



Supporting Pupils with Medical Conditions Policy

Anglo-Portuguese School of London

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1. 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 Full Governing Body will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, 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 (IHPs)

The named person with responsibility for implementing this policy is TBD.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, 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: Supporting pupils at school with medical conditions.

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The Full Governing Body (FGB)

The FGB has ultimate responsibility to make arrangements to support pupils with medical conditions. The FGB 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 Principal

The Principal 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 (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- 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 IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

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 IHPs. They are also expected to comply with their IHPs.

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.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

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 IHP.

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 IHPs for pupils with medical conditions. This has been delegated to the SENDCo.

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 IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a 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.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The FGB and SENDCo 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, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- 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

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

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 IHPs.

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 IHP 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 IHP, 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 IHPs
- 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' IHPs 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 IHPs. 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 SENDCo. 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 IHPs
- 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 FGB will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The FGB will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the SENDCo in the first instance. If the Principal or Deputy Head cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

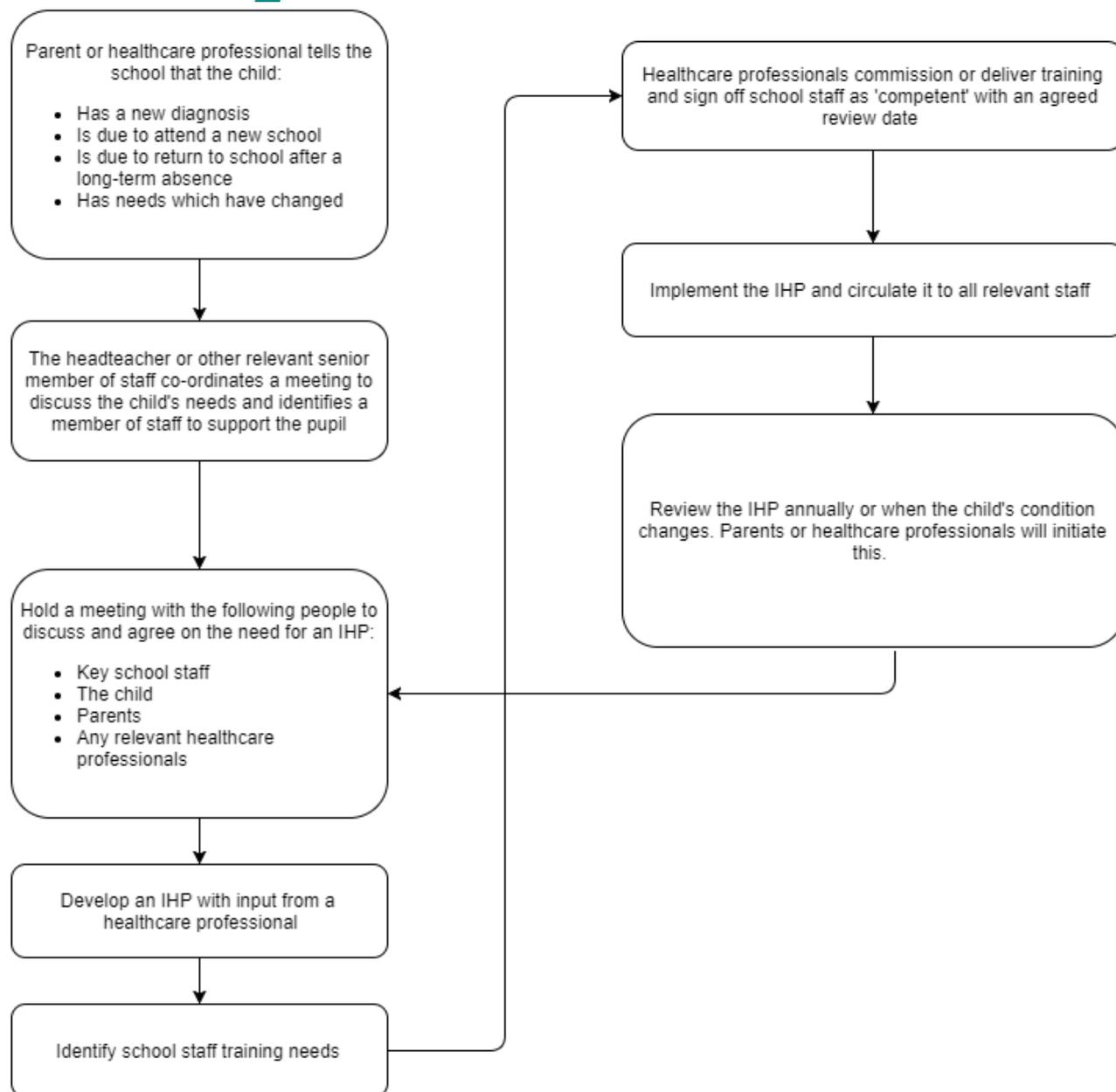
This policy will be reviewed and approved by the FGB every year.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy.

