This is a statutory policy as required by the Department of Education

Policy Connections

The policy should be read in conjunction with the Supplementary Guidance for Non Curriculum Policies, Children with Eating and Drinking problems, Educational Visits Policy, Children with health needs who cannot attend school policy and any other relevant policies to provide further information and detail.

About this Policy

This Policy is governed by the statutory guidance and non-statutory advice set out in the document 'Supporting Pupils at School with Medical Conditions' DFE Dec 2015 and 'Supporting Pupils at School with Medical Conditions' Lancashire County Council April 2023. The policy also applies to activities taking place off-site as part of normal educational activities.

Pupils with medical conditions are supported by the Community Children's Nursing Team.

The Children and Families Act 2014 (section 100) places a duty on the Governing Body to make arrangements for supporting pupils in school with medical conditions.

Throughout this document medical conditions include those with identified mental health conditions although in most cases these needs will not require an Individual Health Plans (IHP) but a detailed Positive Behaviour Support Plan (PBS) unless medication is required in school.

Key Points

Every effort will be made to ensure that:

- Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Governing Body is legally responsible and accountable for ensuring that arrangements are in place in school to support pupils with medical conditions.
- The Governing Body will ensure that school leaders consult health and social care professionals, pupils (if appropriate) and parents/carers to ensure that the needs of children with medical conditions are effectively supported.
- The needs of the children include educational impacts, and social and emotional implications associated with medical conditions, are met to the best of our ability.
- The Governing Body will ensure that it meets its duty under the Equality Act 2010.
- This policy operates in conjuction with the SEN Code of Practice as all our children have an EHCP

The Role of the Governing Body

1. The Governing Body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that such children can access and enjoy the same opportunities at school as any other child. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence, if necessary.

2. In making their arrangements the governing body 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. Some will be more obvious than others. The Governing Body will 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 will ensure that their arrangements give parents/carers and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will 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. The Governing Body will ensure that sufficient staff have received suitable training and are competent and confident before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provides support to pupils with medical conditions are able to access information and other teaching support materials as needed.
4. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. There is a responsibility for the health professionals to ensure that the appropriate resources and training are put into place to meet every pupil's medical needs. If the school is NOT supported in this way, it may result in the child not being able to come to school for Health and Safety reasons until appropriate resources and training are in place. However, in line with their safeguarding duties, the Governing Body will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
5. The Governing Body will ensure that the 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. This aligns with their wider safeguarding duties. The Governing Body will ensure that this policy is reviewed at least every two years and is readily accessible to parents/carers and school staff.

Policy Implementation

Named Person: Susan Campbell (Headteacher) is responsible for ensuring that:

- Sufficient staff are suitably trained, including in the case of staff absence or staff turnover.
- All relevant staff, including supply/casual staff, are aware of children's conditions.
- Risk assessments for school visits, holidays and other school activities outside of the normal timetable include reference to children's medical needs.
- Individual healthcare plans are kept up to date.

Procedures to be Followed When Notification is Received that a Pupil has a Medical Condition.

- The Community Children's Nurse (Link Nurse) will consult with the relevant health and social care professionals, and parent/carers as soon as notification is received. This may include consultants, occupational therapist, physiotherapist and nursing services. Where a child is changing schools, the health and social care professionals linked to the previous setting will be consulted.

- Relevant Health & Social Care professionals, the pupil, parent/carers will contribute guidance as appropriate where a pupil is being re-integrated or where their needs have changed. This may include decisions about the rate of integration and arrangements for any staff training and support.

Back to School Meetings

Parents are responsible for informing school when pupils have had an in-patient stay in hospital and when they were discharged. School also need to be informed of any operations or medical procedures a pupil undergoes as it may impact on their physical presentation which would require the current care plans and programmes to be altered i.e. medical care plans, physiotherapy programmes, moving and handling programmes, occupational seating arrangements and feeding guidelines etc.

