**Highfield Hall Primary School and Nursery**

**Policy for Supporting Pupils with Medical Needs**

At Highfield Hall School we follow the Derbyshire Guidance here: <https://www.localoffer.derbyshire.gov.uk/site-elements/documents/education-and-learning/derbyshire-supporting-children-with-medical-needs.pdf>

This is a summary document. Children with medical conditions, in terms of both their physical and mental health, will be properly supported in school so that they can play a full and active role in school life, and enjoy the same opportunities as any other child.

We recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child’s educational attainment and support his or her emotional and general well-being, including any necessary reintegration programmes.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have a statement or an Education Healthcare Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision. Having a medical condition is not a reason to refuse a child admission to the school however it may be necessary for certain provisions to be put in place before it is appropriate for them to start. All admissions are made in accordance with the school's Admission Policy.

**Policy Implementation**

* all necessary staff will be suitably trained
* all relevant staff will be made aware of the child’s condition
* supply teachers will be briefed, copies of healthcare plans will be added to class supply books
* risk assessments will be put in place for educational visits, and other school activities

The school, in consultation with parents and other relevant agencies will:

* ensure that arrangements are put into place to cover transition from another setting, these may vary from child to child, according to existing HCPs
* ensure that arrangements are implemented when the needs of a child change
* put arrangements into place in time for the start of the new school term
* in cases such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place within two weeks

**Individual Healthcare Plans**

The school’s lead first aider will be responsible for developing IHPs. Their purpose is to ensure that they provide clarity about what needs to be done, when and by whom. The healthcare plan is a confidential document. The level of detail within will depend on the complexity of the child’s condition and the degree of support needed. Where a child has a special educational need, but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan. Responsibility for ensuring the plan is finalised rests with the school. The individual healthcare plans are reviewed at least annually, or earlier if evidence is presented that the child’s needs have changed. The plans are devised with the child’s best interests in mind, ensuring that an assessment of risk to the child’s education, health and social well-being is managed minimising disruption. Reviews will be linked to any education healthcare plan the child may have.

When deciding on the information to be recorded on individual healthcare plans, the following will be considered:

 • the medical condition, its triggers, signs, symptoms and treatments

• the pupil’s 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

• specific support for the pupil’s educational, social and emotional needs

• the level of support needed, including in emergencies- if a child is self-managing their medication, this should be

 clearly stated with appropriate arrangements for monitoring

• who will provide the support, their training needs, and expectations of their role and confirmation of proficiency to provide support for the child’s medical condition from a healthcare professional; and cover arrangements for when they are unavailable

• who in the school needs to be aware of the child’s condition and the support required

• arrangements for written permission from parents and the 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 child can participate e.g. risk assessments

• where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child’s condition

• what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their individual healthcare plan

**Roles and responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

**Governing Body** will

* ensure that pupils in school with medical conditions are supported
* ensure that this policy is implemented and monitored
* ensure that no pupils are discriminated against because of their medical condition
* ensure that IHP's are drawn up and followed and that no unacceptable practices are allowed by the management team
* ensure that sufficient funds are available to implement IHP's and for any relevant training
* ensures that appropriate insurance is in place, that it reflects the level of risk and covers staff providing support to pupils with medical conditions

**Head teacher** will ensure that sufficient trained numbers of staff are available to implement the policy and deliver the individual healthcare plans, including in contingency and emergency situations.

**The Lead First Aider** will:

* ensure that the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented
* ensure that all staff are aware of the policy and that they understand their role in implementing it
* ensure that all staff who need to know are aware of a child’s condition
* have overall responsibility for the development of individual healthcare plans
* liaise with the school nurse in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service

**School Staff**

Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. There is no legal or contractual duty on teachers to administer medicines or supervise a child taking them. Teachers do however have a general legal duty of care and must take account of the needs of pupils with medical conditions that they teach. Any member of school staff should know what to do and respond accordingly when they become are that a pupil with a medical condition needs help.

**In an emergency situation, staff must follow the procedure on the Health Care Plan**

**Pupils**

Pupils with medical conditions may be best placed to provide information about how their condition affects them. They should be involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their individual healthcare plan.

**Parents**

Parents should provide the school with sufficient and up-to-date information about their child’s medical needs. At Highfield Hall School, parents are seen as key partners and they will be involved in the development and review of their child’s individual healthcare plan.

**Staff training and support**

Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on roll or due to start at the school. It is our intention that all members of staff providing support to a child with medical needs will receive training as appropriate. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed or will be briefed afterwards. The type of training, and frequency of refresher training, will be determined by the medical condition that a child may have.

**Managing medicines on school premises**

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:

* medicines will only be administered at school when it would be detrimental to a child’s health or school attendance not to do so
* medicines can be self administered if possible
* no child will be given medicines without their parent’s written consent
* non-prescription medicines will ideally be administered by parents, if this is not possible should they be needed during the school day or on an educational visit parents should provide written consent
* no child will be given a medicine containing aspirin unless it has been prescribed by a doctor; parents will be required to give their written consent
* 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 exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container
* medicines will be stored safely, this in a classroom or in a fridge. Children who need to access their medicines immediately, such as those requiring asthma inhalers or epipens, will be shown where they are- on educational visits, medicines will also be available and they will be looked after by a relevant member of staff
* pupils should know where their medicines are stored
* if a controlled drug has been prescribed, it will be kept securely in the safe, only named staff will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom- any side effects of the medication to be administered will be noted
* medicines that are no longer required or are out of date should be returned to the parent for safe disposal
* written records will be kept of all medicines administered to children
* the member of staff administering the medicine should check the maximum dosage and when the previous dosage was taken
* sharp boxes will always be used for the safe disposal of needles
* if teachers need to bring their own medicines into school they should be safely locked away at all times, and away from any medicines taken by children

**Educational visits and sporting activities**

The school will consider how a child’s medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

**Complaints**

Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they make a formal complaint via the school’s complaints procedure.

All members of staff will be informed of this policy and it will be included in the induction arrangements for new staff to the school.

This Policy was drawn up with regard to:

* Department for Education’s statutory guidance, ‘Supporting Pupils at School with Medical Conditions’, April 2014
* National Education Union -NUT section - Health and Safety briefings- [www.teachers.org.uk](http://www.teachers.org.uk)
* Derbyshire County Council – Administration of Medicines and Associated Complex Health Procedures for Children- advice and guidance- copy in the main staffroom
* Other related school policies: Safeguarding and Child Protection, Equal Opportunities, Behaviour, Health and Safety and Special Educational Needs

**HHPS September 2024**

**Next review date: September 2025**