

Thames Ditton Infant School

Supporting Pupils with Medical Conditions

Written By: Head Teacher

Approved By: Safeguarding & Wellbeing Committee

Date Update Approved: Summer 2024

Next Review Date: Summer 2025

Thames Ditton Infant School

with SEND responsibility's (provided and spare) are stored in a centrally unlocked position for all staff to access within 5 minutes of the need to administer. The spare AAI All incidents where prescribed AAI's are administered must also be coordinated with emergency services being called upon administration. Authorisation to administer to those without prescribed AAI's should be sought by emergency responders prior to administration. However, if a life is in danger, attempts to preserve life should not be delayed.

All

This school is committed to safeguarding and promoting the wellbeing and welfare of children and young people and expects all staff and volunteers to share this commitment.

We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

Thames Ditton Infant School has adopted Surrey County Council guidelines 'Supporting Pupils with Medical Conditions' and the School's procedures are based on this guidance. A copy of the guidelines is available from the school office on request.

A copy of this policy is available from the school office or website www.thames-ditton-infant.surrey.sch.uk

Policy Statement:

Staff, while they are responsible for the care and control of children at Thames Ditton Infant School, are expected to take the same care that a reasonable, responsible, and careful parent would take in similar circumstances.

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The school will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting pupils with medical conditions at school](#).

Roles and responsibilities

3.1 The governing board

The governing board has responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The head teacher

The head teacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

Equal opportunities

Our school is clear 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 from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

Being notified that a child has a medical condition

Parents are asked to complete the TDIS – Health Care Plan and Medication Permission form, this is available from the office for parents to amend during the school year. (Pupil Medication Request form - Appendix 2) Each academic year parents are requested to complete a new form and therefore ensuring all changes are complete.

A senior member of staff, liaising with parent, (and other professionals), will prepare a medical plan for each individual pupil.

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

Individual healthcare plans (IHPs)

The head teacher has overall responsibility, supported by the SENDCo, for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done?
- When?
- By whom?

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the head teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the head teacher and the SENDCo will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents/carers and the head teacher 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents/carers' written consent

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

Spare adrenaline auto-injectors (AAI):

(Adapted from the Department of Health: Guidance on the use of adrenaline auto-injectors in schools – 15th September 2017)

Thames Ditton Infant School holds two spare AAIs to be used for a child where both medical authorisation and written parental consent has been provided. This includes those children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI.

The school's spare AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay. This information should be recorded in a pupil's HCP.

The school's spare AAI is held as part of an emergency anaphylaxis kit including:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

The school's spare AAIs are checked on a monthly basis to ensure that the AAIs are present and in date. This check is recorded in the administration record kept in the emergency anaphylaxis kit.

One of the school's spare AAIs will be taken on each residential field trips, together with a copy of the instructions on how to use the device, manufacturer's information and a list of pupils to whom the AAI can be administered.

Spare salbutamol inhaler:

(Adapted from the Department of Health: Guidance on the use of emergency salbutamol inhalers in schools – March 2015)

Thames Ditton Infant School holds a spare salbutamol inhaler to be used for a child for whom written parental consent has been given, who has either been diagnosed with asthma and prescribed an inhaler, or has been prescribed an inhaler as reliever.

The school's inhaler can be used instead of a pupil's own prescribed inhaler, if this cannot be administered correctly (for example it is broken or empty). This information should be recorded in a pupil's HCP.

The school's spare salbutamol inhaler is held with the emergency anaphylaxis kit and includes:

- Instructions on how to use the inhaler.
- Instructions on storage of the inhaler.
- Instructions on cleaning and storing the inhaler.
- Manufacturer's information.
- A checklist of inhalers, identified by their batch number and expiry date.
- A note of the arrangements for replacing the asthma inhaler.
- A list of pupils to whom the asthma inhaler can be administered.
- An administration record.

The school's spare salbutamol inhaler is checked on a monthly basis to ensure that it is present and in date. This check is recorded in the administration record in the kit.

One of the school's spare salbutamol inhalers will be taken on each residential field trips, together with a copy of the instructions on how to use the device, manufacturer's information and a list of pupils to whom the asthma inhaler can be administered.

