Icon

Description automatically generated**Bridgelea Primary School**

**Bridgelea Road Withington**

**Manchester**

**M20 3FB**

**Supporting pupils with medical conditions**

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| **Implemented** | **March 2022** |
| **Presented by** | **Amy Robinson and Caroline Gibson** |
| **Ratified by Governors** | **October 2023** |
| **Review Date** | **October 2024** |

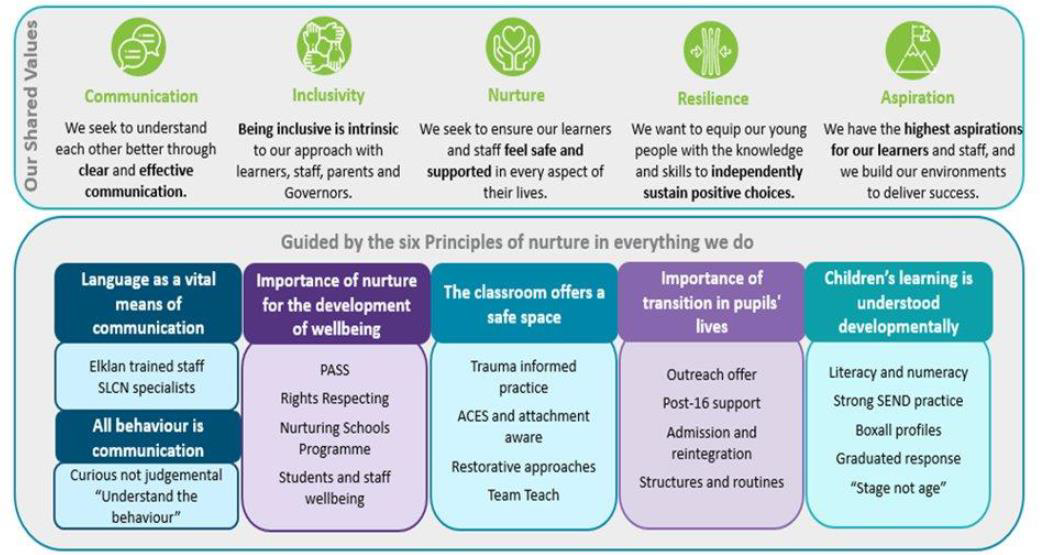
**Bridgelea Primary School Vision & Mission Statement**

**Vision “Understanding People”**

**Mission Statement** “We work with people to build aspirations, connect, challenge, change and grow. We are an outstanding school and a proud founding member of the City of

Manchester Learning Partnership.”

* + We value **SUCCESS**. Children achieve academic as well as social and emotional growth.
  + We value **SAFETY**. We care for each other and keep each other safe.
  + We value **CO-OPERATION**. As a school we will endeavour to co-operate with the community to inspire and empower every individual.
  + We value **COMMUNICATION**. We believe that all behaviour is communication.
  + We value **DEVELOPMENT**. Learning is understood developmentally.
  + We value **WELLBEING**. We have a holistic approach to wellbeing across the school.
  + We value **DIVERSITY**. We celebrate each other as unique individuals with rights that we respect.



**UN Rights of the Child: Bridgelea 10 Articles**

**Article 12**

**You have the right to give your opinion, and for adults to listen and take it seriously.**

Article 13

You have the right to find out things and share what you think with others, by talking, drawing, writing or in any other way unless it harms or offends other people.

Article 15

You have the right to choose your own friends and join or set up groups, as long as it isn't harmful to others. **Article 24**

**You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.**

**Article 27**

**You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.**

Article 28

You have the right to a good quality education. You should be encouraged to go to school to the highest level you can. Article 29

Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.

Article 30

You have the right to practice your own culture, language and religion - or any you choose. Minority and indigenous groups need special protection of this right.

Article 31

You have the right to play and rest.

Article 39 You have the right to help if you've been hurt, neglected or badly tr

**The Six Principles Of Nurture**

The nurturing approach offers a range of opportunities for children and young people to engage with missing early nurturing experiences, giving them the social and emotional skills to do well at school and with peers, develop their resilience and their capacity to deal more confidently with the trials and tribulations of life, for life.

