



Garlinge Primary School and Nursery

Supporting Children with Medical Conditions Policy

Garlinge Primary School and Nursery is an inclusive school that aims to support and welcome children with medical conditions. We aim to provide all children with all medical conditions the same opportunities as others at school and achieve this by ensuring:

- All members of staff understand their duty of care to all children in the school
- All members of staff feel confident in knowing what to do in an emergency
- The school understands that certain medical conditions are serious and potentially life threatening, particularly if ill managed or misunderstood
- The school understands the importance of medication being taken as prescribed
- All staff understand common medical conditions that affect children at this school
- This school allows adequate time for staff to receive training on the impact medical conditions can have on children
- All members of staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Healthcare Plan (IHP) (Appendix 1)
- This policy is understood by our school community and the Local Authority (LA)

This policy is written in line with the requirements of:

- Children's and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014
- 0-25 SEND Code of Practice, DfE/DoH 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010

This policy should be read in conjunction with other school policies such as SEND, Safeguarding and Child Protection.

Definitions of Medical Conditions

A child's medical needs may be broadly summarised as being of two types:

Short-term affecting their full participation at school from a temporary medical condition or injury

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that children feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and/or Disabilities (SEND) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice 2015 and the school's SEND Information Report and the IHP will become part of the EHCP.

Policy Implementation

The statutory duty for making arrangements for supporting children at school with medical conditions rests with the governing body and remains legally responsible and accountable for fulfilling their statutory duty for supporting children at school with medical conditions. The governing body of Garlinge Primary School & Nursery ensure:

- the health and safety of their staff and anyone else on the premises or taking part in school activities (this includes all children). This responsibility extends to those staff and others leading activities taking place off-site, such as visits, outings or field trips
- the school's health and safety policies and risk-assessments are inclusive of the needs of children with medical conditions and reviewed annually
- the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated
- the school has robust systems for dealing with medical emergencies and critical incidents at any time when children are on site or on out of school activities

The overall responsibility for the implementation of this policy is given to the Heads of School who ensure that sufficient staff are suitably trained and cover arrangements, in cases of staff absences or staff turnover, are in place to ensure that someone is always available and on-site with an appropriate level of training.

The Special Educational Needs and Disabilities Co-Ordinator (SENDCo) along with the Senior Leadership Team will be responsible for the monitoring of IHPs.

The Welfare Officer will be responsible in conjunction with parents/carers, for drawing up, implementing and reviewing the IHP for each child and making sure relevant staff are aware of these plans and trained to meet the individual needs.

Procedure to be followed when notification is received that a child has a medical condition

This covers notification of a medical condition prior to admission, procedures to cover transitional arrangements between schools or alternative providers and the process to be followed upon reintegration after a period of absence or when a child's needs have changed. The school will endeavour to ensure the arrangements will be in place for the start of the relevant school term for new entrants. In other cases, such as a new diagnosis or a child moving mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school may affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their well-being impacts on their school life. We aim to ensure that parents/carers and children can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support children's medical conditions and will be clear and unambiguous about the need to actively support children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting

their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all children's health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support for a child. In cases where a child's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. In cases of conflicting evidence some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the Welfare Officer in consultation with parents, health professionals, class teacher, DSL and SENDCo if necessary.

Individual Healthcare Plans (IHPs)

IHPs will help to ensure the school effectively supports children with medical conditions by providing clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parents/carers should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Heads of School are best placed to take a final view. Appendix 4 displays the process for developing IHPs.

IHPs will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their IHP.

IHPs (and their review) should be drawn up in partnership with school, parents/carers and when appropriate, a relevant healthcare professional who can best advise on the particular needs of the child. The child should also be involved if appropriate. The aim should be to capture the steps which the school should take to help manage their condition and overcome any potential barriers to getting the most from their education.

The school will ensure that IHPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the LA and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.

Individual Risk Assessments for children with Physical disabilities.