A back to school meeting will be convened with all relevant professionals to discuss and implement changes to plans and postural management prior to pupil's returning to school. These meetings (which could be held virtually) will involve the class teacher, The Community Children's Nursing and other NHS professionals, as needed, alongside our Physical Development Team representative (if appropriate) and Health Needs Manager. Parents and carers will also be invited and encouraged to attend. The meeting will ensure that everyone is clear about the impact of the medical procedure on the young person and that all are aware of changes to therapeutic and care plans. During term time the class teacher, Health Needs Manager and The Community Children's Nursing Team should be kept informed of impending medical procedures, as this will enable school to arrange for appropriate and timely meetings. If a procedure occurs outside of term time it is essential that parents share this with the class teacher, Health Needs Manager and The Community Children's Nursing Team when school returns and a Back to School meeting will be convened **before pupils are able to return to school**.

Individual Healthcare Plans

The Community Children's Nursing Team School Link Nurse, in liaison with the Health Needs Manager is responsible for ensuring that Individual Health Care Plans are obtained from a pupil's consultant GP, or relevant healthcare professional, reviewed and revised (where appropriate). Healthcare professionals and parent/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If a disagreement arises, school will be led by the healthcare professionals. Individual Healthcare Plans will be easily accessible to all who need to refer to them, on a need-to-know basis, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

Plans will be sought from the relevant healthcare professional, e.g. dietician, consultant, GP, specialist epilepsy nurse, allergy nurse, asthma nurse, and kept together to form their IHCP. The aim will be to capture the steps which the Loyne Specialist School will take to overcome any potential barriers pupils may have to getting the most from their education.

Plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans will ensure that the Loyne Specialist School assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Contents of Individual Health Care Plans

The following will be considered and included, as appropriate:

- The medical condition, its triggers, signs, symptoms and treatments;

- The pupil's resulting needs, including medication (dose, possible 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.
- What to do in an emergency, including whom to contact, and contingency arrangements.

Roles and Responsibilities

Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parent/carers and pupils is critical in providing effective support, to ensure that the needs of pupils with medical conditions are met effectively. Collaborative working arrangements between all those involved, showing how they will work in partnership is set out below.

The Headteacher will ensure that 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. The Headteacher will ensure that all staff who need to know are aware of the child's condition. They should also ensure 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. The Headteacher has overall responsibility for the development of Individual Healthcare Plans. The Headteacher will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

Under the direction of the Headteacher who maintains overall responsibility, the Health Needs Manager is responsible for liaising with the Children's Community Nurse 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 Children's Community Nurse.

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 teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency and confidence 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.

The Community Children's Nursing Team/Link Nurse is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school (if they are made aware). Wherever possible, they will do this before the child starts at the school. They may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison, for example on training. The Community Children's Nurse/Link Nurse may liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other healthcare professionals, including GPs and paediatricians should notify The Community Children's Nursing Team when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams will be asked to provide support for children with particular conditions (e.g. asthma, diabetes and epilepsy).

The Health Needs Manager will liaise with the Children's Community Nursing Team Link Nurse to arrange appropriate training to support with the implementation of the IHCPs in

school. They are responsible for ensuring that training is up to date and refreshed when necessary and that this information is available. They identify training needs across school and inform the Headteacher of any shortfalls. They will liaise with healthcare professionals to obtain relevant healthcare plans to form the IHCP, i.e. enteral feed regimens, asthma plans, guidance for administration of emergency medication. They will make sure that all the information in the IHCPs is reviewed annually or sooner if changes are required. They will make sure that the ICHPs are available to staff who are involved in the students' care. They liaise with parents to ensure that school has the necessary medical equipment in school to be able to implement the IHCP, including feeding tubes and syringes.

Parent/Carers 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/carers are key partners and will 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 cooperation 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 so far as relating 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 at the Loyne Specialist School because of their health needs, the local authority will be contacted to fulfil its 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 schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of Health Services should co-operate with the Loyne Specialist School in the support of children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Good relationships with health services will be fostered and developed as they can provide valuable support, information, advice and guidance to school, to support children with medical conditions at school.

Ofsted - Their 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. The Loyne Specialist School will make this policy available and be able to demonstrate that this is implemented effectively.

Staff Training and Support

Any member of school staff providing support to a pupil with medical needs will have received suitable training. This will have been identified during the development or review of

Individual Healthcare Plans. Where staff already have some knowledge of the specific support needed by a child with a medical condition, extensive training may not be required.

