



Arrangements for supporting pupils with medical conditions

WHY?

The Federation of George Betts and Shireland Hall Primary Academies recognises that the health and safety of employees, pupils and visitors is paramount to the wellbeing and success of the organisation. This document describes procedures and arrangements that enable us to support pupils with medical conditions. Such support ensures that children with medical conditions have full access to education, including school trips and physical education.

The following principles and values underpin these arrangements:

- Children with medical conditions must be able to access and enjoy the same opportunities as any other child, this will require flexibility, understanding and compassion.
- The academy, parents, pupil, healthcare professionals and other support services must work in partnership.
- Focus must be on the needs of the *individual* child and how their medical condition impacts on *their* school life.
- Re-integration, where needed, must be well-planned and meet individual pupil's needs.
- Sharing of information must be suitable and sufficient to support the child but with due regard for confidentiality and discretion.
- Schools have a duty to promote and enable self-care and increased independence as appropriate to a child's age.

WHAT? HOW?

Individual healthcare plans (IHPs) – formerly 'Pupil Medical Risk Assessments'

A Pupil Medical Co-ordinator at each school manages pupil's medical needs, which do not regularly impact on learning but require support in school.

Step 1 – Assessing need - When an existing pupil shows signs of or is diagnosed with a medical condition, or a child with a medical condition joins the school, the child's needs are identified and a **decision is made as to whether an individual healthcare plan (IHP) is needed**. The school, parents and healthcare professionals make this decision jointly. If parties cannot agree then the final decision lies with the Executive Principal.

Step 2 – Writing an IHP; With input from parents, the pupil and health and social care professionals, the Pupil Medical Co-ordinator receives and collates the following information about the child's medical needs to form an individual healthcare plan. The IHP template provides guidance and further information on what is to be considered under each section:

- Name of the condition, its triggers, signs, symptoms, prevalence and treatments
- The pupil's resulting needs and how school will support them, e.g. medication, time, facilities, equipment
- Details of how the school will support the pupil's educational, social and emotional needs
- The levels of support needed by staff and self-management expected from the pupil
- Who will provide the support identified, their training needs, expectations of their role and cover arrangements
- Who in the academy needs to be aware of the child's condition and the support required
- Arrangements for medication to be administered if needed
- Arrangements for the risk assessment of non-routine activities to enable participation

Where possible, information is gathered and the IHP written and agreed during a meeting with all parties present

Step 3 – Information sharing; The Pupil Medical Co-ordinator shares details from the IHP with class teachers, relevant adults (e.g. school cook, LSPs, PE coach) and pupils as identified on the IHP. A copy of the IHP is stored in the Pupil Medical Needs file and a copy (unless confidential) is uploaded to the pupil's individual profile on ScholarPack ('Ancillary' tab, Student Docs), summary information is transferred the Medical Details section as follows:

- **Condition** – name or description of medical condition and triggers if appropriate
- **Emergency Action** – how staff must respond in an emergency
- **Notes** – controls in place to reduce the risk of illness and/or support the pupil's medical needs
- **Medicine held** – states whether medicine is held in school

Step 4 – Implementation; in order for the actions agreed on an IHP to be implemented the Pupil Medical Co-ordinator ensures that the following are in place; staff training, support equipment, appropriate timetables and routines, medication, cover arrangements for staff absence,

Step 4 – Review; The Pupil Medical Co-ordinator arranges for all parties to contribute towards reviews of IHPs at least annually, or sooner if circumstances change. An IHP review can be initiated by any relevant party and should include input from the staff member/s who provide the support in school.

Education, Health and Care Plans (EHC Plan)

Pupil's medical needs, which **routinely impact on learning**, are recorded on a formal EHC Plan and managed by the SEND Leader at each school. These are also shown on the location map of pupils with individual needs. Further information can be found in the SEND Policy.

Administering Medication in School

Pupil medication is only stored and administered in school if prescribed for the child by a doctor and after parents have provided written instructions for use on the school's **Medication Agreement** form. Completion of the form can be overseen by any member of staff, however the Pupil Medical Co-ordinator must always be informed. A member of the Senior Leadership Team (Principal, VP or AP) will identify who is best placed to administer the medication (this is usually an LSP) and seek their co-operation, before counter-signing the agreement. Staff members will not be adversely treated if they do not wish to be the named person for administering a child's medication. Medication, labelled with the child's name, is stored in a labelled box in the appropriate child's classroom (or the fridge). Each time medication is administered, the date, time and dosage is logged by the person who gave the medication, on the child's **Medicine Administration Log**. Parents are informed immediately if emergency medication is given.

