  
(as described on the container)

Expiry date \_\_\_\_\_ Duration of course \_\_\_\_\_

Dosage and method \_\_\_\_\_ Time(s) to be given \_\_\_\_\_

Special precautions/other instructions \_\_\_\_\_

Are there any side effects that the school needs to know about? \_\_\_\_\_

Can your child self-administer? **Yes/No** (delete as required)

Procedures to take in an emergency \_\_\_\_\_

**NB Medicines MUST be in the original container as dispensed by the pharmacy, and must be delivered personally to the school office staff.**

**CONTACT DETAILS**

Your name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
(print)

Daytime telephone number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Appendix C**  
**Record of Medicine administered to an Individual Child**

Name of school	Huntington Community Primary School
Name of child	
Date medicine provided by parent	
Year group/class	
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			

**C: Record of medicine administered to an individual child (Continued)**

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 E**  
**Staff Training Record – Administration of Medicines**

Name of school	Huntington Community Primary School
Name of staff member	
Type of training received	
Date of training completed	
Training provided by	
Profession and title of provider	

I confirm that \_\_\_\_\_ has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated \_\_\_\_\_ (regularity).

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_

## ***Appendix F***

### **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 (Huntington School office: 01244 981043)
2. Your name
3. Your location (Huntington Community Primary School, Aldford Road, Chester)
4. Your postcode (CH3 6EA if at Huntington School)
5. Provide the exact location of the patient within the school
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. Record the information you have provided and pass it to the school office staff, so that it can be accessed readily

**Appendix G**  
**Model letter inviting parents to contribute to  
individual healthcare plan development**

Dear Parent

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 [list the attendees]. 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 appendix 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 sincerely