The Link Nurse will normally lead on identifying and agreeing with the Loyne Specialist School, the type and level of training required, and how this can be obtained. The Health Needs Manager will arrange training with the relevant provider and ensure this remains up-to-date.
The Link nurse in liaison with the Health Needs Manager will endeavour to ensure staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. This will include an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give medicines or undertake health care 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. The Health Needs Manager will provide confirmation of the staff training, in a medical procedure, or in providing medication.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. It will be available on the school network and website. Induction arrangements for new staff will include reference to this policy. The advice of the relevant healthcare professionals will be taken on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This will include 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. Parent/carers will be asked for their views and may provide specific advice, but should not be the sole trainer.

The details of continuing professional development provision opportunities will be provided to staff as appropriate.

Procedure for the Administration of Medicines

1. Medication must be transported to school by the parents or Passenger Assistants – **not in pupils' bags.**
2. Passenger Assistants / Parents are responsible for handing medication over to a designated member of school staff for clerking in at the beginning of the school day. At the start of the day the designated member of staff will store medication away in class medication cabinets and the process will be reversed when the pupil leaves school.
3. All medication must be clearly labelled with a pharmacy label – stating pupil name; dosage and expiry date. Occasionally where appropriate, if an over counter medication is required this must be in the original container so that expiry date, dosage, route and timings can be confirmed.
4. All medication will be stored in locked cupboards in the class base or in the Staff Office if not required during the day as per LCC guidelines. With the exception of:
    - Any medication that requires storage in a fridge. This medication will be kept in a lockable fridge located in the staff office.

5. Medication will only be administered if the parent / carer has completed and signed a consent form, detailing dosage and times of administration. In the case of antibiotics the form must be signed by the following day this will be administered on day 1 and a form sent that must be signed.
6. Administration of medication will be by a suitably trained member of school staff who will always wash hands prior to administration and put gloves on.
7. That they will check that it is the:
    - right pupil
    - right dose
    - right strength
    - right route (e.g. syringe)
    - right time
    - right documentation
8. Medication will be prepared at the time of giving in the classroom in a clean and quiet space away from distractions. Medication must not be prepared in advance, and liquid medication is shaken before administration.
9. Two members of staff will check the medication, document and administer the medication
10. Controlled medication is dispensed daily and will be entered on to the medication record, before and after giving, when new stock arrives on site and when the medication is sent home.
11. Medication must not be left unsupervised – if necessary it must be placed back into the locked cupboard before giving to the child
12. If medication is refused, this must be documented and parent/carers informed. If medication is spilt, spoiled or misplaced this must be documented and parents/carers informed. If medication is partly given a second dose is **not** re-dispenced.
13. Medication expiry dates on all medication is routinely checked.
14. The designated member of school staff is responsible for ensuring that medication is returned to the Passenger Assistants or parent/carer at the end of the school day who signs to confirm receipt (this includes any medication that is no longer needed in school).
15. Alternativly for pupils involved in after school clubs a designated member of staff ensures the medication is passed to the parent/carer responsible for collecting the pupil when the club has finished who signs to confirm receipt.
16. Pupils must never be given medicine containing aspirin unless prescribed by a doctor.
17. Medication, e.g. for pain relief, will never be administered without first checking the prescription label or the parameters on the bottle usually the age range and when the previous dose was taken. Where prearranged permission for paracetamol to be administered has been given, unless a parent/carer can be contacted to check times of the previous dose, it will not be given. Parent/carer/respite must be informed of the dose and time this medication was given to ensure suitable distance in subsequent dose.
18. Medication must not be added to food or drink without a letter from the prescriber authorising covert administration. The Medication Agreement will be updated to reference consent and must be signed by parents before it can be administered in this manner.

19. Tablets cannot be crushed nor capsules opened unless stated on the prescription label or a letter received from the prescriber to authorise this.
20. Any changes to medication must be reflected in the prescription label and followed up in writing from the prescriber.
21. An emergency inhaler kit is stored in the Staff Office and may only be used if a student's personal inhaler is empty or broken. The emergency inhaler may only be administered to students who have been prescribed an inhaler and for whom written parental consent has been provided. This emergency inhaler is not a replacement for a student's personal inhaler, which must always be on site. Under no circumstances should the emergency inhaler be used for a student who does not already have a prescribed inhaler.
22. Any side effects of the medication to be administered at school will be reported to the Link nurse and parents. All staff need to know about possible side effects and report any thing that is unusual in presentation or behaviour especially with a new medication.
23. Sharps boxes in school will always be used for the disposal of needles and other sharps. These will need to be kept securely in the medication cabinet in the staff office.