Appendix 1: Being notified a child has a medical condition



Appendix 2: Checklist when receiving medicines

1	Is this a fourth dose? If YES go to Q3. If NO go to Q2
2	If not, why does it need administering in school?
3	Has it been prescribed by a doctor, dentist, nurse or pharmacist? If YES go to Q4. If NO go to Q5
4	Is it in the original packaging? ^{**} Does it have the Pharmacist's name, address, telephone number and logo? (If no logo, phone the pharmacy – do not administer.) ¹
5	Does it have the child's name and date of birth stated clearly on the packaging (and contents – if a bottle)?
6	Does the content match the container in name and dose size? (i.e. 200mg Paracetamol not 500mg).
7	Is it in date?
8	Where does it need to be stored?
9	Who brought the medicine in to school?
10	Who will be collecting the medicine at the end of the day? (Not the child)
11	Has an administering medicines consent form or an IHCP been completed?

**** Note if Insulin, this may not be in the original container but might be in the form of pen or pump.**

	Long-term medicines	Short-term medicines	Asthma Plan	Allergies
Type of permission/ medical record to complete	Appendix 3 IHCP	Appendix 4 Agreement for school to administer medicines/record	Appendix 5 Asthma Care Plan	1. Specific allergy treatment plan 2. Generic allergy plan i.e. not severe
Who completes it	SENCO – if linked to SEN Health Care Professional involved Other designated member of SLT	Parent	Parent with class teacher	1. Health Care professionals (who train relevant school staff to administer required medicine) 2. Parents with school Appendix 4 or IHCP depending on need
Types of illnesses/ medication	Epilepsy Diabetes Cystic Fibrosis Chronic Fatigue Arthritis Coeliac Disease	Pain Fever Antibiotics	Asthma – use of inhalers	Allergies to food, animals etc

Appendix 3: Individual Healthcare Plan (IHCP)

Child's name	
Photo* <i>*If parents give consent</i>	
Class/Form	
Date of birth	
Age	
Medical diagnosis or condition	
Date of plan	
Date of plan review	

Family contact information: FIRST contact	
Full name	
Relationship to child	
Phone number (work)	
Home	
Mobile	
Address, if different to child	

Family contact information: SECOND contact	
Full name	
Relationship to child	

Phone number (work)	
Home	
Mobile	
Address, if different to child	

Clinic/Hospital Contact/Pharmacy	
Name	
Role	
Contact number	

GP	
Name	
Surgery/Practice	
Contact number	

School	
Who is responsible for providing support in school?	
What are the expectations of the role? (even if the child is self-administering)	
Who will cover this role if they are absent?	

Medical needs	
What are the medical needs?	
What are the symptoms experienced by the child?	

What are the signs that can be seen that are an indication of the child being unwell?	
What can trigger an incident?	
Is treatment required? If so, what treatments are needed?	
What equipment/device is required?	
Where is this stored?	
Where will treatment be administered?	

Medication	
Name of medication	
Dose	
Time the dose is to be taken	
Method of administration (including 'with water' etc)	
Side effects	
Contraindications (any circumstances in which the medicine should not be given)	
What other medication are they on?	
Who is administering the medicine? (including who is supervising self-administering)	
Have they been appropriately trained? (Give date)	

Which other staff have been appropriately trained to administer medicine (in case of absence or on school visits)?	When?
Name	Date
Name	Date
Name	Date

Daily Care requirements (including intimate care/need for food with medicines/need for bloods testing etc):
Potential risks to staff (including manual handling/blood borne virus etc):
Specific support for the pupil's educational, social and emotional needs:
Arrangements for school visits/trips (including overnight/residential):
Other information: (Requirements for emergency evacuation/fire drill etc. Is a PEEP and/or an EHCP in place?)
Describe what constitutes an emergency, and the action to take if this occurs.

Who is responsible in a medical emergency?	
On site	
Off site	

Who needs to be aware of this plan, the child's condition and the support required?

