

**GLEBE SCHOOL**

**SUPPORTING PUPILS  
WITH MEDICAL CONDITIONS**

Date approved by Governing Body	16 <sup>th</sup> March 2017
Date of next review	Spring 2020

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## **1. Statement of intent**

The governing body of Glebe School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Glebe School believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have special educational needs and disabilities (SEND) and have a statement or education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

## **2. Legislative Framework**

- 2.1 Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools and proprietors of academies to make arrangements for supporting pupils at their school with medical conditions.
- 2.2 In meeting this duty the governing body of Glebe School will have regard to guidance issued by the Secretary of State under this section.

## **3. The Role of the Governing Body**

- 3.1 The governing body:
  - Is legally responsible for fulfilling its statutory duties under legislation;

- Ensures that arrangements are in place to support pupils with medical conditions;
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school;
- Works with the local authority , health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education;
- Ensures that, following long-term or frequent absence, pupils with medical conditions are re-integrated effectively;
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs;
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support;
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed;
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made;
- Ensures that pupil's health is not put at unnecessary risk. As a result it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

#### **4. The Role of the Headteacher**

##### **4.1 The headteacher:**

- Ensures that this policy is effectively implemented with partners;
- Ensures that all staff are aware of this policy and understand their role and its implementation;
- Ensures a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare (IHC) plans, including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported;
- Has overall responsibility for the development of IHC plans.
- Ensures that staff are appropriately insured and aware of the insurance arrangements;
- Contacts the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

#### **5. The Role of Parents/Carers**

#### 5.1 Parents and carers:

- Notify the school if their child has a medical condition;
- Provide the school with sufficient and up-to-date information about their child's medical needs;
- Are involved in the development and review of their child's IHC plan.
- Carry out any agreed actions contained in the IHC plan;
- Ensure that they, or another nominated adult, are contactable at all times.

### 6. The Role of Pupils

#### 6.1 Pupils:

- Contribute to the development of their IHC plan, where appropriate;
- Are sensitive to the needs of pupils with medical conditions

### 7. The Role of School Staff

#### 7.1 School staff:

- May be asked to provide support to pupils with medical conditions including the administering of medicines, but are not required to do so;
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication;
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions;
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### 8. The Role of Clinical Commissioning Groups (CCGs)

#### 8.1 CCGs:

- Ensure that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Make joint commissioning arrangements for education, health and care provision for pupils with SEND;
- Are responsive to Local Authorities and schools looking to improve links between health services and schools.
- Provide clinical support for pupils who have long-term conditions and disabilities;
- Ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

### 9. The Role of Ofsted

#### 9.1 Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

- 9.2 Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

## **10. Admissions**

- 10.1 No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.
- 10.2 A child may only be refused admission if it would be detrimental to the health of the child to admit them into the schools setting.

## **11. Notification Procedure**

- 11.1 When the school is notified that a pupil has a medical condition that requires support in school, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil (where appropriate), with a view to discussing the necessity of an IHC plan (outlined in detail in section 13).
- 11.2 The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the headteacher based on all available evidence (including medical evidence and consultation with parents/carers).
- 11.3 For a pupil starting in September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- 11.4 Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place as soon as reasonably practicable.

## **12. Staff Training and Support**

- 12.1 Any staff member providing support to a pupil with medical conditions receives suitable training.
- 12.2 Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 12.3 Training needs are assessed through the development and review of IHC plans, on an annual basis for all school staff.
- 12.4 A first aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 12.5 Whole school awareness training is carried out on a regular basis for all staff and is included in the induction of new staff members.
- 12.6 The Deputy Head Teacher, Safeguarding Lead identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 12.7 Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary but they will not be used as a sole trainer.

## **13. Self-Management**

- 13.1 Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHC plan.
- 13.2 Where possible, pupils are allowed to carry their own medicines and relevant devices.
- 13.3 Where it is not possible for pupils to carry their own medicines or devices, they are held in the medical room where it can be accessed quickly and easily.
- 13.4 If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHC plan is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

#### **14. Individual Health Care (IHC) Plans**

- 14.1 The school, healthcare professional and parent/carers agree, based on evidence, whether an IHC plan is required for a pupil, or whether it would be inappropriate or disproportionate. If no consensus can be reached the headteacher makes the final decision.
- 14.2 The school, parent/carer and a relevant healthcare professional work in partnership to create and review IHC plans. Where appropriate the pupil may also be involved in the process.
- 14.3 IHC plans include the following information:
- The medical condition, along with its triggers, symptoms, signs and treatments;
  - The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issue;
  - The support needed for the pupil's educational, social and emotional needs;
  - The level of support needed, including in emergencies;
  - Whether a child can self-manage their medication;
  - Who will provide the necessary support;
  - The training needs, expectations of the role and who will confirm the supporting staff member's proficiency to carry out the role effectively;
  - Cover arrangements for when the named supporting staff member is unavailable;
  - Who needs to be made aware of the pupil's condition and the support required;
  - Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil;
  - Separate arrangements required during school trips and activities;
  - Where confidentiality issues are raised by the parent/carer or pupil, the name of the designated individual(s) entrusted with information about the pupil's medical condition;