Individual risk assessments are used in conjunction with the IHP to promote best practices when dealing with a child's care. They are used to identify hazards and who might be affected, the level of risk involved and what steps can be taken to reduce the risk as is reasonably practicable. This will include, but not limited to, medical procedures, hoisting, transferring and mobility around the school. The format for these risk assessments can be seen in Appendix 2.

Individual Risk Assessments for children with physical disabilities, will be completed by the Welfare Officer in consultation with parents/carers, class teachers, supporting staff, health care professionals, therapists and SENDCo if required. Once completed, it will be shared with all relevant staff who are part of the child's care in school. A risk assessment will be reviewed annually or before if the child's health changes.

Roles and Responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different members of staff.

In addition we can refer to the **Community Nursing Team** for advice with drawing up IHPs, provide or commission specialist medical training, liaise with lead clinicians to gain advice or support in relation to children with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support and training to staff for children with particular conditions (e.g. asthma, diabetes, epilepsy).

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

Parents/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 should be involved in the development and review of their child's IHP, 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.

LAs are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, their education, training and recreation. KCC will work with us to support children with medical conditions to attend full time. Where a child would not receive a suitable education in a mainstream school because of their health needs, the local authority has a 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 school for 15 days or more because of health needs (whether consecutive or cumulative across the year).

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical Commissioning Groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for LAs). The local Health and Well-being Board provides a forum for the LA and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of children with SEND, and consider the quality of teaching and the progress made by these children. Inspectors are already briefed to consider the needs of a child with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy outlining the support for children with medical needs and to be able to demonstrate that it is being implemented effectively.

Staff Training and Support

We have certificated staff trained in:

- First Aid at Work
- Paediatric First Aid
- Defibrillation
- Flocare Feedtube
- Manual Handling
- Administering medicines
- Choking
- Epilepsy Awareness and Buccal Midazolam Training
- Tracheostomy Care
- Intermittent Catheterisation
- Anaphylaxis Awareness and Administering an Auto Adrenaline Injector
- Cystic Fibrosis Awareness

All members of staff that are required to provide support for children for medical conditions will be trained by healthcare professionals qualified to do so. The training need will be identified by the healthcare professional during the development or review of the IHP.

Training should be sufficient to ensure that members of staff are competent and have confidence in their ability to support children with medical conditions, and to fulfil the requirements set out in the IHPs. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

The family of a child are essential in providing relevant information to school staff about how their child's needs can be met, and parents/carers will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs

If, after discussion with the parents/carers, it is agreed that the child is competent to manage their own medication and procedures they will be encouraged to do so and this will be reflected in the IHP. The school does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure staff should not force them to do so but follow the procedure agreed in the IHP. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

The following procedures are to be followed:

- No child under 16 should be given prescription or non-prescription medicines without their parents / carers written consent (see Appendix 3a) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort

should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- The school can administer non-prescription medicines such as Paracetamol or antihistamine with parents/carers written consent. Before, administering the medication, a phone call home will be made to check time of last dose. Appendix 3b will be completed on administration.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- The school will only accept prescribed medicines, with written permission from parents/carers (Appendix 3a) that are in-date, labelled, provided in the original container as dispensed by a 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 a pump, rather than the original container
- Appropriate medicines will be stored safely in a locked first aid cupboard or the fridge in the medical room. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available within the classroom, contained in the child's grab bag which is clearly marked and known to all members of staff. This is kept away from the children but not locked away. Asthma inhalers should be marked with the child's name
- During school trips the first aid trained member of staff will carry all medical devices and medicines required
- A child who had been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Otherwise we will keep all controlled drugs that have been prescribed for a child securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record (Appendix 3a, 3b, 3c and 3d) of all medicines administered to individual children, stating what, how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. These records offer protection to staff and children and provide evidence that agreed procedures have been followed. Members of staff will also receive relevant training to administer the medication when appropriate, and a record of this will be kept in school
- When no longer required, medicines should be returned to the parents/carers to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Emergency Procedures

The Heads of School will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an IHP, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant members of staff are aware of emergency symptoms and procedures. Other children in the school should know what to do in general terms, such as informing a member of staff immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parents/carers arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day Trips, Residential Visits and Sporting Activities

We will actively support children with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Other issues for consideration

Where a child uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the child's IHP with the transport provider and escorts.