Check appropriate box

Role	Name	Yes	No
Office/Admin staff		<input type="checkbox"/>	<input type="checkbox"/>
Class teacher		<input type="checkbox"/>	<input type="checkbox"/>
Classroom support		<input type="checkbox"/>	<input type="checkbox"/>
Dinner time support		<input type="checkbox"/>	<input type="checkbox"/>
After school club support		<input type="checkbox"/>	<input type="checkbox"/>
Headteacher		<input type="checkbox"/>	<input type="checkbox"/>
Site manager		<input type="checkbox"/>	<input type="checkbox"/>
Whole teaching staff		<input type="checkbox"/>	<input type="checkbox"/>
Whole school staff		<input type="checkbox"/>	<input type="checkbox"/>
External providers <i>sports coaches/swimming instructors/peripatetic teachers etc</i>		<input type="checkbox"/>	<input type="checkbox"/>
Supply/cover/PPA cover teachers		<input type="checkbox"/>	<input type="checkbox"/>
EYFS unit staff		<input type="checkbox"/>	<input type="checkbox"/>

Plan developed with *tick and name where applicable*

<input type="checkbox"/> Parent	
<input type="checkbox"/> Pupil	
<input type="checkbox"/> School representative	
<input type="checkbox"/> School nurse/health representative	

Parental agreement for school to administer medicine (Including self-administration):

I understand that I must deliver the medicine personally to(agreed member of staff)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering/my child self-administering_(select as appropriate) medicine in accordance with the school policy and this plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

I agree to the school sharing information appropriately to relevant members of staff (on a need to know and confidentiality basis in line with the school policy).

In the case of diagnosed, severe allergic reactions where the child has already been prescribed an auto adrenaline injector: I give consent for my child to use the school's emergency auto adrenaline pen in a case of emergency.

Name:

Signed: (parent/carer)

Date:

Appendix 4 – Sample of letter to parents following a head injury (can be emailed)

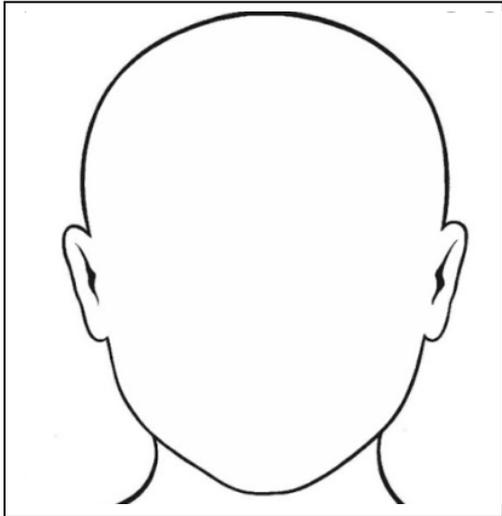
Child's name.....

Dear Parent/ Carer,

Your child has sustained a head injury at school today at approximately.....am/pm and has been monitored since the accident and we have not identified anything that caused concern up to the time of them going home.

Details.....
.....
.....
.....

(see location of injury on head profile)



If any of these symptoms are present, particularly loss of consciousness (even for a short period of time), you should call an emergency ambulance (999 / 112) or NHS Direct on 111 / 0845 4647

- Lasting headache that gets worse or is still present over six hours after the injury;
- Extreme difficulty in staying awake, or still being sleepy several hours after the injury. It is fine to let children go to sleep after a slight bump to the head, but you should check on them regularly and make sure you are able to wake them.
- Nausea and vomiting several hours after the injury;
- Unconsciousness or coma;
- Unequal pupil size;
- Confusion, feeling lost or dizzy, or difficulty making sense when talking;
- Pale yellow fluid or watery blood, coming from the ears or nose (this suggests a skull fracture);
- Bleeding from the scalp that cannot be quickly stopped;
- Not being able to use part of the body, such as weakness in an arm or leg;
- Difficulty seeing or double vision;
- Slurred speech; and
- Having a seizure or fit.

Regards,
APSoL

Appendix 5 – Sample of letter to parents following an injury (can be emailed)

Child's name.....

Dear Parent/ Carer,

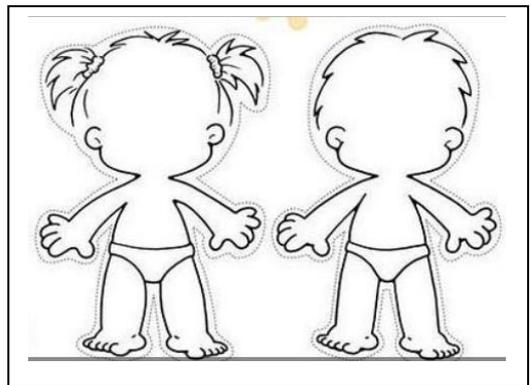
Your child has sustained an injury at school today at approximately.....am/pm and has been monitored since the accident and we have not identified anything that caused concern up to the time of them going home.

Details.....
.....
.....
.....

(see location of injury on profile)

Although your child was ok at school, we would advise that you seek further medical guidance on the following injuries:

- Injuries to fingers, arms, ankles and toes (risk of fractures or broken bones)
- Severe bruising
- Injuries to chest area



Regards,
APSoL