

THORPE LEA PRIMARY SCHOOL AND NURSERY



A dedicated community working together, nurturing a safe, happy school where all children can achieve their potential.

Supporting Children with Additional Health Needs *Including children with health needs that cannot attend school*

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1. Aims

This document combines both the statutory documents 'Supporting Children with Medical Conditions' and 'Children with Health Needs not Attending School'. This policy is in addition to our schools 'Health, Medication and Intimate Care' and 'Special Educational Needs and Disabilities' policies.

This policy aims to ensure that:

- ❖ Pupils, staff and parents understand how our school will support pupils with specific 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.
- ❖ Suitable education is arranged for pupils on roll who cannot attend school due to health Needs.
- ❖ Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

The governing board 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 care plans (IHPs).

The persons with responsibility for implementing this policy is the Lead First Aider, SENCO and Headteacher.

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 reflects the requirements of the **Education Act 1996** and is also based on guidance provided by Surrey County Council.

The Special educational needs and disability code of practice SEND code of practice: 0 to 25 years - GOV.UK explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For pupils who have medical conditions that require education, health and care plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

3. Roles and Responsibilities

3.1 The Governing Board

The Governing Body 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.

The Governing Body must ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child. It is Surrey County Council policy to maximise inclusion for children and young people with medical needs in as full a range of educational opportunities as possible. To promote this aim, the school should assist parents and health professionals by participating in agreed procedures to administer medicines when necessary and reasonably practical. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

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 care 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.

3.3 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.

3.4 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.

3.5 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. 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.

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 SENCO and/or ELSA and in conjunction with the Lead First Aider.

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 governing board and staff responsible for the IHP 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 and non-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

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.

If there are concerns or doubts about any of the details listed above the member of staff must not administer the medicine. They must check with the child/young person's parent or a health professional before taking further action.

All advice and actions must be documented, signed and dated and stored securely in line with the settings record administration policy. Staff involved with the administration of medicines should be alert to any excessive requests for medication by children/young people or by parents on their behalf. In any cases of doubt advice may be obtained from health professionals.

The medicine formulation must not be interfered with prior to administration (e.g. crushing a tablet) unless there are written instructions on the pharmacy label and information provided from the parent/health professional. This advice and information must be documented. Immediately after the medicine has been administered the appropriate written records must be completed, signed and dated.

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.

All 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 not be allowed to carry their own medicines and relevant devices unless specifically outlined in their IHP. 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 IHP.

- ❖ If the pupil becomes ill, send them to the school office 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.

Medical information should be shared with school transport providers for home-to-school transport arranged by the local authority, especially in respect of emergency situations and pupils with life-threatening conditions.

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 the Headteacher/SENCO. 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. Intimate or Invasive Treatment

In some cases, staff may understandably be reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment, or fears about accusations of abuse. It would be appropriate for parents to ask their child's consultant whether a different treatment, which is less intimate or invasive, could be used. Parents and the responsible person must respect such concerns and should not put undue pressure on staff to assist in treatment. Wherever possible schools of secondary age children/young people, should arrange for two adults, one of whom should be the same gender as the child/young person, to be present for the administration of intimate or invasive treatment – this will often ease practical administration of treatment as well as minimise the potential for accusations of abuse. Staff should protect the dignity of the child/young person as far as possible.

11. Medic Alert Bracelets/Necklaces

Medic alert bracelets/necklaces are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, consideration should be given, in appropriate circumstances, to their temporary removal and safe keeping by the person in charge of the activity. In such cases staff will need to be alerted to the significance of these bracelets/necklaces and be clear whom they belong to when taking charge of them.

12. Record Keeping

The Governing Board 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.

Governing Bodies should ensure that written records are kept of all medicines administered to children. This should include:

- ❖ Individual care plans.
- ❖ Parental agreement.
- ❖ Records of medicines received, administered, returned/disposed.
- ❖ Staff training.
- ❖ Contacting emergency services.

A new consent form must be completed if a new medicine is to be administered, or if there are changes to the existing medicine(s) e.g. different dose, strength, times. A verbal

message is not acceptable. A new supply of correctly labelled medicine must be provided by the parent.

