

MEDICAL CONDITIONS POLICY

Lakenheath Community Primary School



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Head Teacher's Signature	
Chair of Governors' Signature	

Document Change History

Version	Date	Change Details
1	July 2017	N/A
2	June 2018	Format update and content review
3	July 2019	Content Review – no changes
4	July 2020	Content review, appendix added
5	November 2021	Content review, no changes required.
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7	November 2023	Content review – various changes in red

1. Rationale

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at Lakenheath CPS with medical conditions.

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information, regular updates and medical reports.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our website.

2. Policy Implementation

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy lies with the Head Teacher. She will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site. She, or her deputy, will be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

3. Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in School activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

4. The Role of the Governing Body

The Governing Body must ensure that arrangements are in place to support pupils with medical conditions, ensuring that such children can access and enjoy the same opportunities at school as any other child. In making the arrangements, they 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. 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 also ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so, unless it were dangerous to do so and affect the Health & safety of the individual concerned or those caring for them.

The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. This is covered under the Suffolk County Council employer's liability policy.

5. The Role of Staff at Lakenheath Community Primary School

Some children with medical conditions may be 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 may have a statement or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with our SEN Policy and the SEN Code of Practice.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The School, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this could 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 and health professionals.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At Lakenheath CPS, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. The individual child's needs will be assessed (see section below Individual Health Care Plans) and Healthcare professionals, in particular the school nursing team, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Whilst the day-to-day care of a pupil with a medical condition will be provided by the support staff allocated to them, under the supervision of the class teacher, the whole school staff will be aware of this policy and undertake whole school awareness training, so that they may have a basic understanding of the medical needs of all children, therefore recognising a problem and reacting quickly when it occurs.

6. Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting at Lakenheath CPS, where possible necessary arrangements / training will take place in advance of the child's admission, or as soon afterwards as the school nurse, or other health care professional, can provide.

The 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 School will make sure that no child with a medical condition is denied admission or prevented from attending Lakenheath CPS because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. 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 to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. This will usually be led by the SENCo or the Head Teacher.. Following the discussions an Individual Health Care Plan will be put in place.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. As with the case of a medical emergency, if a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

7. Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by the school First Aider with support from medical professionals and parents. The headteacher will oversee this but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school. Individual Healthcare Plans will help to ensure that the School effectively supports pupils with medical conditions. They will provide 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, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view.

A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Annex A.

Individual Health Care Plans 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 plans 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 a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan. Annex B shows a template for the Individual Health Care Plan and the information needed to be included. Individual Health Care Plans, (and their review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional (usually the SENCO) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. The responsibility for ensuring it is finalised and implemented rests with the School.

The School will ensure that Individual Health Care Plans 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 that the School assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

Annex B provides a template for the Individual Health Care Plan but it is a necessity that each one includes;

- 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/noisy conditions
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, additional support in catching up with lessons, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 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/Carers 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 Parents/Carers 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 Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.

8. The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the Parents/Carers, that an older child is competent to manage their own health needs and medicines, the School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within their Individual Health Care Plans. The School

recognises however, that children who can take their medicines themselves or manage procedures may still require an appropriate level of supervision.

9. Managing Medicines at Lakenheath Community Primary School

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at the School when it would be detrimental to a child's health or school attendance not to do so.
- No child should be given prescription or non-prescription medicines without their Parents/Carers written consent (Annex C). The exception to this rule is the giving of 'Calpol' which can be given after verbal consent has been given by the Parent/Carer, with the form completed retrospectively.
- The School will only accept medicines 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 still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- Although the responsibility for ensuring expiry dates of medications sits with the parents, as a school we do check the expiry dates of medications at the beginning of the school year.
- Any long term medications kept in school are stored in a netted bag, with name and phot, care plan and consent form.
These are stored in the class medical box, which is clearly labelled. These will be kept out of the reach of children in a cupboard. The cupboard will be marked with a medical box sign on the front.
- All medicines will be stored safely as necessary - either in the Office or in the fridge in the admin office
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away; where both staff and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times. These inhalers will be kept in a labelled container for each class and taken to P.E. lessons.
- During school trips each group leader to carry any necessary medication for members of their group. In years 5 and 6 children will carry their own medication but will notify an adult before taking it.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the School should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed (Annex D).
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

10. Unacceptable Practice

Although School staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, 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 individual healthcare plans
- if the child becomes ill, send them to the school office 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 pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require Parents/Carers, or otherwise make them feel obliged, to attend the School to administer medication or provide medical support to their child, including with toileting issues. No Parent/Carer should have to give up working because the School is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of School life, including school trips, e.g. by requiring Parents/Carers to accompany the child.

However, if the Parent/Carer wishes to a join the trip, he/she would be welcome to, subject to space availability.