- What to do in an emergency, including contact details and contingency arrangements.
- 14.4 IHC plans are easily accessible to those who need to refer to them, but confidentiality is preserved.
- 14.5 IHC plans are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 14.6 Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the local authority and education provider to ensure that their IHC plan identifies the support the child needs to re-integrate.
- 15. Managing Medicines**
- 15.1 Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 15.2 Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed without the parent/carer's knowledge. In such cases the school encourages the pupil to involve their parents/carers, whilst respecting their right to confidentiality.
- 15.3 Non-prescription medicines may be administered in the following situation:
- When it would be detrimental to the pupil's health not to do so;
  - When instructed by a medical professional.
- 15.4 No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
- 15.5 Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 15.6 Parents/carers are informed any time medication is administered that is not agreed in an IHC plan.
- 15.7 The school only accepts medicines that are in date, labelled, in their original container and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in date, but is available in an insulin pen or pump, rather than its original container.
- 15.8 All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip. Where relevant, pupils are informed who holds the key to the relevant storage facility.
- 15.9 When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 15.10 Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency.
- 15.11 The school holds asthma inhalers for emergency use. The inhalers are stored in the medical room.



- 15.12 Staff may administer a controlled drug to a child for whom it has been prescribed. They must do in accordance with the prescriber's instructions.
- 15.13 Records are kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. A record of side effects presented is also held. Example forms for record keeping can be found in the appendices attached to this policy.

## **16. Emergency Procedures**

- 16.1 Where an IHC plan is in place it should detail:
- What constitutes an emergency;
  - What to do in an emergency.
- 16.2 Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- 16.3 If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.
- 16.4 When transporting pupils with medical conditions to medical facilities, their medication should be taken with them to inform the medical professionals.

## **17. Day Trips, Sporting Activities and Residential Visits**

- 17.1 Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- 17.2 Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition advice should be sought from pupils, parents/carers and relevant medical professionals.
- 17.3 The school will arrange for reasonable adjustments to be made so that all pupils may participate, except where there is evidence from a clinician such as GP indicating that this is not possible.

## **18. Avoiding Unacceptable Practice**

- 18.1 Glebe School recognises that the following actions are unacceptable and will never:
- Assume that pupils with the same condition require the same treatment;
  - Prevent pupils from easily accessing their inhalers and medication;
  - Ignore the views of the pupil and/or their parents/carers;
  - Ignore medical advice or opinion;
  - Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHC plan.
  - Send an unwell pupil to the medical room alone or with an unsuitable escort;

- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition;
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs;
- Create barriers to children participating in school life, including school trips;
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

## **19. Liability and Indemnity**

- 19.1 The governing body ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.
- 19.2 In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