13. 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

The details of the school's insurance policy is covered by Surrey County Council who have taken Employer's Liability Insurance with Zurich Municipal. This policy provides liability cover relating to the administration of medication by staff in supporting pupils with medical conditions.

14. Children with Health Needs that Cannot Attend School

14.1 If the School Makes Arrangements

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

The person responsible for contact will be the school SENCO. The support and arrangements given will be discussed with parents but could include the school sending work home, looking at hospital schools etc. The type of support will be given on an individual basis. Thought will also be considered as to how to reintegrate the pupil back to school when appropriate.

14.2 If The Local Authority makes Arrangements

If the school can't make suitable arrangements, Surrey County Council will become responsible for arranging suitable education for these children.

In cases where the local authority makes arrangements, the school will:

- ❖ Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil.
- ❖ Share information with the local authority and relevant health services as required.
- ❖ Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully.

When reintegration is anticipated, work with the local authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible.
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school).
- Create individually tailored reintegration plans for each child returning to school.
- Consider whether any reasonable adjustments need to be made.

14. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Lead First Aider/SENCO in the first instance. If the Lead First Aider/SENCO cannot resolve the matter, they will direct parents to the Headteacher. If the matter remains unresolved, the parents will be directed to the school's complaints procedure.

15. Monitoring Arrangements

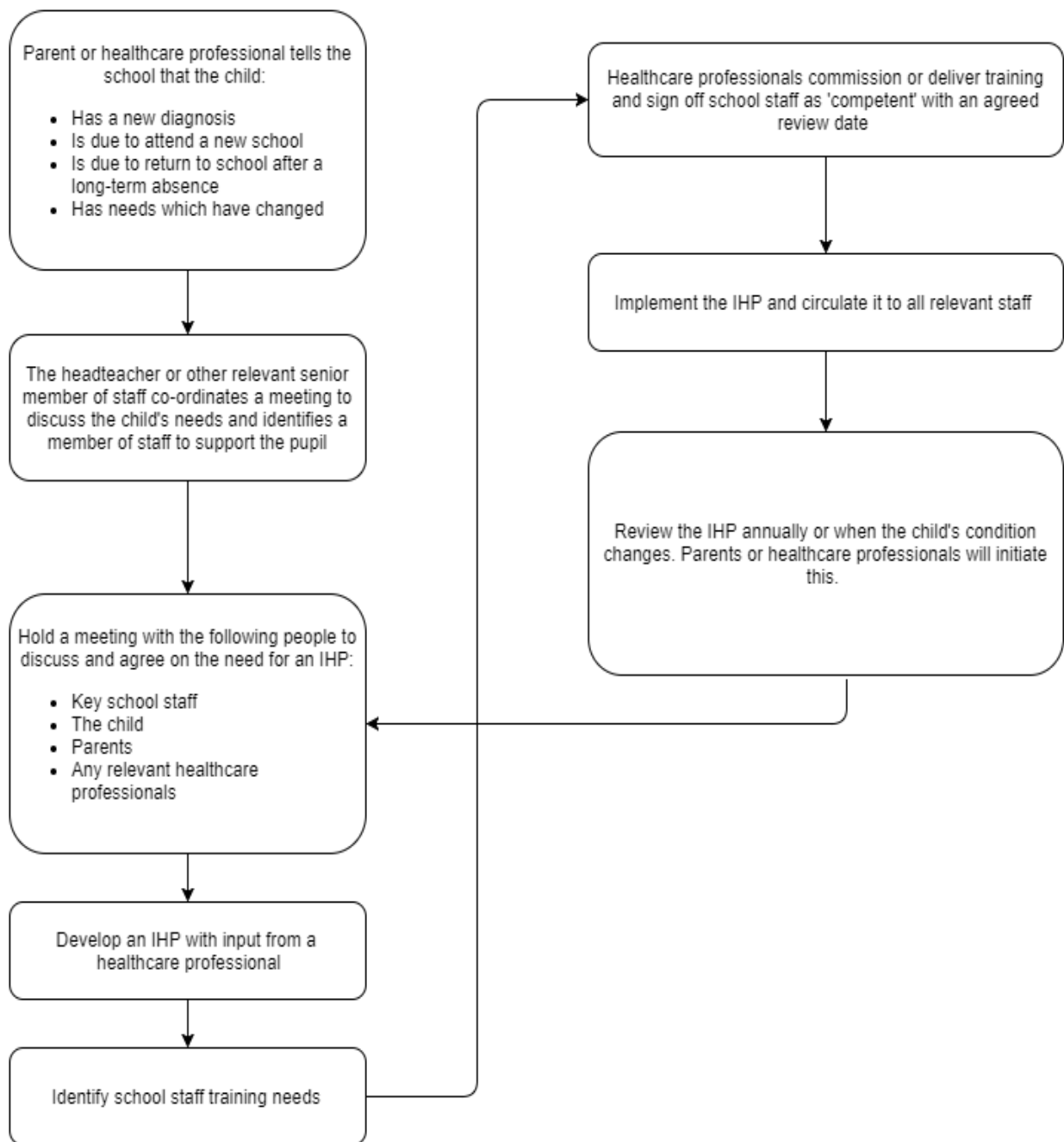
This policy will be reviewed and approved by the governing body every two years.