Unacceptable practice

Although staff should use their discretion and judge each case on its merit with reference to the child's IHP, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- 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 IHPs;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent children from drinking, eating or taking toilet 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, for instance, only allowing a child to attend a trip by requiring parents to accompany the child due to their medical needs.

Liability and Indemnity

Our liability and indemnity responsibility is covered by the LA's insurance policy with QBE UK Limited, Policy No. Y143005QBE0122A

Complaints

Please refer to the Garlinge Primary School & Nursery complaints policy.

APPENDIX 1



Garlinge Primary School and Nursery

HEALTHCARE PLAN FOR A CHILD WITH MEDICAL NEEDS
2022 / 2023

Name:		
Class:		
Date of birth:		
Medical Condition:		
Medication:		
Review Date:		

	Family Contact 1	Family Contact 2
Name:		
Telephone number:		
Email Address:		
Relationship to child:		

Other Important Contacts:		
Specialist:	Telephone Number:	Other details:

Toileting procedure attached	Yes		No	
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Describe condition and give details of child's individual symptoms:

Describe what constitutes an emergency for the child, and the action to take if this should occur:

Who is responsible in an emergency (State if different on off-site activities):	
Class Teacher	
Supporting Adults	
Welfare Team	

Forms copied to:	Signature	Date
Parent/s/carer		
Class Teacher		
Supporting Adult		
Executive Headteacher / Head of School		
Welfare Team		

Garlinge Primary School and Nursery will process your data securely and in accordance with data protection law. We use this Health Care Plan to ensure our records are accurate and up to date. The school is required to share some of the data with the Local Authority and with the Department for Education. For more information about how your data is used, please see our privacy notices on the school website.

APPENDIX 2



Garlinge Primary School and Nursery

Personal Risk assessment for child with Physical Disabilities.

Step 1 What are the hazards?	Step 2 Who might be harmed and how?	Step 3 What are you doing already?	Risk rating	Step 4 Is anything further needed?	Step 5 Action & Review
<ul style="list-style-type: none"> ▪ Task: what is the task? What equipment might you need? ▪ Individual capability: do you have up to date training? Are you able to do the task on the day? ▪ Load: what are the student's needs? Are there other considerations, e.g., epilepsy, behaviour? ▪ Environment: do you have enough space? Is it clear of obstacles? Quiet? 	Identify who might be harmed, consider: <ul style="list-style-type: none"> ▪ The student ▪ Support staff ▪ other children ▪ visitors and volunteers ▪ Is there a risk of dropping the student? ▪ Tripping or falling? 	List what is already in place to reduce the likelihood of harm or make any harm less serious, examples include: <ul style="list-style-type: none"> ▪ Training up to date ▪ Procedures agreed with therapists ▪ safe systems of work – using equipment appropriately ▪ Good communication 	Trivial, low, medium, high or stop (please see matrix below)	Have you reduced risks 'so far as is reasonably practicable'? An easy way of doing this is to compare what you are already doing with good practice. Do you need more time? More people? Different equipment? A behaviour support plan?	Remember to prioritise. Deal with those hazards that are high-risk and have serious consequences first. List: <ul style="list-style-type: none"> ▪ actions required ▪ who needs to do them? ▪ by when? ▪ Check actions completed

Risk rating			
	Slightly harmful	Harmful	Extremely harmful
Highly unlikely	Trivial risk	Low risk	Medium risk
Unlikely	Low risk	Medium risk	High risk
Likely	Medium risk	High risk	STOP
Risk level	Action and Timescale		
Trivial	No action required and no documentary record needs to be kept.		
Low	No additional physical control measures are required; however, monitoring is necessary to ensure that the controls are maintained.		
Medium	Efforts should be made to reduce the risk and the reduction measures should be implemented within a defined period. Where the medium risk is associated with extremely harmful consequences, further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures.		
High	Work should not be started until the risk has been reduced to an acceptable level. Considerable resources may be allocated to reduce the risk. Where the risk involves work in progress, urgent action should be taken.		
Stop	Work should not be started or continued until the risk has been reduced. If it is not possible to reduce risk even with unlimited resources, work must remain prohibited.		