11. Complaints

Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the School. If for whatever reason this does not resolve the issue, they may make a formal complaint to the Governors as per the complaints procedure.

Links to other policies

This policy should be read in conjunction with:

- SEND policy
- Health & Safety Policy
- Safeguarding Policy
- Complaints Policy
- Equalities Policy
- Asthma Policy
- Epilepsy Policy (Appendix 1)
- Allergy and Anaphylaxis Policy
- Attendance Policy
- Learning Outside The Classroom Policy
- First Aid Policy

Appendix 1

Epilepsy Policy

This policy is intended to ensure that Lakenheath Community Primary School fully meets the needs of pupils who have epilepsy and that all pupils who have epilepsy achieve to their full potential. It has been prepared with reference to information available from Young Epilepsy.

Lakenheath Community Primary School will ensure appropriate staff members have training in epilepsy and supporting children who have epilepsy in school medically, socially and academically. That person will lead on ensuring that the epilepsy policy is followed.

Lakenheath Community Primary School will ensure that all pupils who have epilepsy achieve to their full potential by:

- Keeping careful and appropriate records of students who have epilepsy
- Recording any changes in behaviour or levels / rates of achievement, as these could be due to the pupil's epilepsy or medication
- Closely monitoring whether the pupil is achieving to their full potential
- Tackling any problems early
- All pupils with epilepsy have an Individual Health Care Plan

Lakenheath Community Primary School will ensure that all pupils with epilepsy are fully included in school life, and are not isolated or stigmatised. We will do this by:

- Offering support in school with a mentoring or 'buddying' system to help broaden understanding of epilepsy
- Supporting pupils to take a full part in all activities and outings (day and residential)
- Making necessary adjustments e.g. exam timings, coursework deadlines, timetables
- Giving voice to the views of pupils with epilepsy, for example regarding feeling safe, respect from other pupils, teasing and bullying, what should happen during and following a seizure, adjustments to support them in learning, adjustments to enable full participation in school life and raising epilepsy awareness in school.
- Raising awareness of epilepsy across the whole school community, including pupils, staff and parents.

Lakenheath Community Primary School will liaise fully with parents and health professionals by:

- Letting parents know what is going on in school
- Asking for information about a pupil's healthcare, so that we can fully meet their medical needs
- Asking for information about if or how the pupil's epilepsy and medication affect their concentration and ability to learn.
- Informing parents and health professionals (with the parent's permission) of changes to the pupil's achievement, concentration, behaviour and seizure patterns.

We will ensure that staff are epilepsy aware and know what to do if a pupil has a seizure. If needed, there will be an appropriately trained member of staff available at all times to deliver emergency medication.

Out of School Activities

When children take part in activities out of school, each group carries a copy of their risk assessment, a copy of which is retained in the Inclusion Office. Additional medical needs, including epilepsy, are highlighted on this risk assessment so that in the event of an emergency, responders are aware of the needs of all children.

A copy of the Health Care Plan and emergency medication are carried at all times when children with epilepsy are out of school.