Record Keeping

The Governing Body is responsible for ensuring that written records are kept of all medicines administered to children. On a day-to-day basis, the school will keep written records of all medicines given and signed to confirm the details. The MAR charts will be kept in the medication documentation racks in classrooms with the medication in a safe locked cupboard and scanned to CPOMs when completed as evidence. Parent/carers will be informed by a member of staff if their child has been unwell at school or had pain relief either by Class Dojo, phone call or in person as appropriate.

Medical emergencies in school

Minor cuts, bumps and bruises can be treated by all members of school staff by cleaning up the area with water or administering a cold compress as applicable to the injury, wearing PPE as appropriate. If a child has received a bump to the head, parents/carers must be informed and a letter sent home by the class team. A first aider must be consulted in all cases. All other, more severe, emergencies will result in an ambulance being called.
If it is decided that an ambulance is required in response to a medical emergency, parents/carers are to be informed immediately. Parents/carers will be asked either to come to school to accompany their child in the ambulance, or meet the ambulance at the hospital. A member of staff will travel in the ambulance with the child if parents/carers are not able to do so. A copy of the pupil information form must be taken by the member of staff to hand to paramedics and hospital staff. A member of staff will remain with the pupil until the parent arrives at the hospital.

Defibrillators – in the event of cardiac arrest **call 999**. A first aid trained member of staff should commence CPR on the unresponsive person once checks to ascertain that they are not breathing have been carried out by the first aider. The first aider must (where more than one person is present) send a member of staff to get the defibrillator. The defibrillator for the Loyne Specialist School is located on an external wall in a secure yellow cabinet at the front of school. The code to access is held in the main school office, or can be accessed by calling 999. There is also a defibrillator located in the pool corridor opposite the keypadded entry door.

The defibrillator must **NOT** be used on wet persons, i.e. in the pool. Training on the use of the defrillator is included in first aid training for staff.

Both defibrillator units have kits with them containing items that may be required prior to defibrillator use, for example, scissors (for cutting clothing), razor, dry cloth.

All medical incidents outside of usual IHP procedures must be recorded on CPOMs. This includes tracking of seizure activity when requested by the medical profession. All incidents must be reported immediately after it has been dealt with. The Deputy Head Teacher must be alerted. Only reports of serious incidents involving hospitalisation and those defined under RIDDOR must be referred to the School Business Manager.

Emergency medication for epilepsy can be administered by any trained member of staff. Where a child has an Individual Healthcare Plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Staff who have been trained in epilepsy awareness and the administration of emergency medication must lead on the administration of the care plan (when a pupil is having a seizure), regardless of their role within school.

Day Trips, Residential Visits and Sporting Activities

Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities, so that their condition does not prevent them from doing so. Teachers will be aware of how a child's medical condition will impact on their participation, but be flexible enough to enable all children to participate according to their own abilities and with any reasonable adjustments. School 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.

The Loyne Specialist School staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The lead member of staff will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. (Please also see Health and Safety Executive (HSE) guidance on school trips.)

When pupils are engaged in educational visits, the lead member of staff indicates that they have the necessary documents, care plans, contact details and medication.

Unacceptable Practice

School staff will use their discretion and judge each case on its merits with reference to each child's Individual Healthcare Plan. It is not generally acceptable practice to:

- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents/carers; 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;
- Penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;

- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents/carers to accompany the child.

Liability and Indemnity

Governing bodies must ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The school's insurance arrangements cover staff providing support to pupils with medical conditions. These insurance policies are accessible to staff providing such support. Insurance policies will provide liability cover relating to the administration of medication, and individual cover is arranged for particular health care procedures .e.g. tracheostomy care and suction, gastrostomy and nasogastric feeding. The level and ambit of cover required will be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, will be made clear and complied with.

It is noted that in the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

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