16. Links to other policies

This policy links to the following policies:

- ❖ Accessibility plan.
- ❖ Complaints Policy.
- ❖ Equality information and objectives.
- ❖ Health, Medical and Intimate Care Policy.
- ❖ Child Protection Policy
- ❖ Special Educational Needs and Disabilities Policy and Information Report.

17. Appendix 1: Being Notified a Child has a Medical Condition



18. Appendix 2: Medical Consent Form and Record of Dosage



Headteacher: Mr A Collin
Deputy Headteacher: Miss S Mazzaschi*
www.thorpeleaprimary.co.uk

e-mail: reception@thorpe-lea.surrey.sch.uk

A dedicated community working together, nurturing a safe, happy school where all children can achieve their potential

MEDICAL CONSENT SHEET

Child's Name: Date of Birth:

Mobile 1: Mobile 2:

I give permission for my child to have:

Before/After food/Time:

Directions for Administer/Dosage:

Special instructions:

Parent/Carer signature: Print:

Date:

Office Use Only:

		Monday	Tuesday	Wednesday	Thursday	Friday
Date						
Time	Morning					
	Lunch					
	Afternoon					
Administered By	Morning					
	Lunch					
	Afternoon					
Audited by SLT:					Date:	

Thorpe Lea Primary School staff will do their utmost to ensure your child is given their medication at the requested time.

Office Use Only:

Medication:

Child's name: Class:

		Monday	Tuesday	Wednesday	Thursday	Friday
Date						
Time	Morning					
	Lunch					
	Afternoon					
Administered By:	Morning					
	Lunch					
	Afternoon					
Audited by SLT:					Date:	
		Monday	Tuesday	Wednesday	Thursday	Friday
Date						
Time	Morning					
	Lunch					
	Afternoon					
Administered By:	Morning					
	Lunch					
	Afternoon					
Audited by SLT:					Date:	
		Monday	Tuesday	Wednesday	Thursday	Friday
Date						
Time	Morning					
	Lunch					
	Afternoon					
Administered By:	Morning					
	Lunch					
	Afternoon					
Audited by SLT:					Date:	

19. Appendix 3: Useful Contacts

NHS health contacts

Surrey-Wide:

Children and Family Health Surrey One Stop Surrey wide 0-19
<https://childrenshealthsurrey.nhs.uk/> The Children and Family Health Surrey One Stop service, is a single point of access service. Every child/young person referred is able to access the right care and support for their physical and developmental needs to ensure children and young people are receiving the right care, in the right place at the right time.

One Stop is the centralised referral and triage service for specialist children's services and accepts referrals from health, education and social care professionals. Professionals can contact the 0-19 Surrey wide services by calling the advice line: Tel: 01883 340 922.