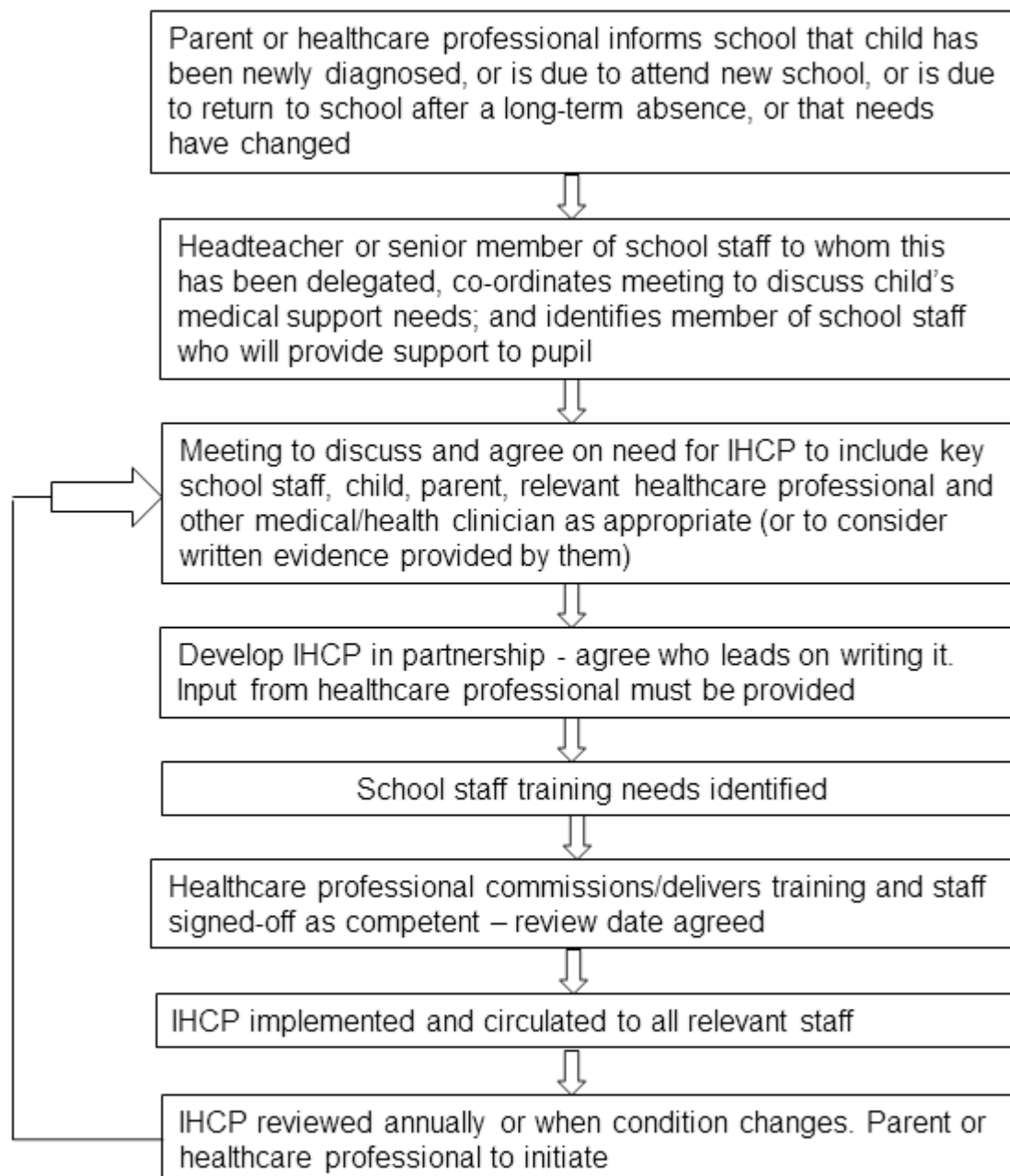
## **20. Complaints**

- 20.1 Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 20.2 If they are not satisfied with the school's response, they may make a formal complaint via the school's complaint procedure.
- 20.3 If the issue remains unresolved, the complainant has the right to make a formal complaint to the appropriate Local Authority.
- 20.4 Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

## **21. Home to School Transport**

- 21.1 Arranging home to school transport for pupils with medical conditions is the responsibility of the Local Authority.
- 21.2 Where appropriate, the school will share relevant information to allow the local authority to develop appropriate transport plans for pupils with life-threatening conditions.

## Appendix 1 - Individual Healthcare Plan implementation procedure



Source: *Supporting pupils at school with medical conditions*, Department for Education, December 2015

## Appendix 2: Individual Health Care Plan

### Glebe School Individual Health Care Plan

Child's name

Tutor group:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

#### Family Contact Information

Name:

Phone number (work):

(home):

(mobile):

Name:

Relationship to child:

Phone number (work):

(home):

(mobile):

#### Clinic/Hospital Contact

Name:

Phone number:

#### G.P.

Name:

Phone number:

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 3:

### Parental agreement for Glebe School to administer medicine

The school will not give your child medicine unless you complete and sign this form.

#### Administration of medication form

Date for review to be initiated by:

Name of child:

Date of birth:

Tutor Group:

Medical condition or illness


#### Medicine:

**NB: Medicines must be in the original container as dispensed by the pharmacy**

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:


#### Contact Details

Name:

Daytime telephone number:

Relationship to child:

Address:

I understand that I must deliver the medicine personally to:

Mrs F Theurer

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 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 4: Record of medicine administered to an individual child

Name of child:

Date medicine provided by parent:

Tutor group:

Quantity received:

Name and strength of medicine:

Expiry date:

Quantity returned:

Dose and frequency of medicine:

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

Signature of parent: \_\_\_\_\_

[illegible]



## Appendix 5: Record of medicine administered to all children

[illegible]

## Appendix 6: Staff training record – administration of medicines

Name of school:

Name of staff member:

Type of training received:

Date training completed:

Training provided by:

Profession and title:


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

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

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

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

## **Appendix 7: Contacting emergency services**

### **To be displayed by the phones in the school office**

**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.**

- The school's telephone number – **020 8777 4540**
- Your name.
- Your location as follows:

**Glebe School  
Hawes Lane  
West Wickham  
Kent  
BR4 9AE**

- .
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

***\*\*Ensure the First Aid Lead Person, Frances Theurer, is advised if an ambulance is called for any student/staff member\*\****

## **Appendix 8 - Model Letter Inviting Parents to Contribute to Individual Health Care Plan Development**

Dear Parent,

### **Re: 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 with the school, parents/carers, 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 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, or whether rescheduling will be required? The meeting will include **add details of staff to attend**. 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 to the school office, together with any relevant evidence, for consideration at the meeting. I would be happy for you to contact me by email at [admin@glebe.bromley.sch.uk](mailto:admin@glebe.bromley.sch.uk) or to speak by phone if this would be helpful.

Yours sincerely,

## Appendix 9: Incident Reporting Form

[illegible]