All medicines will be stored safely. Pupils will be informed about 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 will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable

- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the head teacher and SENDCo. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are available through the School Business Manager sbm@thames-ditton-infant.surrey.sch.uk

Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the head teacher in the first instance. If the head teacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

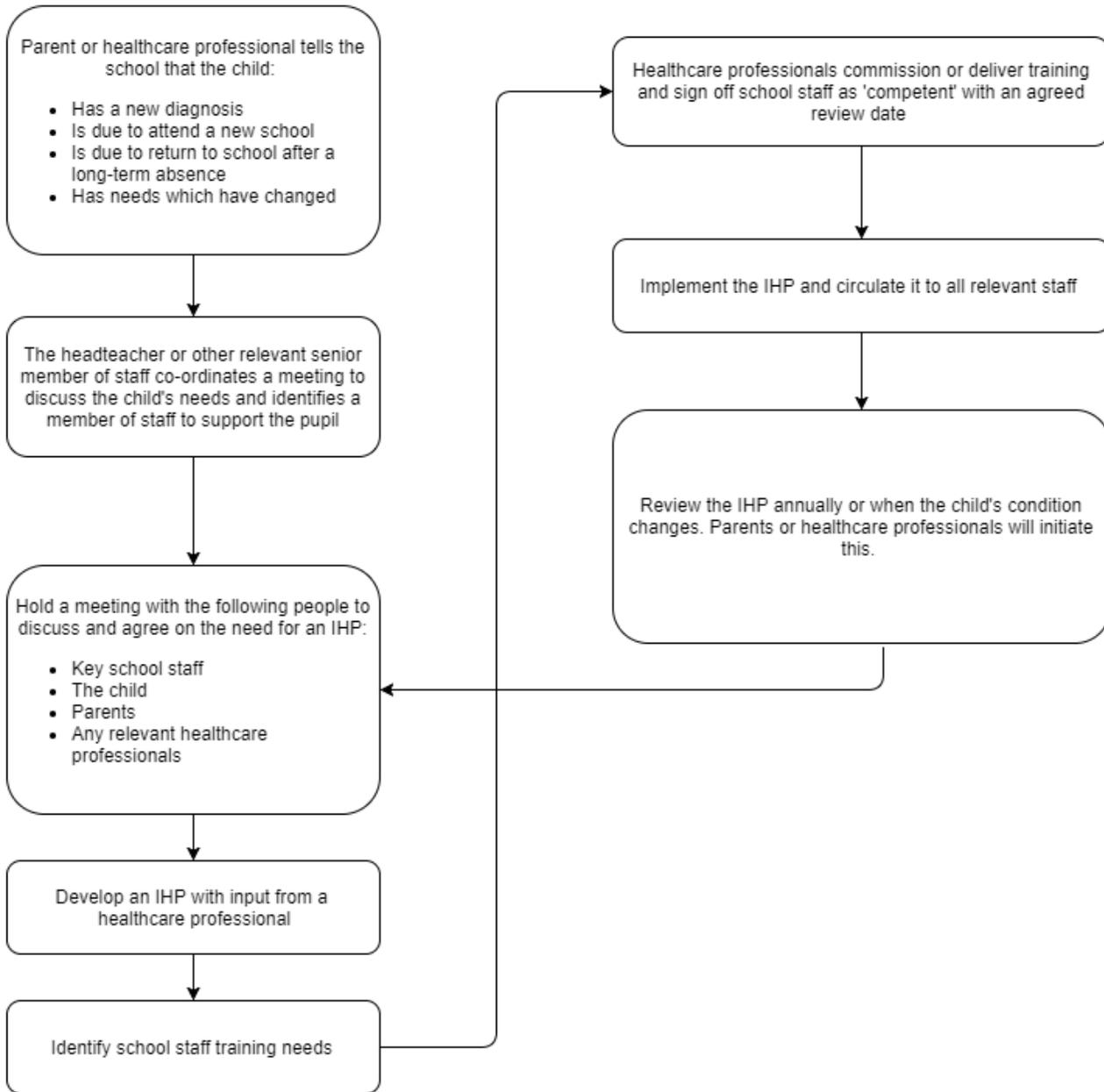
Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendices

Appendix 1: Being notified a child has a medical condition



APPENDIX 2 PUPIL MEDICATION REQUEST

School Name and Address: _____

Child's Name: _____

Parent's surname if different: _____

Home Address: _____

Condition or Illness: _____

- Parent's Home: _____
- Work: _____
- GP Name: _____ Location: _____ Tel: _____

Please tick the appropriate box

My child will be responsible for the self-administration of medicines as directed below.

I agree to members of staff administering medicines/providing treatment to my child as directed below.

I agree to update information about the child's medical needs held by the school and that this information will be verified by GP and/or medical Consultant.

I will ensure that the medicine held by the school has not exceeded its expiry date.

Signed _____ Date _____
(Parent)

NOTE: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.

Name of medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine

Special Instructions				
Allergies				
Other prescribed medicines child takes at home:				

APPENDIX 3

PUPIL MEDICATION RECORD

Child's name: _____ Date of Birth: _____

	Date	Time	Medicine Given	Dose	Signature(s)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

14					
15					
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