Referrals can be made on line through the portal
<https://childrensreferrals.sabp.nhs.uk/>

School Nursing:

Children and Family Health Surrey
<https://childrenshealthsurrey.nhs.uk/services/school-nursing-general>

The school nursing team work across Surrey to promote physical health and emotional wellbeing in schools and the community. They provide support to young people who have specific medical needs and provide relevant training for staff to help manage these needs.

Teams and contact details are available from the school nursing pages under Teams and contact details.

Parents and carers can contact the school nurse team's Advice line
<https://childrenshealthsurrey.nhs.uk/services/advice-line>.

SEND Advice Surrey:

<https://sendadvice.surreycc.gov.uk/> Special Educational Needs and Disabilities information, advice and support Tel No: 01737 737300
Email: SENDAdvice@surreycc.gov.uk

Graduated Response Early Years (SEND) Early years and playwork SEND resources | Surrey Local Offer

- North East: SectorNE@surreycc.gov.uk
- North West: SectorNW@surreycc.gov.uk

- South East: SectorSE@surreycc.gov.uk
- South West: SectorSW@surreycc.gov.uk
<https://www.surreycc.gov.uk/schools-and-learning/childcareprofessionals/contactthe-early-years-and-childcare-service>.
- Strategic Risk Management (SRM) srm.hands@surreycc.gov.uk.
- SRM Outdoor Education Advisor paul.bowen@surreycc.gov.uk.

Surrey Children's Single Point of Access (SPA):

<https://www.surreycc.gov.uk/social-care-and-health/childrens-socialcare/contactchildrens-services>.

The SPA provides information, advice and guidance to people who work with children in Surrey. Concerns for a child or young person can be emailed to csmash@surreycc.gov.uk.

Additional useful numbers and websites

Communicable Diseases: Public Health England (PHE)

www.gov.uk/government/organisations/public-healthengland for information and advice on Health Protection in schools and other childcare facilities which covers communicable or infectious diseases. Information is also available on wider health protection issues, regional centres and health protection teams.

PHE South East - Surrey and Sussex Health Protection Team County Hall North, Chart Way, Horsham, West Sussex. RH12 1XA Telephone: 0344 225 3861 option 3

Allergy UK Helpline: 01322 619898 Website: <https://www.allergyuk.org/>

The Anaphylaxis Campaign: Helpline: 01252 542029 Website: <http://www.anaphylaxis.org.uk/>

Asthma UK: (Helpline 0300 222 5800 (Mon-Fri 9am to 5pm) Website: www.asthma.org.uk

Diabetes UK: Helpline: 0345 123 2399 (Mon-Fri 9am to 6pm) Website: www.diabetes.org.uk

Epilepsy Action: Freephone helpline: 0808 800 5050 Website: www.epilepsy.org.uk

Epilepsy Society Helpline: 01494 601400 Website: <http://www.epilepsysociety.org.uk/>

Meningitis Research Foundation: Freefone helpline 0808 800 3344 Website: www.meningitis.org

Meningitis Trust: Helpline: 0808 801 0388 Website: www.meningitis-trust.org.uk

National Eczema Society: Helpline: 0800 089 1122 (Mon-Fri 10am to 4pm) Website:

www.eczema.org

Psoriasis Association: Tel: 01604 251 620 Website: www.psoriasisassociation.org.uk/

Other conditions:

Shine for Spina Bifida and Hydrocephalus Tel: 01733 555988 (Mon-Fri 9am to 5pm)
Website: <http://www.shinecharity.org.uk/>

Cystic Fibrosis Trust: Helpline: 020 3795 2184 or 0300 373 1000 Website:
<http://www.cysticfibrosis.org.uk>

Council for Disabled Children: Tel: 020 7843 6000 Website: www.ncb.org.uk/cdc/

Contact for Families with disabled children: Helpline: 0808 808 3555 Website:
www.cafamily.org.uk

Equality and Human Rights Commission: Tel: 0808 800 0082 Website:
www.equalityhumanrights.com/en

Hyperactive Children's Support Group: Tel: 01243 539966 Website:
www.hacsg.org.uk

MENCAP: Helpline: 0808 808 1111 Website: www.mencap.org.uk