1. Children's learning is understood developmentally
2. The classroom offers a safe base
3. The importance of nurture for the development of wellbeing
4. Language is a vital means of communication
5. All behaviour is communication
6. The importance of transition in children's lives

# Aims

This policy aims to ensure that:

* Pupils, staff and parents understand how our school will support pupils with medical conditions
* Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
* The governing board will implement this policy by:
* Making sure sufficient staff are suitably trained
* Making staff aware of pupils’ conditions, where appropriate
* Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
* Providing supply teachers with appropriate information about the policy and relevant pupils
* Developing and monitoring individual healthcare plans.

**The named people with responsibility for implementing this policy is Amy Robinson and Caroline Gibson**

# 2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](http://www.legislation.gov.uk/ukpga/2014/6/part/5/crossheading/pupils-with-medical-conditions), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education’s statutory guidance on [supporting pupils with medical conditions at school](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3).

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# 3. Roles and responsibilities

**3.1 The governing board**

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

**3.2 The headteacher**

The headteacher will:

* Make sure all staff are aware of this policy and understand their role in its implementation
* Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans including in contingency and emergency situations
* Ensure that all staff who need to know are aware of a child’s condition
* Take overall responsibility for the development of individual healthcare plans
* Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
* Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
* Ensure that systems are in place for obtaining information about a child’s medical needs and that this information is kept up to date

**3.3 Staff**

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

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

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

**3.4 Parents**

Parents will:

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

**3.5 Pupils**

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

**3.6 School nurses and other healthcare professionals**

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

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

# 4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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

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

# 5. Being notified that a child has a medical condition

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

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

See Appendix 1.

# 6. Individual healthcare plans

The headteacher has overall responsibility for the development of individual health care plans for pupils with medical conditions.

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

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

* What needs to be done
* When
* By whom

Not all pupils with a medical condition will require an individual health care plan. It will be agreed with a healthcare professional and the parents when an individual health care plan would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

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

Individual health care plan will be linked to, or become part of, any education, health and care (EHC) plan.

If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the individual health care plan.

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

* The medical condition, its triggers, signs, symptoms and treatments
* The pupil’s resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues.
* Specific support for the pupil’s educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete SATS, use of rest periods or additional support in catching up with lessons.
* The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
* Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil’s medical condition from a healthcare professional, and cover arrangements for when they are unavailable
* Who in the school needs to be aware of the pupil’s condition and the support required
* Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
* Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g., risk assessments
* Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil’s condition
* What to do in an emergency, including who to contact, and contingency arrangements

# 7. Managing medicines

Prescription medicines will only be administered at school:

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

**The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.**

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

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

The school will only accept prescribed medicines that are:

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

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

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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

**7.1 Controlled drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate. Only trained staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber’s instructions. Controlled drugs will be kept in a locked non-portable container or cupboard. A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label). Misuse of a controlled drug, such as passing it to another child for use, is an offence, and falls within the school policies relating to disciplinary matters and illegal substances.

**7.2 Pupils managing their own needs**

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their individual health care plan.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the individual health care plan and inform parents so that an alternative option can be considered, if necessary.

**7.3 Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil’s individual health care plan, but it is generally not acceptable to:

* Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
* Assume that every pupil with the same condition requires the same treatment
* Ignore the views of the pupil or their parents
* Ignore medical evidence or opinion (although this may be challenged)
* Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual health care plan
* If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
* Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
* Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
* Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child’s medical needs
* Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
* Administer, or ask pupils to administer, medicine in school toilets

# 8. Emergency procedures

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

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

# 9. Training

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

The training will be identified during the development or review of individual health care plan. Staff who

provide support to pupils with medical conditions will be included in meetings where this is discussed.

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

Training will:

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

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

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

# 10. Record keeping

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

Individual health care plans are kept in a readily accessible place which all staff are aware of.

# 11. Liability and indemnity

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

# 12. Complaints

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

# 13. Monitoring arrangements

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

# 14. Links to other policies

This policy links to the following policies:

* Equality Policy and Accessibility plan
* Complaints Policy
* Health and safety Policy
* Safeguarding Policy
* Special educational needs information report and policy

### Appendix 1: Being notified a child has a medical condition

### Diagram Description automatically generated