Swimming

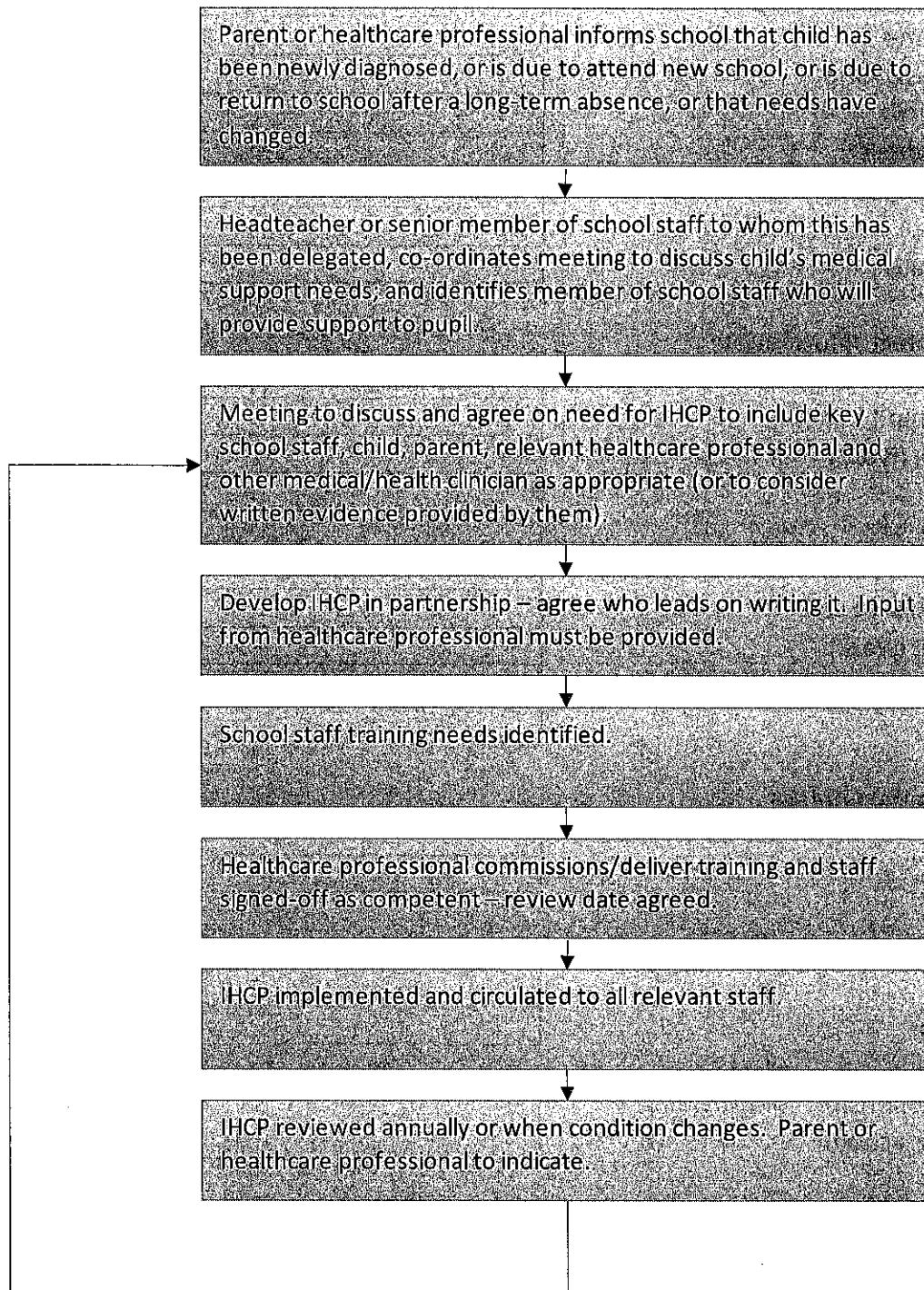
Children with epilepsy are able to take part in all school activities, including swimming. The following guidelines are in place to ensure the safety of children in the event of a seizure occurring in the pool:

- There will be close supervision of children with epilepsy in the pool at all times.
- Poolside observers and swimming instructors will be made aware of those children with epilepsy.

Staff with Epilepsy

When the school has been made aware that a member of staff has epilepsy as a medical condition, a separate risk assessment will be implemented and shared with appropriate team members. If they have epilepsy rescue medication, then the school must be made aware of where this is kept during school hours.

Annex A: Model process for developing individual healthcare plans



Annex B: Individual Healthcare Plan

Name of school/setting
Child's name
Group/class/form
Date of birth
Child's address
Medical diagnosis or condition
Date
Review Date

Family Contact Information

Name
Relationship to child
Phone no. (work)
(home)
(mobile)
Name
Relationship to child
Phone no. (work)
(home)
(mobile)

Clinic/Hospital Contact

Name
Phone no.

GP

Name
Phone no.

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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Name of medication, dose, method of administration, when to be taken, side effects, contra-
indications, administered by/self-administered with/without supervision.

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe with constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



Annex C

Request for the school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the headteacher has agreed that school staff can administer the medication. Please read and sign the disclaimer printed below

DETAILS OF PUPIL

Surname: M/F:

Forename(s): Date of Birth:

Address: Class/Form:

.....

.....

Condition or illness:

MEDICATION

Name/Type of Medication
(as described on the container)

Date dispensed:

Full Directions for use:

Dosage and method:

Timing:

Special precautions:

Side Effects:

Self Administration:

Procedures to take in an Emergency:

CONTACT DETAILS:

Name of Parent/Carer: Address:

Relationship to pupil:

Daytime Phone No:

My child's doctor has prescribed the above medication. I understand that I must deliver the medication personally to an agreed member of staff. I accept that this is a service which the school is not obliged to undertake.

LEGAL DISCLAIMER

I understand that neither the Headteacher nor anyone on his/her authority, nor the Governing Body, nor Suffolk County Council will be liable for any illness or injury to the child arising from the administering of the medication or drug unless caused by negligence of the Headteacher, the person acting on his/her authority, the Governing Body, or Suffolk County Council, as the case may be.

Signature: Date:

Relationship to pupil:

Annex D



Administration of Medicine

Child's Name _____ Class _____

Dates to be given	Medication & Amount	Time to be given	Time Given	Signature of Administrator