Name of student:					Date of birth:		
Identified needs:					Assessment Date:		
Establishment: Garlinge Primary School and Nursery					Review Date:		
Step 1 Identify the hazards	Step 2 Who might be harmed & how?	Step 3 What are you doing already?	Risk Rating Trivial/ Low / Medium / High / Stop	Step 4 Is anything further needed?	Step 5 Action		
					Action required	Responsible person	Residual risk

Risk Assessment agreed by:	Signature	Date
Parents / Carers		
Class Teacher		
Kye Supporting Adult		
Executive Headteacher / Head of School		
Welfare Team		

Garlinge Primary School and Nursery will process your data securely and in accordance with data protection law. We use this Risk Assessment to ensure our records are accurate and up to date. The school is required to share some of the data with the Local Authority and with the Department for Education. For more information about how your data is used, please see our privacy notices on the school website.



Garlinge Primary School and Nursery Request To Administer Medication

The school will not be able to administer any medication to your child unless this form has been completed and signed and the Headteacher has authorised school staff to administer the medication.

DETAILS OF PUPIL

Child's Name:		Class:	
Child's Date of Birth:			
Condition or Illness:			

MEDICATION TO BE ADMINISTERED

Name of Medication:	
How long will your child take this medication?	
Date Dispensed (if applicable)	
Dosage and Method:	
Timing:	
Side Effects:	
Special Precautions:	

CONTACT DETAILS

Name:	
Relationship to child:	
Emergency Telephone Number:	
I understand that I must deliver the medicine personally to the Welfare Officer and accept that this is a service that the school is not obliged undertake.	
Name:	
Signature:	
Date:	

Garlinge Primary School and Nursery will process your data securely and in accordance with data protection law. We use this Request to Administer Form to ensure our records are accurate and up to date. The school is required to share some of the data with the Local Authority and with the Department for Education. For more information about how your data is used, please see our privacy notices on the school website



**Garlinge Primary School and Nursery
Administration of 'When required' Medication**

DATE	NAME	TIME	NAME OF MEDICATION	DOSE GIVEN	SIGNATURE OF STAFF



Garlinge Primary School and Nursery

Record of Short Term Medication Administered

Week beginning: / /		Name:			Class:
Medication:			Dose:	Time:	
Mon:	Tues:	Wed:	Thurs:	Fri:	

Week beginning: / /		Name:			Class:
Medication:			Dose:	Time:	
Mon:	Tues:	Wed:	Thurs:	Fri:	

Week beginning: / /		Name:			Class:
Medication:			Dose:	Time:	
Mon:	Tues:	Wed:	Thurs:	Fri:	

Week beginning: / /		Name:			Class:
Medication:			Dose:	Time:	
Mon:	Tues:	Wed:	Thurs:	Fri:	

Week beginning: / /		Name:			Class:
Medication:			Dose:	Time:	
Mon:	Tues:	Wed:	Thurs:	Fri:	

Week beginning: / /		Name:			Class:
Medication:			Dose:	Time:	
Mon:	Tues:	Wed:	Thurs:	Fri:	

Week beginning: / /		Name:			Class:
Medication:			Dose:	Time:	
Mon:	Tues:	Wed:	Thurs:	Fri:	

Week beginning: / /		Name:			Class:
Medication:			Dose:	Time:	
Mon:	Tues:	Wed:	Thurs:	Fri:	

Week beginning: / /		Name:			Class:
Medication:			Dose:	Time:	
Mon:	Tues:	Wed:	Thurs:	Fri:	



Garlinge Primary School and Nursery
Administration of long term medication for an individual pupil.
Term 1

DATE	NAME	TIME	NAME OF MEDICATION	DOSE GIVEN	SIGNATURE OF STAFF



Garlinge Primary School and Nursery

Model process for developing Individual Healthcare Plans