Training is provided where necessary either by the School Health Nurse or the child's parents.

If non-prescribed medication is needed during the school day, parents are requested to attend school to administer it.

Non-routine Activities

Risk Assessments for non-routine activities (such as educational visits, sporting activities and events in school) give details of the individual medical needs of children and adults taking part. Where **medication** will need to be administered to pupils, written instructions and agreement are obtained from parents prior to the event (see Administering Medication in School, above). **First Aid kits** are carried on all offsite visits. When a visit involves a journey outside the local area a '**Sick Kit**' is taken, which includes; bucket, plastic bags, protective gloves, paper towels and a bottle of water.

Staff Training

Training is essential to ensure that staff have the competence and confidence to support pupils' medical needs. Generic training is provided annually for all staff on the most common medical conditions in schools; asthma, epilepsy and allergic reactions/anaphylaxis. Specific training is also provided where necessary to meet the requirements of IHPs, based on guidance from healthcare professionals (who may also deliver the training).

The Executive Principal/H&S Leader monitor and review training needs to ensure that suitable and sufficient training is delivered to support and enable staff in carrying out their duties. All new staff receive induction training which includes reference to these arrangements.

Unacceptable Practice

When writing and reviewing IHPs, academy staff use their discretion and make support decisions based on individual needs and circumstances however it is not generally acceptable practice to:

- a) prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- b) assume that every child with the same condition requires the same treatment
- c) ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- d) send children with medical conditions home frequently or prevent them from staying for normal academy activities, including lunch, unless this is specified in their individual healthcare plans;
- e) if the child becomes ill, send them to the academy office or medical room unaccompanied or with someone unsuitable
- f) penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments
- g) prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- h) require parents, or otherwise make them feel obliged, to attend academy to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the academy is failing to support their child's medical needs
- i) prevent children from participating, or create unnecessary barriers to children participating in any aspect of academy life, including academy trips, eg by requiring parents to accompany the child

WHO?

Roles and Responsibilities

Local Governing Body

Ensure arrangements are in place and fully implemented

Executive Principal – Allan Shephard (Federation) supported by **H&S Leader** – Fiona Wilkes (Federation)

Ensure arrangements are in place and fully implemented, overall responsibility for IHPs including deciding whether a plan is appropriate and necessary if other parties cannot agree.

Pupil Medical Co-ordinators – Denise Woods (SHP), Zoe White (GB)

Liaise with all relevant parties to write and review IHPs

SEND Leader – Whitney Plant (Federation)

Ensure IHPs are referred to in statements and/or EHCs for pupils with both SEN and medical needs

All academy staff

Understand the following medical conditions which may affect pupils; asthma, epilepsy, allergic reactions/anaphylaxis. Staff may be asked to support individual pupils with a medical condition in a variety of ways according to IHPs, staff may be asked (but not required) to administer medication to pupils.

External Parties

Pupils with Medical Conditions

Where appropriate pupils are involved in writing and reviewing their IHPs. Pupils are expected to take increasing responsibility for self-managing their condition as appropriate to their age.

Parents of pupils with medical conditions

Provide up to date information on their child's condition and contribute to writing and reviewing IHPs. Follow actions agreed in IHPs such as providing medication.

Sandwell School Health Nursing Service – Led by Shawinder Basra Dhillon 0121 612 2978

Notify the academy of any newly diagnosed medical conditions or changes to existing conditions. Offer advice and training, contribute to writing and reviewing IHPs.

GPs and Paediatricians

Notify the academy of any newly diagnosed medical conditions or changes to existing conditions. Offer advice and training, contribute to writing and reviewing IHPs.

Sandwell Local Authority

Offer advice in supporting pupils with medical conditions. Arrange alternative provision if a child is out of school for 15 or more days due to a medical condition.

Resources / Supporting Documents

[Supporting pupils at school with medical conditions](#), DfE, September 2014

[Supporting Pupils with Medical Needs](#), TEFAT, July 2014 (Includes specific guidance on supporting pupils with Asthma, Epilepsy and Anaphylaxis)

George Betts and Shireland Hall SEND Policies (available on school websites)

GB / SHP Medication Agreement Form (Openhive)

GB / SHP Medicine Administration Log (Openhive)

GB / SHP Individual Healthcare Plan template (Openhive)

